

1 Friday, 18 October 2024
 2 (10.00 am)
 3 LORD HUGHES: Yes, Ms Pottle.
 4 MS POTTLE: Sir, this morning our first witness is
 5 paramedic Fred Thompson. May the witness be sworn.
 6 LORD HUGHES: Please.
 7 MR FREDERICK ADAM THOMPSON (sworn)
 8 Mr Thompson, thank you very much. Do sit down, or
 9 you can stand if you like, but most people find it
 10 easier to sit down.
 11 Just give me a moment. Yes.
 12 **Questioned by MS POTTLE**
 13 MS POTTLE: Hello. My name is Émilie Pottle and
 14 I'm asking questions on behalf of the Inquiry.
 15 Can you state your full name, please?
 16 A. It's Frederick Adam Thompson.
 17 Q. Mr Thompson, you have provided a statement to
 18 the Inquiry in this case. The reference is INQ005142.
 19 If that could be brought up now please.
 20 Do you recognise that document?
 21 A. I do.
 22 Q. Okay. Can we turn to the last page of the
 23 statement, please. We can see that the statement was
 24 taken by an officer at SO15 and the officer read it back
 25 to you and you signed it. Have you had a chance to

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1 pharmacological extension for extended drug use, and you
 2 also undertake an in-house training programme which is
 3 directed to critical care paramedic practice, based on
 4 the pre-hospital emergency medicine syllabus, which is
 5 endorsed by the Royal College of Emergency Medicines and
 6 the College of Surgeons.
 7 Q. I see. It's further training than, if I can
 8 put it this way, a regular paramedic would have?
 9 A. It is.
 10 Q. We have heard also in the evidence about
 11 critical care paramedics. Is that the next stage up, if
 12 I can put it that way?
 13 A. You progress to a critical care paramedic
 14 after completion of the HEMS paramedic training --
 15 Q. I see.
 16 A. -- and extended portfolio, with the -- being
 17 supervised for up to two years through completion of it,
 18 an accumulation of the PHEM course, which is
 19 Pre-hospital Emergency Medicine course, for those
 20 working in air ambulances is a requirement to undertake.
 21 Q. Okay. But you were not at that stage
 22 a critical care paramedic, you were a HEMS paramedic?
 23 A. Looking at my statement I believe I signed as
 24 a critical care paramedic, so I believe I was a critical
 25 care paramedic at the time.

3

1 review this statement before giving evidence today?
 2 A. I have.
 3 Q. Is the statement true to the best of your
 4 knowledge and belief?
 5 A. It is.
 6 Q. Sir, with your leave may that statement stand
 7 as the -- may it be adduced into evidence?
 8 LORD HUGHES: Yes, certainly.
 9 MS POTTLE: I'm grateful.
 10 Mr Thompson, first I would like to ask you a bit
 11 about your qualifications and your role in the medical
 12 treatment of Ms Sturgess. At the time, and
 13 that's June 2018, you were employed by the South Western
 14 Ambulance Service Foundation Trust as a HEMS paramedic;
 15 is that right?
 16 A. Yes.
 17 Q. At that time, you had been a paramedic for
 18 18 years; is that correct?
 19 A. That's correct.
 20 Q. Yesterday we heard evidence from paramedic
 21 Keith Coomber who was an advanced technician. Can you
 22 explain to us what training a HEMS paramedic undergoes?
 23 A. The HEMS paramedic are recruited from the
 24 paramedic profession and to be a HEMS paramedic you have
 25 an extended skill set of physical skills as well as

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1 Q. I see. If we can just take the statement --
 2 if we can just bring it up, 5142. In fact, you have it
 3 there in front of you, don't you, Mr Thompson? It says
 4 "Occupation HEMS paramedic" there; do you see that?
 5 A. Yes, ma'am, I do.
 6 Q. Okay. Do you think you were a HEMS paramedic
 7 at the time?
 8 A. 2018, I qualified as a Critical Care Paramedic
 9 and I refer to Nick Wilson's document, who is the SWASFT
 10 officer who is actually (*unclear*) his evidence as
 11 a Critical Care Paramedic.
 12 Q. Okay, so that's a mistake. I see. I would
 13 like to ask you now a bit about the training and
 14 guidance that you received on organophosphate poisoning
 15 before we turn to the events in question.
 16 Yesterday we heard evidence from Wayne Darch and he
 17 explained that a clinical notice regarding DuoDote
 18 auto-injectors had been emailed to all paramedics prior
 19 to the poisoning of the Skripals in March 2018 and that
 20 clinical notice asks clinicians to familiarise
 21 themselves with the DuoDote medicines protocol which, if
 22 we can bring it up now, is Inquiry reference 000623.
 23 Mr Thompson, do you recognise that document?
 24 A. I don't recognise the document.
 25 Q. Do you recall receiving information about the

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1 DuoDote auto-injector prior to attending Dawn Sturgess
2 in June?
3 **A.** Obviously it's a long time back.
4 **Q.** Of course.
5 **A.** When I say I don't recognise the document,
6 it's probably because over time I can't recall the
7 document. However, we did have training as the SWASFT
8 organisation provided us training on our annual
9 development days and we were also given a clinical
10 notice from our line managers, which is called operation
11 officers, on the DuoDote injection.
12 **Q.** Do you remember receiving some information, if
13 I can put it more broadly, from your line managers about
14 the DuoDote auto-injector?
15 **A.** I remember receiving some information with
16 regards to it of the instruction. It was left open for
17 us to familiarise ourselves with over a period of time,
18 but that's all I can recall. It's a long time back.
19 **Q.** It is quite a long time ago now.
20 Can I ask you whether then you were familiar with
21 the signs and symptoms of nerve agent poisoning prior to
22 attending Dawn Sturgess in June 2018?
23 **A.** Specifically nerve agent poisoning, I can't
24 recall specific training on a --
25 **LORD HUGHES:** Sorry, say that slowly for us,

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1 **Q.** Can you help us -- paralysis would be not
2 being able to move; is that right?
3 **A.** Correct.
4 **Q.** Right, okay. Then under the other symptoms,
5 we have nausea, vomiting, fecal and urinary
6 incontinence. These are the signs and symptoms of nerve
7 agent and organophosphate poisoning.
8 Would you say that you were familiar with this,
9 with these signs and symptoms, before you treated Dawn
10 Sturgess?
11 **A.** For some of them, yes. For all of them, no.
12 **LORD HUGHES:** Well, I'll not quite sure,
13 Mr Thompson, whether you are being asked whether you
14 were familiar with them because you had encountered them
15 at work, or whether you were familiar with them because
16 you had seen the training material and they may not be
17 the same thing. Which was it, or was it both?
18 **A.** From a training perspective and a learning and
19 informative perspective, yes. We were aware of the
20 steps 1, 2, 3 for organophosphate poisoning.
21 **LORD HUGHES:** Right, yes, and with this list of
22 likely symptoms or not?
23 **A.** Yes.
24 **LORD HUGHES:** Yes. Had you actually ever
25 encountered a nerve agent case?

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1 please, Mr Thompson.
2 **A.** I'm sorry.
3 **LORD HUGHES:** It's all right. It's my fault, I'm
4 not hearing.
5 **A.** I can't recall specific nerve agent poisoning
6 training, but what I can recall is the organophosphate
7 training as part of the DuoDote --
8 **MS POTTLE:** I see. We can see, in fact, from the
9 medicines protocol that that medicine is for
10 organophosphate or nerve agent poisoning and so the
11 clinical symptoms would be the same for use of the
12 auto-injector.
13 If I can just ask that we look at page 5 of this
14 document that's up on our screens. This is the final
15 page and it sets out in an easy to read format, I think,
16 information on when to use the auto-injector and if we
17 just zoom in on the two grids at the bottom, we have the
18 signs and symptoms of nerve agent and organophosphate
19 poisoning and then a reminder of the step 1, 2, 3 plus.
20 Under "Signs and symptoms" we have recorded: "Chest
21 tightness, wheezing, respiratory arrest, bradycardia for
22 circulation, pinpoint pupils, miosis, seizures and
23 unconsciousness, sweating, fasciculations, paralysis."
24 Can you help us with what fasciculations are?
25 **A.** No, ma'am. Mental block.

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1 **A.** Never.
2 **LORD HUGHES:** Or an organophosphate case?
3 **A.** Never.
4 **LORD HUGHES:** Did you know anybody else who had?
5 **A.** No.
6 **LORD HUGHES:** No, right.
7 **MS POTTLE:** Before I move on from the training that
8 you received, we also heard yesterday from Mr Darch that
9 after the poisoning in March of the Skripals there was
10 emailed to all staff a document prepared by NHS -- PHE
11 and NHS England, on a reminder for emergency departments
12 on the treatment for organophosphate and nerve agent
13 poisoning. That document is INQ000659, if we could
14 bring that up, please.
15 Do you recall receiving this document?
16 **A.** No, ma'am.
17 **Q.** No. Well, we need not take much time with it,
18 but it sets out also clinical guidance for nerve agent
19 poisoning and a summary of the symptoms you might expect
20 in a case of acute poisoning, but if you don't remember
21 receiving it then we can --
22 **LORD HUGHES:** Do you know whether you had it or
23 not, or are you simply not remembering?
24 **A.** I don't recall seeing it or having it, sir.
25 **MS POTTLE:** Can I ask, as a HEMS paramedic, you

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1 were still employed by the South Western Ambulance
 2 Service Foundation Trust; that's right, isn't it.
 3 **A.** That's correct.
 4 **Q.** If emails had been sent round by Wayne Darch
 5 to all staff members, we would expect that they would go
 6 to you as well?
 7 **A.** If to all staff members, yes, ma'am.
 8 **Q.** Yes, okay. Now I'm going to ask you about the
 9 events of 30 June and here we can refer to your
 10 statement, which you can have in front of you.
 11 On 30 June, you were on duty and you were call sign
 12 CC23; is that right?
 13 **A.** Yes, ma'am.
 14 **Q.** Okay. You were monitoring a category 1 call,
 15 as I understand it, which was the call regarding
 16 Ms Sturgess.
 17 We heard evidence from Mr Coomber yesterday that he
 18 had requested HEMS. Do you remember whether you were
 19 requested to attend, or in fact you were monitoring the
 20 call and had decided to attend anyway?
 21 **A.** From my statement and my recollection,
 22 I remember following the call through the process and
 23 I believe it was my crew mate on the day that actually
 24 contacted the HEMS desk to say that we will respond to
 25 this call and for them to allocate us to the call.

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1 I looked at the log on the day. We would just look at
 2 key parts of information, but I don't recall seeing that
 3 specific quote at 10.20.
 4 **Q.** Okay. Can you help us with this: do you have
 5 a mobile data terminal which sets out information from
 6 the control room, or how do you monitor a call?
 7 **A.** Each ambulance base has access to the CAD,
 8 computer and dispatch --
 9 **Q.** Sorry, can you repeat that again?
 10 **A.** Each Air Ambulance --
 11 **Q.** Air Ambulance space.
 12 **A.** -- station has access to the CAD, which you
 13 can see all live calls coming to the ambulance control
 14 room.
 15 The mobile data terminal would be one we have in
 16 the vehicles which gives you the information specific to
 17 the jobs you're responding to.
 18 **Q.** I see. When you're in the vehicle you have
 19 the mobile data terminal, but when you're in the Air
 20 Ambulance station you have a different system called
 21 a CAD, but that would give you the information for live
 22 calls coming in?
 23 **A.** All live calls coming in.
 24 **Q.** I see.
 25 **LORD HUGHES:** Back at HQ they've got all of them

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1 **Q.** I see. You were monitoring the information
 2 about the call -- and we will come to that in
 3 a moment -- and decided that you would attend.
 4 We have the call log -- in fact, we have it in the
 5 expert's report and that is document INQ5942, page 37,
 6 if that could be brought up. This is -- it should be on
 7 your screen -- a distillation, if I can put it that way,
 8 of the call log prepared by the expert. It's just
 9 a little bit easier to follow.
 10 **LORD HUGHES:** You see what it is, Mr Thompson?
 11 Someone's extracted these entries from the call log.
 12 **MS POTTLE:** Yes. We can see that the call was
 13 received at 10.14 and it was given a category 1 at the
 14 same time, in fact, noted as "Fitting".
 15 We can see that at 10.16 the rapid response
 16 vehicle, that was Mr Marriott, Mark Marriott, was
 17 allocated at 10.16 and at the same time the ambulance
 18 call sign 312, which was Mr Coomber, was allocated at
 19 the same time.
 20 Then we can see at 10.20 notes were added "Patient
 21 has taken drugs and having a reaction." Do you remember
 22 seeing that on the log? Is that information that you
 23 would have had?
 24 **A.** It's information that would have been on this
 25 system, not necessarily -- I can't recall seeing it when

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1 and you've got yours; is that it?
 2 **A.** From the control rooms, yes, sir.
 3 **LORD HUGHES:** Right.
 4 **MS POTTLE:** Okay. We can see from your statement
 5 at page 2 you say:
 6 "... the initial call was a female not feeling
 7 well, taken some medication... it then changed to a
 8 reaction to medication, and then a query anaphylaxis,
 9 then the female was fitting."
 10 Do you see that on page 2? If we can pull up the
 11 statement --
 12 **LORD HUGHES:** Now you have gone back to his
 13 statement, have you?
 14 **MS POTTLE:** Yes, document 5142.
 15 **LORD HUGHES:** Right.
 16 **A.** Yes, ma'am.
 17 **MS POTTLE:** If we could have page 2. Sorry, that's
 18 the wrong statement. Yes, thank you. We can see the
 19 third paragraph from the bottom, it says:
 20 "... the initial call was a female not feeling
 21 well, taken some medication ... it then changed to
 22 a reaction to medication ..."
 23 Do you see that?
 24 **A.** Yes, ma'am.
 25 **Q.** We saw on the call log -- and we don't need to

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1 pull it up -- it said "Patient taken drugs", but here in
 2 your statement we can see "Medication". Was your
 3 understanding at the time that it was a reference to
 4 medication that she had taken?
 5 **A.** The impression I got from the call log was she
 6 had taken medication because she was feeling unwell.
 7 **Q.** I see.
 8 **A.** Later that day, when we arrived on scene, that
 9 was further clarified that the fact that she had taken
 10 medication because she was feeling ill.
 11 **LORD HUGHES:** Because she was ill?
 12 **A.** Because, yes.
 13 **LORD HUGHES:** Right.
 14 **MS POTTLE:** I see.
 15 You had been monitoring the call and you decided
 16 that you would attend.
 17 **A.** Yes, ma'am.
 18 **Q.** You deployed with Keith Mills and Victoria
 19 Gilmartin; that's right, isn't it?
 20 **A.** Yes, ma'am.
 21 **Q.** It took you 40 or so minutes to arrive at the
 22 location. Would that be a normal response time for you,
 23 or did you have difficulty finding the address?
 24 **A.** We had difficulty finding the address.
 25 **LORD HUGHES:** Ms Pottle, is it relevant? He is not

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1 **A.** Initially, no, from the treatment wise, but
 2 once we arrived on scene we did actually say "Let's have
 3 a pause and let's have a handover from the clinicians on
 4 scene already" and they were able to give me, Keith and
 5 Tori a handover of what they found on arrival, what they
 6 had actually done, the treatment provided and where we
 7 were currently.
 8 **Q.** Okay. Can you just summarise for us what they
 9 told you?
 10 **A.** From memory, I believe that the first
 11 paramedic arrived on scene to find and confirm Dawn in
 12 cardiac arrest. He set up beginning his normal
 13 treatment protocol, basic life support, until he was
 14 augmented by the ambulance crew. I believe initially it
 15 was a non-shockable cardiac arrest, I believed PEA.
 16 **Q.** If I can just pause you there. Non-shockable
 17 cardiac arrest and what did you say after that, known
 18 as --
 19 **A.** Pulseless electrical activity, which is still
 20 part of the non-shockable --
 21 **LORD HUGHES:** Pulseless?
 22 **A.** Pulseless.
 23 They had commenced ALS. It had gone from a PEA
 24 rhythm into ventricular defibrillation rhythm, one DC
 25 shock applied.

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1 the first there. There are people already there
 2 attending to her. Is it going to make a difference how
 3 long it took them to get there?
 4 **MS POTTLE:** Well, that's a matter for you, sir, but
 5 if you're not assisted by that evidence, we can move on.
 6 **LORD HUGHES:** Well, it's helpful to have necessary
 7 detail.
 8 **MS POTTLE:** Yes.
 9 The call log records your arrival at 11.04. Does
 10 that sound about right?
 11 **A.** Yes, ma'am.
 12 **Q.** Okay. When you arrived you entered the
 13 property, you would have gone up the stairs, you entered
 14 the bathroom where Ms Sturgess was. Can you just
 15 describe to us what you saw?
 16 **A.** It was a new build house, or a flat should we
 17 say. As we entered I remember walking in. The stairs
 18 were wooden stairs, uncarpeted, quite a steep set of
 19 stairs and the bathroom was the first door off onto the
 20 right. Dawn, Ms Sturgess, was lying on the ground, kind
 21 of half in the bathroom, half out of the bathroom, with
 22 several ambulance personnel working diligently on Dawn
 23 at the time.
 24 **Q.** Could you see what treatment they were giving
 25 her at the time?

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1 **MS POTTLE:** If I can pause you there. It had gone
 2 from pulseless electrical activity to ventricular
 3 defibrillation; is that what you said?
 4 **A.** Yes, ma'am.
 5 **Q.** That is, as I understand it, electrical --
 6 there was electrical activity in the heart, but it
 7 wasn't coordinated?
 8 **A.** Yes, ma'am.
 9 **Q.** Then they gave a shock?
 10 **A.** Yes, ma'am.
 11 **Q.** I see. Then what else?
 12 **A.** One DC shock was applied and currently they
 13 had a ROSC, a return of spontaneous circulation.
 14 **Q.** I see. You arrived, she had a return of
 15 spontaneous circulation?
 16 **A.** Yes, ma'am.
 17 **Q.** You said that you formulated a plan and you
 18 took over her care at that point; is that right?
 19 **A.** Yes. When I say took over her care, it's
 20 a team effort. We all provided input and care as all
 21 professionals. Because she was in such a profound low
 22 flow state, we had a shared mental model, we decided --
 23 this is a -- obviously post ROSC.
 24 **Q.** If I can pause you there, we had a what model?
 25 **A.** A shared mental model, so we obviously came

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1 together as a bit of a brief, what the crews had
 2 actually done and where we were with Dawn.
 3 **LORD HUGHES:** If these words matter, Ms Pottle, I'm
 4 not getting them and nor is the shorthand writer.
 5 **MS POTTLE:** I see. If I can just ask you,
 6 Mr Thompson, to speak a bit more slowly, that will help
 7 all of us accurately record --
 8 **LORD HUGHES:** Don't worry about it, Mr Thompson.
 9 The trouble is it's all very familiar to you, but
 10 sometimes the technicalities aren't to the people who
 11 are trying to listen; do you follow?
 12 **A.** When we all came together and we set about
 13 formulating a plan, it was to make sure we were all on
 14 the same level and understood what the plan was and what
 15 we were trying to do and deliver and where we want to
 16 get to, so it was a shared mental model.
 17 **Q.** A shared?
 18 **A.** Mental model.
 19 **Q.** A shared mental model, is that what -- yes,
 20 okay, I think I understand. You formulated a plan out
 21 loud so that all of your colleagues could know and
 22 contribute to what the care was going to be moving
 23 forward?
 24 **A.** Well and truly. It gave everyone the
 25 opportunity to explain and understand what we wanted to

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1 bradycardic and hypotensive and not making any
 2 spontaneous breaths at that stage. Bradycardic, that's
 3 a slow heart rate; is that right?
 4 **A.** It is, ma'am, yes.
 5 **Q.** Is that common in patients who have been
 6 through cardiac arrest and have a resumption of
 7 spontaneous circulation?
 8 **A.** It can be. The heart is in a stunned period
 9 post-cardiac arrest and it's not uncommon to be
 10 bradycardic post initially ROSC.
 11 **Q.** I see. Hypotensive; what does that mean?
 12 **A.** She had a very low blood pressure, ma'am.
 13 **Q.** Was that common in people --
 14 **A.** It can be. As I say, it's a stunned heart
 15 post-cardiac arrest.
 16 **Q.** I see. You told us that you had administered
 17 Narcan for possible drugs reaction, opiate reaction, and
 18 I think you told us that it was because her pupils were
 19 pinpoint; is that right?
 20 **A.** They were initially pinpoint and yes, as part
 21 of our reversible conditions, Narcan was given to
 22 potentially exclude an opiate overdose.
 23 **Q.** Did the Narcan have any effect on Dawn?
 24 **A.** I don't recall it having any effect on her at
 25 all.

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1 achieve.
 2 **Q.** I see. Moving forward, after you had your
 3 shared mental model, what treatment did you decide to
 4 give to Dawn at that time?
 5 **A.** I believe we looked at standard cardiac arrest
 6 management, which is full advanced life support, working
 7 through the four Hs and four Ts, which is the common
 8 causes of reversible conditions in cardiac arrest, and
 9 excluding what ones were not relevant and obviously
 10 working on which ones were the more likely cause of the
 11 cardiac arrest.
 12 **Q.** Okay. What did you think was the more likely
 13 cause of cardiac arrest in her case?
 14 **A.** We verbalised that our biggest killer, or
 15 biggest cause of this cardiac arrest, was a neurological
 16 condition that's caused the cardiac arrest.
 17 **Q.** Okay. What treatment did you give her?
 18 **A.** Because she was in a post ROSC state, we took
 19 over the breathing and ventilation for the patient,
 20 delivered some fluids and some drugs, ie adrenaline, and
 21 supported her circulation. Working through reversible
 22 causes, we delivered a drug called Narcan, because the
 23 eyes were initially pinpoint, to rule out any form of
 24 opiate overdose as part of our reversible conditions.
 25 **Q.** I see. In your statement you say that she was

18

1 **Q.** To give her the adrenaline which you spoke
 2 about, is it right that your colleague Keith Mills
 3 cannulated Dawn?
 4 **A.** Yes, ma'am, I believe he cannulated Dawn in
 5 the bathroom.
 6 **Q.** When he did that did you notice that her skin
 7 was sweaty?
 8 **A.** I don't recall, ma'am.
 9 **Q.** At that point, Dawn had an i-gel which had
 10 been administered by the paramedics on the scene when
 11 you arrived; that's right, isn't it?
 12 **A.** Yes, ma'am.
 13 **LORD HUGHES:** That's the piece of apparatus in her
 14 mouth, is it?
 15 **A.** It is, to assist and keep her airway open.
 16 **MS POTTLE:** Did you notice at that stage that there
 17 were fluids around the i-gel escaping from her mouth.
 18 **A.** I would have to refer just to the statement
 19 just to -- I can't recall.
 20 **Q.** I see. If it helps you, it's not in your
 21 statement at that stage that you had noticed that.
 22 **A.** No.
 23 **Q.** Do you remember that there was a suction
 24 device that had been brought in?
 25 **A.** Yes, ma'am.

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1 Q. Okay, and what was the suction device used
2 for?
3 A. We would bring the suction device as part of
4 every cardiac arrest. It's to clear the airway of any
5 soiled material or secretions.
6 Q. I see. That would suggest, wouldn't it, that
7 then there were secretions then in her airway at that
8 stage --
9 LORD HUGHES: He has just said, Ms Pottle, that it
10 is standard for every cardiac arrest.
11 MS POTTLE: Can I ask you, at that stage, do you
12 recall whether you were satisfied with her airway
13 management or not?
14 A. Whilst in the house I was satisfied that the
15 i-gel was working and we were able to ventilate
16 effectively.
17 Q. I see. In your statement, you say that you
18 considered whether to replace it, but you decided
19 against it because you didn't have 360 access to Dawn;
20 is that right?
21 A. Yes, that's correct on my statement. Due to
22 the space within the bathroom and not enough space to
23 have 360 access, plus it was working effectively at the
24 time. It was decided not to replace it at that moment.
25 Q. Yes, I see. We know that eventually you used

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1 assessment once the patient has been moved and placed
2 onto the ambulance stretcher, we would always carry out
3 the full reassessment.
4 Q. I see. You decided at that stage to change
5 the i-gel and to intubate her during that reassessment.
6 Why was that?
7 A. I believe we felt -- certainly I felt and the
8 team felt -- that we were at risk of losing the airway
9 from moving from upstairs into the bathroom until we
10 were in -- on the stretcher, we had actually noticed
11 that her tongue had swollen to the degree that it was
12 actually pushing the i-gel up and it was less effective
13 way of securing the airway.
14 LORD HUGHES: I'm just trying to visualise it,
15 Mr Thompson. You have had to get her onto the scoop
16 from a rather cramped bathroom floor and then out, what,
17 down the stairs?
18 A. Down the stairs, outside, that's when we
19 noticed the tongue had actually enlarged with swelling
20 and I believe and the team believed that we were at risk
21 of losing the airway.
22 LORD HUGHES: Thank you.
23 MS POTTLE: You continued to treat her en route to
24 the hospital; is that right?
25 A. Yes, ma'am.

23

1 a scoop stretcher to move Dawn down to the ambulance and
2 you noticed that she had defecated at that stage; is
3 that right?
4 A. It was when we moved Dawn initially to place
5 the scoop underneath her, underneath her body, that was
6 when Dawn unfortunately defecated, yes.
7 Q. Okay. Once she was brought down to the
8 ambulance, you set about conducting a full reassessment
9 of her starting from head to toe; is that right?
10 A. That's correct, ma'am.
11 Q. Okay, and that assessment showed a heavy
12 amount of fluid escaping from the i-gel, no respiratory
13 effort, bradycardic heart rate and that she had lost the
14 cannula in her arm; is that right?
15 A. It is, ma'am, yes.
16 Q. Okay. Did you know why the cannula had been
17 lost in her arm?
18 A. It might have been in the point of some form
19 during the extrication.
20 LORD HUGHES: During the business of getting her
21 out?
22 A. Yes, sir.
23 LORD HUGHES: I see.
24 MS POTTLE: At that --
25 A. That's the reason why we carried out a full

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1 Q. At that stage her blood pressure was low and
2 you considered giving her atropine; is that right?
3 A. Atropine was part of a team discussion: what
4 else can we -- what else can we do to help improve and
5 optimise the physiological symptoms of Dawn. So it was
6 a consideration, yes, ma'am.
7 Q. I see. You didn't give her atropine in the
8 end; that's right, isn't it?
9 A. That's correct.
10 Q. Why didn't you give her that drug?
11 A. It was a combination. The -- with the tongue
12 swelling up, almost as if it's having a reaction, what
13 we didn't want to do is introduce another drug into the
14 system considering we almost lost the airway with the
15 large swelling of the tongue.
16 The other considerations we explored at the scene
17 that atropine would increase the heart rate, but what we
18 really needed to achieve was the blood pressure needed
19 boosting, should we say, and therefore carrying on with
20 the adrenaline, because it acts on the two systems, it
21 acts on the alpha and the beta systems, it would
22 increase the heart rate but also increase the blood
23 pressure.
24 Q. I see. You felt that the adrenaline would be
25 a better treatment because it would both increase the

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1 heart rate and increase her blood pressure?
 2 **A.** It's to carry on with the adrenaline which we
 3 were administering anyway and yes, it was
 4 a consideration of introducing another drug that would
 5 have a potential reaction.
 6 **Q.** I see. While you were at the address, did you
 7 discuss Dawn Sturgess' presentation with her partner,
 8 Charlie Rowley?
 9 **A.** Yes, ma'am. I took myself away from the
 10 clinical side of the resuscitation and made a point to
 11 go and speak to Charlie to get a more detailed, in-depth
 12 history and past medical history of Dawn so that would
 13 enable us to build the bigger picture of our treatment
 14 options and likely causes of the cardiac arrest that we
 15 were dealing with at the time.
 16 **Q.** I see.
 17 **LORD HUGHES:** Did you get that?
 18 **A.** I got as much as I possibly could, sir, enough
 19 to carry on with resuscitation and work my primary
 20 working diagnosis.
 21 **MS POTTLE:** What did Charlie tell you about Dawn's
 22 medical history?
 23 **A.** He couldn't recall much of the past medical
 24 history from any conditions or diseases, sort of things
 25 like asthma, diabetes, he couldn't remember much of

25

1 **A.** From an ambulance perspective, at the time of
 2 Ms Sturgess' arrest we had MobiMed, which is a device
 3 that connects all their devices and allocates it to the
 4 EPCR. But I believe on my statement I recall that
 5 device, the MobiMed, was not charged and therefore
 6 didn't auto-populate onto the EPCR.
 7 **Q.** It is supposed to auto-populate, at least some
 8 of it, but it didn't happen on this occasion because the
 9 equipment wasn't working?
 10 **A.** Yes, ma'am.
 11 **Q.** If we can look now at the document, we can see
 12 that it records the time and date of the incident and
 13 the address. The patient -- the primary survey says
 14 "Presenting condition: Cardiac". It is "OOH cardiac
 15 arrest", presumably that's out of hospital cardiac
 16 arrest?
 17 **A.** Yes, ma'am.
 18 **Q.** Then if we move then to page 2, we see --
 19 I suppose that's free text that you filled in:
 20 "Collapsed in toilet went into arrest. RRV on
 21 scene. BIS commenced ..."
 22 That must be basic life support; is that right?
 23 **A.** It is, ma'am, yes.
 24 **Q.** "... ambulance arrived commenced [advanced
 25 life support] ... extricated on scoop ALS continued to

27

1 that, but he did say from a recreational point of view
 2 that Dawn was not an illicit drug user and she was
 3 alcoholic and never touched drugs, ma'am.
 4 **Q.** I see. We heard earlier in your evidence that
 5 you had been informed before arriving that she had taken
 6 medication. Did Charlie say anything to you about
 7 medication that she had taken?
 8 **A.** Charlie -- he did. Charlie recalled saying --
 9 I recall Charlie said to me that because she had felt
 10 unwell and had a headache, she had taken some medication
 11 to obviously relieve the headache because she was
 12 feeling unwell.
 13 **Q.** I want to ask you now to look at the
 14 electronic patient record, which is document 000655. It
 15 will come up on your screen, Mr Thompson. Do you
 16 recognise that document?
 17 **A.** Yes, ma'am, it's our EPCR, patient record.
 18 **Q.** Yes, electronic patient record. We heard
 19 yesterday from Mr Coomber that he didn't fill this in
 20 and that you filled it in; is that right?
 21 **A.** I'm pretty sure I filled most of this in, yes,
 22 ma'am, yes.
 23 **Q.** Can you help us, how does that happen? Does
 24 any of it get filled in automatically from the machines,
 25 or is it something that you fill in?

26

1 hospital pre-alert given. Fred Thompson completed EPCR.
 2 All observations taken from ZOLL machine."
 3 Then if we can continue onto the second page, we
 4 have here a secondary survey conducted at 12.36 and then
 5 a record of the drugs interventions.
 6 Then if we move on to the fourth page, please, we
 7 have a record here we can see. The entry at 11.13, the
 8 drug isn't included, but it says 400 micrograms per
 9 nostril. I'm assuming that was the Narcan; is that
 10 right?
 11 **A.** It is, ma'am. I have no idea why the drug
 12 name is not on that system, but it is Narcan, yes.
 13 **Q.** Okay. Then for treatment we have "Cause of
 14 arrest", it says "Drug overdose and other/unknown". Did
 15 you -- how did that entry come to be put in? Did you
 16 type that yourself?
 17 **A.** Excuse me, ma'am. No, ma'am, that is
 18 a drop-down list which is auto-populated when you click
 19 on that box.
 20 **Q.** I see.
 21 **LORD HUGHES:** It's a multiple choice?
 22 **A.** Kind of, sir. It gives you multiple options
 23 of what --
 24 **LORD HUGHES:** Tick the relevant boxes?
 25 **A.** If it's applicable, but in this case, because

28

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

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

9 **A.** It's all the same option.

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

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

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

29

1 that period? Did that happen at all?

2 **A.** I can't recall any, sir.

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

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

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

13 **LORD HUGHES:** Exactly.

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

22 **A.** I don't recall any, sir.

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

25 Just one other question. From after Amesbury,

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

8 **A.** No, ma'am.

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

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

13 **MR MANSFIELD:** Yes, if I may.

14 **LORD HUGHES:** Yes, Mr Mansfield.

15 **Questioned by MR MANSFIELD**

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

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

30

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

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

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

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

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

21 **LORD HUGHES:** Yes. Thank you, Mr Mansfield.
22 Mr Thompson, thank you very much for your help.

23 There's no need to stay unless you wish to do so.
24 There's nothing else for him, is there, Ms Pottle?

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

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1 **LORD HUGHES:** Thank you very much then,
 2 Mr Thompson. As I say, there's no need for you to say,
 3 although you're free to do so as you wish.
 4 **MS POTTLE:** Sir, we are now running a bit ahead of
 5 schedule. We have another witness to give evidence this
 6 morning, but, sir, if --
 7 **LORD HUGHES:** Just one more this morning, is there?
 8 **MS POTTLE:** Yes, just one more this morning.
 9 **LORD HUGHES:** In other words you are delicately
 10 saying that you would like me to break now.
 11 **MS POTTLE:** Yes, I am.
 12 **LORD HUGHES:** Yes, all right. 11.05, please.
 13 (10.49 am)
 14 (Short Break)
 15 (11.05 am)
 16 **LORD HUGHES:** Yes, Ms Whitelaw.
 17 **MS WHITELAW:** Good morning, sir.
 18 **MR BENJAMIN WILLIAM CHANNON (affirmed)**
 19 **LORD HUGHES:** Yes, please sit down if that's more
 20 comfortable, Mr Channon, that's fine.
 21 **MS WHITELAW:** Good morning.
 22 **A.** Good morning.
 23 **Q.** As you know, my name is Francesca Whitelaw and
 24 I ask questions on behalf of the Inquiry. Thank you for
 25 attending today to give us your evidence. Could you

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1 If I can start with your professional
 2 qualifications and role, please. Were you,
 3 in June 2018, a paramedic employed by the South Western
 4 Ambulance Service?
 5 **A.** I was, yes.
 6 **Q.** Were you based at Salisbury ambulance station?
 7 **A.** Yes.
 8 **Q.** Again, from the uniform, is that still your
 9 job?
 10 **A.** It's my job, but now I'm a specialist
 11 practitioner in critical care, so paramedic by
 12 background but have since gone through further academic
 13 and indeed similar training to that discussed with
 14 Mr Thompson previously. My job now is going to those
 15 that are the most critically unwell within our region
 16 and working on an Air Ambulance within the region, but
 17 at the time was a paramedic on the road.
 18 **Q.** At the time, for how long had you been
 19 a paramedic?
 20 **A.** In 2018, that had been three years since
 21 qualification.
 22 **Q.** Mr Channon, were you here yesterday for the
 23 SWASFT evidence?
 24 **A.** Yes, I was, yes.
 25 **Q.** In that case I will take the issue of training

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1 give us your full name, please?
 2 **A.** Yes, it is Benjamin William Channon.
 3 **Q.** Do you have in front of you a copy of a six
 4 page witness statement, dated 9 July 2018, and bearing
 5 your name?
 6 **A.** That's correct, yes.
 7 **Q.** The reference for the transcript is INQ005542.
 8 Have you had an opportunity to read through that
 9 witness statement?
 10 **A.** I have indeed.
 11 **Q.** Are you confident that the contents are true
 12 to the best of your knowledge and belief?
 13 **A.** Yes, ma'am, yes.
 14 **LORD HUGHES:** Mr Channon, I should have said it
 15 before, remember that people are watching and listening
 16 to you a good deal further away than Ms Whitelaw, (a) in
 17 this room and indeed elsewhere, so make sure that what
 18 you say gets to those microphones. Put them where
 19 they're convenient and talk to them. Right.
 20 **A.** Thank you. That's better.
 21 **MS WHITELAW:** Sir, with your permission, the whole
 22 statement will be adduced in evidence --
 23 **LORD HUGHES:** Yes, it will.
 24 **MR O'CONNOR:** -- and appear on the Inquiry's
 25 website.

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1 relatively shortly. Prior to March 2018, what, if any,
 2 training had you received about dealing with suspected
 3 hazardous chemical poisoning, whether that's nerve
 4 agent, organophosphate or other?
 5 **A.** Yes, so prior to March, on induction to the
 6 previous Ambulance Service I worked for and indeed South
 7 Western Ambulance Service, we have an online IOR
 8 training, so that's the initial operational response,
 9 which are online modules which I -- from the NARU, the
 10 National Ambulance Resilience Unit, which -- I couldn't
 11 tell you the duration of it, but that's quite
 12 comprehensive on the recognition of symptoms and
 13 treatment.
 14 **Q.** Thank you. Could I ask you to slow down in
 15 your evidence because we have a transcriber. Thank you
 16 very much.
 17 Did that include then the recognition of symptoms
 18 for nerve agent poisoning?
 19 **A.** Correct, yes.
 20 **Q.** This is prior to March 2018?
 21 **A.** Correct.
 22 **Q.** Did it include symptoms for organophosphate
 23 poisoning generally?
 24 **A.** Correct.
 25 **Q.** Also, did it include symptoms for drug

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

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

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

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

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1 Q. -- but potentially very serious?
 2 A. Correct, yes.
 3 Q. If we could go to INQ000656, please, we have
 4 seen a similar document for Dawn Sturgess. Do you
 5 recognise this as an ambulance record --
 6 A. That's the record, yes.
 7 Q. -- for the call that you attended to Muggleton
 8 Road?
 9 A. Yes.
 10 Q. Was your vehicle call sign 7710?
 11 A. Yes.
 12 Q. We can see at the top there, can't we,
 13 "Vehicle call sign" and we have your name, Benjamin
 14 Channon, and crew name Lee Martin.
 15 A. Correct.
 16 Q. We see at the bottom there the time of call,
 17 18:21, dispatch time 18:36 and at scene 18:47. I think
 18 that accords with your witness statement and
 19 recollection of when you arrived at 9 Muggleton Road,
 20 18:47.
 21 A. Yes.
 22 Q. What information did you receive in the
 23 initial call?
 24 A. The information, as my colleagues have alluded
 25 to, comes down onto a mobile data terminal and on that

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1 LORD HUGHES: Quite?
 2 A. Panicked, and introduced himself and had
 3 reported that he was concerned there was a leak of sorts
 4 and we, myself and Lee, probed that further.
 5 MS WHITELAW: If you could just take it a bit more
 6 slowly. Thank you.
 7 First of all, a male came down quite panicked,
 8 introduced himself, but did you know him already?
 9 A. I knew of him having lived locally and growing
 10 up in this area, so I know of him, but don't know him
 11 personally.
 12 LORD HUGHES: What's his name?
 13 A. Sam Hobson.
 14 LORD HUGHES: Thank you. Ah, right.
 15 MS WHITELAW: Did you know his name before you went
 16 to the call?
 17 A. Yes.
 18 Q. I think in your witness statement you said he
 19 was at the same school as you?
 20 A. Yes, older than me, but yes.
 21 Q. Did you know that Sam Hobson was involved with
 22 class A drugs?
 23 A. No.
 24 Q. You said that he appeared panicked to you.
 25 Did you think he was under the influence of anything or

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1 information, on that screen, we will receive the
 2 location, the category of the call and indeed some of
 3 the basic details.
 4 The details I recall were again in Mr Faulkner's
 5 report and indeed the sequence of events, but I recall
 6 being sent to a gentleman that was reported as behaving
 7 strangely and hallucinating. Apologies if that's not
 8 verbatim, but that's what I recall.
 9 Q. We can see on the top of the log there:
 10 "Hallucinations, making weird noises - not
 11 responding."
 12 Is that what you recall as well?
 13 A. Yes.
 14 Q. We can take that down, the document, now. We
 15 will come back to it.
 16 What happened when you arrived at the address? Do
 17 have your witness statement in front of you so that you
 18 can refer to it? I'm on page 1.
 19 A. Yes, so as I say, I was driving. We arrived
 20 to the address in Amesbury, arrived into the courtyard
 21 and as per any incident, we will always take a dynamic
 22 risk assessment.
 23 We were met by an adult gentleman that came down,
 24 downstairs, outside the property. He appeared quite
 25 panicked.

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1 unwell?
 2 A. No, not at the time, no.
 3 Q. You say not at the time, did you think that
 4 since?
 5 A. No, no.
 6 Q. You mentioned that he said there had been some
 7 sort of leak. In your statement you say "Meaning a gas
 8 leak"?
 9 A. Yes, correct.
 10 LORD HUGHES: Well, that there was a leak or he
 11 thought there might be, or what?
 12 A. His phrase, from memory, was that he was
 13 concerned it was a leak and then --
 14 LORD HUGHES: Right.
 15 A. -- probing from myself and my colleague were:
 16 "do we think it's a gas leak?" And he agreed.
 17 MS WHITELAW: Did he indicate that he thought that
 18 was because of the presentation of Charlie Rowley, or
 19 for any other reason.
 20 A. There was no comment on --
 21 Q. You didn't know if it was because of some sort
 22 of smell in the house or the presentation?
 23 A. No.
 24 Q. What were your thoughts about what he was
 25 saying then?

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1 A. That was a concern and certainly a concern for
2 his safety, our safety and indeed the patient that we're
3 being called to at the time.
4 Q. What did you do then?
5 A. We asked him to show us to the patient, as
6 per -- always, as discussed, we will take a dynamic risk
7 assessment, but I could see, from memory, that the front
8 door was open and at that point we were content that we
9 were going to approach with caution. We carried our
10 first response equipment, which is standard to any call,
11 and including that based on the concern that there
12 was -- the word "leak" mentioned, we took our bag of
13 personal protective equipment with us into the front
14 door of the house.
15 Q. You had it in your bag but not on at the time ?
16 A. Correct, not on at the time.
17 Q. Did you enter the property?
18 A. Yes, downstairs.
19 Q. How did you find Charlie Rowley and please do
20 refer to your statement if you need to, I'm on page 2?
21 A. We walked upstairs, as described, into
22 a kitchen area, approached at the door and I believe Sam
23 followed us up, but at that point I had no further
24 conversation with Sam for the duration after asking him
25 to go downstairs and maintain safety for himself and

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1 I noticed straightaway was that he had what we have
2 called the hyper salivation, so profuse amounts of
3 saliva coming from his mouth, which was really
4 concerning.
5 At that point, Mr Martin, who, as I say, is present
6 in the room -- we are very concerned that this was not
7 normal and given the information, or the phrase "leak"
8 that Sam had given us, we ensured that all the windows
9 of the property were open to ventilate the property. We
10 walked over to the kitchen, opened the windows, tried to
11 ventilate the room and at that point my statement should
12 say "we updated our control room of our concerns,
13 requested at that time the Fire Service and indeed
14 donned the personal protective equipment that
15 I described".
16 LORD HUGHES: You put your equipment on, your PPE ?
17 A. Correct, yes.
18 MS WHITELAW: In your statement you refer to
19 putting your protective suits on, along with overshoe
20 protectors, a face mask with a filter and thin paper
21 mask over that and a protective visa.
22 A. That's correct.
23 LORD HUGHES: The reason for calling the
24 Fire Brigade is?
25 A. Was the concern from the phrase "the leak".

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1 wait for further emergency services.
2 I recall finding Mr Rowley up against a wall, which
3 has been shown on mapping in the sort of dining area of
4 the kitchen. I remember Mr Martin and I looking at each
5 other and being very concerned that this was behaviour
6 that was grossly abnormal in comparison to anything that
7 we had perhaps encountered before and, apologies for the
8 terms, but Mr Rowley was making noises very much like
9 a cow and was making mooing noises essentially.
10 Q. From when you came in, from when you first
11 came in?
12 A. Correct, yes.
13 Q. Did you consider drugs a possibility at that
14 point?
15 A. Yes, yes.
16 Q. What did you do next?
17 A. As I say, he was -- are you happy if
18 I describe a little bit more because I think that's
19 important about his --
20 Q. Absolutely, yes.
21 A. So he was right -- his face was against a wall
22 which clearly is not an obvious and normal behaviour,
23 and his hands were almost as if he was climbing down the
24 wall. Obviously we recognised that that was really
25 quite abnormal and one of the main features that

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1 LORD HUGHES: In case of a leak.
2 A. And indeed the behaviour that I was concerned
3 that there was another substance.
4 LORD HUGHES: Right.
5 MS WHITELAW: At that point, were you considering
6 then some sort of poisoning from a gas leak and
7 a poisoning from a unknown substance?
8 A. That's correct, and I think we were in
9 a position by then where we had experienced the
10 Salisbury poisonings. Working locally then, obviously
11 we had had advice, but kind of living and breathing in
12 those times it was certainly in the forefront of our
13 mind, certainly our safety was, and to be a lot more
14 perhaps open minded than particularly we were in the
15 past to the chances of unusual substances and that was
16 the immediate concern that we had and why we put our
17 protective gear on, and thankfully we did.
18 Q. At what point did you first consider the
19 potential that this was similar to Salisbury?
20 A. I don't want to talk too quickly, but we
21 attempted a primary survey on Mr Rowley. To explain
22 that, that's an evidence-based algorithm that is noted
23 in the paperwork and that's something that we use from
24 a catastrophic haemorrhage airway management, down to
25 breathing circulation and that's something that you will

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1 assess every patient with.
 2 We had established that Mr Rowley had not displayed
 3 signs of catastrophic haemorrhage. He had an airway
 4 that was patent. Despite some salivation, he was able
 5 to make noises. He was breathing effectively enough to
 6 remain stood and clearly the assumption was that his
 7 cardiovascular system at that time was supporting him
 8 being stood up.

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

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

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

23 Could we go down to the next page, so here it says:
 24 "Called to attend a gentleman who was reported to
 25 behaving strangely. Salivating profusely and making

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

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

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

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

17 **Q.** We see the rest of that entry on the log:
 18 "Approached with caution and due to recent events
 19 within Salisbury and the nerve agent attack, crew
 20 decided to don PPE by way of suits, masks and shoe
 21 protection."

22 Which you described:
 23 "Steps 1-2-3 followed as per HAZMAT guidelines."
 24 Again, is that the CBRN process?

25 **A.** Hazardous materials, yes, yes.

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

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

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

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

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

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

50

1 **Q.** "Arrived to find gentleman GCS 11 ..."
 2 Could you just explain that?

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

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

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

22 **Q.** Like paralysis, is that --

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

25 **Q.** Yes, please do.

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

11 **Q.** Then to continue on:
12 "... making incomprehensible sounds ..."
13 Which you described:
14 "... leaning up against a wall. Patient was not
15 responding to commands, had pinpoint pupils ..."
16 Was that unusual?
17 **A.** Yes, so pinpoint pupils were noted. I think
18 it's important to note at this point it was very
19 difficult to do an assessment on the gentleman given his
20 conscious state was at a point where we were really
21 struggling to be able to apply monitoring equipment and
22 indeed open his eyes and assess him. As I have alluded
23 to, his conscious state reduced and at that point we
24 were able to look into his eyes and establish the
25 pupils.

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

6 **MS WHITELAW:** It says "EOC informed", what's EOC.
7 **A.** EOC is our emergency operation centre.
8 **Q.** HART requested, so specialist teams --
9 **A.** The Hazardous Area Response Team, yes.
10 **LORD HUGHES:** Tell me, Mr Channon, what we're
11 looking at, which is the record, is it filled up, as it
12 were, on the run as you go along, or at different stages
13 during the day, or when you get back to HQ afterwards?
14 How does it work?
15 **A.** Yes, sir, so this is the clinical record, so
16 given clearly the treatment was a priority at the time,
17 this patient record is completed at arrival at hospital,
18 once the patient has been handed over, and then that's
19 contemporaneous in notes following that event.
20 **LORD HUGHES:** It is a report when you get back to
21 the hospital?
22 **A.** Correct, yes.
23 **LORD HUGHES:** Thank you.
24 **MS WHITELAW:** Bronze requested; what does that
25 mean?

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1 **Q.** Just to continue on the symptoms:
2 "... sweating and salivating profusely."
3 You have dealt with. "Initial observations were as
4 recorded". We come back to the point you were
5 describing of taking observations. I just want to cover
6 while on this page:
7 "No drug paraphernalia present initially, drugs use
8 was denied by the occupant."
9 **A.** Yes, that's Sam not Mr Rowley himself.
10 **Q.** That's what I was going to ask. Thank you.
11 Does that mean that one, you considered the
12 possibility of drugs in this case?
13 **A.** Yes.
14 **Q.** And two, the initial indications to you were
15 that there weren't any obvious indications either from
16 Sam Hobson or from anything you can see?
17 **A.** There was no history of, but as per
18 a differential diagnosis in any collapsed patient or
19 with altered behaviour, certainly very commonly we will
20 see patients that have used recreational substances that
21 would describe or -- the behaviour would be attributed,
22 so it was a reasonable consideration at the time in
23 conjunction with the constricted pupils that you will
24 often see in opioid --
25 **LORD HUGHES:** Just pause there, Ms Whitelaw. I may

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1 **A.** Bronze was a term which is now outdated and
2 that's now replaced with "Operational commander".
3 **Q.** Is that for the Ambulance Service?
4 **A.** Correct, yes.
5 **Q.** Then at 7.25:
6 "Patient slowly collapsed to floor, became GCS8."
7 So a deterioration in the Glasgow coma score?
8 **A.** Correct, yes.
9 **Q.** Then it describes the treatment which we will
10 come on to in a moment.
11 Could we go please to INQ000654. This is the
12 ambulance call log. We have seen it before. I'm afraid
13 this is a difficult document to follow. There are only
14 a couple of entries I just want to take you to, please.
15 The first should be on page 13 and I'm looking for an
16 entry that is 19.11.50:
17 "Similar to pre-SAL incident ..."
18 Yes, it's the capital letters a couple of lines
19 down from there. "Similar" starts on the line below the
20 highlighting. If we could highlight the word "Similar"
21 just below the current highlighting. Thank you. Then
22 a few lines down, the next where it is a set of capital
23 letters:
24 "TO PREV SAL INCIDENT."
25 Thank you. Then if we could just go to page 16,

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1 which is 19.28.19.
 2 I'm looking for the entry "LP993", I think it is
 3 advised:
 4 "He and 7710 both attended previous SAL incident
 5 and state along with fire PTS are presenting with
 6 similar incident."
 7 That's at the bottom --
 8 **LORD HUGHES:** Just highlight that for us, would
 9 you? That's it, wonderful.
 10 **MS WHITELAW:** LP993 --
 11 **LORD HUGHES:** Down to "Similar incident".
 12 **MS WHITELAW:** Thank you.
 13 First of all, I think you said the call sign for
 14 your vehicle is 7710; is that correct?
 15 **A.** That's correct.
 16 **Q.** Is 993 another call sign?
 17 **A.** Yes, so 993 is a rapid response vehicle and
 18 that was crewed by Mr Parsons, the Operational
 19 Commander.
 20 **Q.** Does it look like that means that
 21 Mr Parsons -- we think it is Mr Ian Parsons -- advised
 22 that he and -- he is referring to your ambulance call
 23 sign, so is that you or Lee Martin, attended previous --
 24 I assume Salisbury from "Sals" incident. Did you have
 25 any involvement with the Salisbury incident?

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1 statement if you need to. Did you take his temperature ?
 2 **A.** Yes, so at that point -- apologies if I'm
 3 speaking too quickly -- we began our assessment of him
 4 and, as alluded to, using the primary survey as
 5 discussed earlier.
 6 With any unconscious patient or collapsed patient
 7 unfortunately obviously they're at a point where they
 8 can't give us a medical history, so we're then relying
 9 on physiological measurements -- and when I say that
 10 I mean temperature, blood pressure, heart rate, things
 11 that we can measure pre-hospital -- so one of our
 12 concerns at the time where is this -- as I say, as
 13 a result of intracranial, so something inside his head,
 14 whether he was perhaps having a brain haemorrhage or
 15 whether, in fact, there was a horrible infection that
 16 was impairing his behaviour at the time.
 17 A raised temperature may have demonstrated the
 18 signs of an infection. Indeed, a blood glucose is
 19 really important in those patients because we know that
 20 a low blood glucose often affects behaviour.
 21 They were done as immediate observations because
 22 they were easy to achieve when Mr Rowley was moving
 23 around, where applying a heart rate monitor or a blood
 24 pressure cuff as such was quite difficult and would
 25 often throw off spurious readings when someone was

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1 **A.** I didn't attend the patients, no.
 2 **LORD HUGHES:** But had Mr Martin?
 3 **A.** I don't believe Mr Martin did, but Mr Parsons
 4 had.
 5 **LORD HUGHES:** Mr Parsons had. I see. Thank you.
 6 **MS WHITELAW:** Thank you. We can take that down
 7 now.
 8 I want to return to the developing prognosis and
 9 treatment given to Charlie Rowley at 9 Muggleton Road.
 10 When you examined him, you have described what you say
 11 in your statement which is the mooing like a cow,
 12 salivating more than you would usually see. We're still
 13 on page 2. Sweating profusely, pupils very small, which
 14 is the same as we have seen on the log already, and you
 15 have described you not thinking that's a normal
 16 presentation. In your statement you say:
 17 "I thought this was not the normal presentation of
 18 a drugs overdose which we thought it initially could
 19 have been."
 20 Can you tell us then next, you have -- you have
 21 already explained that Lee walked over to Mr Rowley and
 22 put his hand on his shoulder, tried to get him to sit
 23 down on the sofa and the stiffness meant he couldn't.
 24 You have explained the muscle tone. You were talking --
 25 I think you got to monitoring levels, so do refer to the

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1 moving.
 2 **Q.** What were those readings you took from him ;
 3 were they normal or abnormal?
 4 **A.** Yes, and obviously documented on the clinical
 5 record, but I remember his temperature was normal and
 6 his blood glucose was within normal limits, so that
 7 reassured us that it was unlikely that a hypoglycaemia
 8 or low blood sugar was the cause at the time.
 9 **LORD HUGHES:** You could take his temperature and it
 10 was normal?
 11 **A.** Correct, yes.
 12 **LORD HUGHES:** You could check his blood sugar and
 13 that was normal?
 14 **A.** Correct, yes.
 15 **LORD HUGHES:** You couldn't decently check his blood
 16 pressure because the equipment doesn't work in the
 17 condition that he was; is that it?
 18 **A.** Yes, sir, yes.
 19 **LORD HUGHES:** Got it.
 20 **MS WHITELAW:** I think in your statement -- and
 21 we're at page 2 -- the action you take which you have
 22 alluded to is calling up control -- we have also seen it
 23 on the log -- and you say asking them to call police,
 24 fire, clinical back-up and HART, the Hazardous Area
 25 Response Team.

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1 I think you knew the person who answered the call ;
 2 was that correct?
 3 **A.** Is that the lady I referenced as Holly?
 4 **Q.** Yes.
 5 **A.** Yes, so I know her through frequent
 6 conversations on the radio. I don't know her
 7 personally, but know her by name.
 8 **Q.** A dispatcher with whom you're familiar?
 9 **A.** Yes, correct.
 10 **Q.** What did she say when she asked for those
 11 resources?
 12 **A.** She was obviously going to send those
 13 resources, but I recall her confirming whether we would
 14 like the Operational Commander to come and manage the
 15 scene and that multi-agency communication that was
 16 likely to be required.
 17 **Q.** Who was that, the Operational Manager , that
 18 you thought was going to attend?
 19 **A.** The on duty Operational Manager was
 20 a gentleman called Richard Tilsley at the time. Within
 21 the area was there a county-based resource, a specialist
 22 resource, so often their run times are slightly longer.
 23 Mr Parsons was on a response car in Salisbury and
 24 suitably trained to fulfil that role in the interim,
 25 hence his immediate dispatch to us.

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1 whether there was anything specific that she had become
 2 unwell as a result of and whether that would help us
 3 identify our condition with Mr Rowley.
 4 **Q.** He phoned on a particular line, didn't he?
 5 Could you just explain that?
 6 **A.** So it's a -- yes, it's probably documented as
 7 the red phone and that's a protected line that we
 8 provide a pre-alert to a receiving hospital on, so
 9 that's a line that they will always answer within
 10 a rapid fashion.
 11 **Q.** He had a conversation with -- I believe you
 12 describe it as a sister --
 13 **A.** Yes.
 14 **Q.** -- called Vicky?
 15 **A.** Vicky, yes.
 16 **Q.** About the clinical features of the female. Do
 17 you remember what he -- did you hear the conversation ?
 18 **A.** I can't -- I'm sure I heard it, but obviously
 19 I was managing Mr Rowley and I don't recall the details
 20 of that conversation.
 21 **Q.** Could you tell us firstly if you recall what
 22 Lee Martin told the hospital?
 23 **A.** Mr Martin, I recall, I remember him explaining
 24 that the presentation of Mr Rowley at the time and then
 25 obviously requesting to see what they were perhaps

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1 **Q.** Were you seeking at this point a multi-agency
 2 response?
 3 **A.** Correct, yes.
 4 **Q.** Was that in accordance with what we have heard
 5 Deputy Chief Constable Mills explain in his evidence,
 6 the JESIP principles?
 7 **A.** Correct, yes.
 8 **Q.** After you had spoken to your control, you
 9 indicate in your statement that Lee Martin phoned
 10 Salisbury District Hospital. Could you tell us about
 11 that call, please?
 12 **A.** I remember Lee making that phone call, so that
 13 was moving down what I have described as our
 14 differential diagnoses. We were at a point where none
 15 of the measured physiology, so the numbers that we were
 16 receiving from Mr Rowley, were pointing to a clinical
 17 picture of an infection or a significant head injury, or
 18 the use of a substance such as cocaine or indeed
 19 opioids. As part of gathering a collateral history, in
 20 the absence of anyone that was able to give us any
 21 medical history of Mr Rowley, it was thought that
 22 a sensible option was to phone the hospital. Given the
 23 information we had received prior that sadly Ms Sturgess
 24 was acutely unwell and taken to the hospital, Mr Martin
 25 felt it prudent to phone the hospital and ask to see

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1 treating Ms Sturgess for. Clearly there's an element of
 2 patient confidentiality and giving information quite
 3 rightly over the phone is not necessarily the done
 4 thing, and I don't recall the response that Mr Martin
 5 received, but I appreciate he is present in the room and
 6 perhaps would be able to help with that.
 7 **Q.** Well, in your statement you say:
 8 "Vicky told Lee she would find out and call back as
 9 soon as she could."
 10 Do you know if there was a return call?
 11 **A.** There was a return call, yes.
 12 **Q.** How was Charlie Rowley presenting by this
 13 point? This is the end of page 2, if it helps you.
 14 **A.** Yes, so by this point, Mr Rowley had
 15 deteriorated in terms of his conscious state and we were
 16 assisting him slowly to the floor and I remember having
 17 the discussion with Lee that at this point we were
 18 preparing for Mr Rowley to deteriorate to a point where
 19 he may enter cardiac arrest and therefore we prepared
 20 for that appropriately.
 21 **Q.** When you say you prepared, what do you mean by
 22 that?
 23 **A.** So we went through our step wise approach of
 24 airway management as listed in the documentation,
 25 applied defibrillator pads with a view that if his heart

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

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

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

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

13 **A.** Contracted.

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

16 **A.** Yes, correct.

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

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

25 **Q.** Did that seem to work?

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1 **A.** Yes, correct.

2 **Q.** Did it have any effect?

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

5 **Q.** What did that make you think?

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

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

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

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

4 **Q.** What about achieving intravenous access?

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

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

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

16 **Q.** Did you give him naloxone?

17 **A.** Yes.

18 **Q.** How did you administer that?

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

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

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

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

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

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

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

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

7 **Q.** Did you deliver medication at that point using
8 that?

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

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

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

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

23 **Q.** What was the intention of administering that ?

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

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

3 **Q.** Did you see an immediate response to that?

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

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

10 **A.** Yes.

11 **Q.** What treatment did you give for that?

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

25 **Q.** What effect did that have?

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

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

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

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

4 **Q.** Did it affect his jaw?

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

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

10 **A.** Yes.

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

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

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

25 **A.** Yes, there was confirmation from the control

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

5 **Q.** Did you know that? Were you in
6 communication --

7 **A.** Yes, with him directly, yes.

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

10 **A.** I believe, yes.

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

14 **A.** Yes.

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

16 **A.** No, no.

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

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

22 **Q.** Were you managing his airway at that time?

23 **A.** Yes, yes.

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

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1 **A.** Yes, yawning a lot.

2 **Q.** Was that unusual?

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

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

8 **A.** Yes.

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

11 **A.** A managerial role, yes.

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

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

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

25 **A.** Correct, sir.

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

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

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

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

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

23 **Q.** Was he still making noises?

24 **A.** He was, yes.

25 **Q.** And I think you said yawning.

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

4 **A.** Not connected with the police at that time.

5 **LORD HUGHES:** Not the police.

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

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

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

18 **A.** I will just read the statement first.

19 **Q.** Please do.

20 **A.** Is that in the second paragraph?

21 **Q.** It's actually at the very top.

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

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1 Q. Just to clarify, he had been involved in the
2 Salisbury incident?
3 A. Correct, yes. He understood our concerns and
4 fears that this may be a repeat. He obviously was
5 outside, presumably with multi-agency partners, but
6 I don't know at that point for certain, and then --
7 Q. Sorry, could you just repeat that? You
8 thought he was outside presumably with --
9 A. Multi--- so police and fire.
10 Q. What did he ask you?
11 A. Then at that point we were asked to have
12 a look in the address and see whether there were any
13 signs of drug paraphernalia that could potentially
14 attribute the behaviour to another substance.
15 Q. You hadn't seen any up until that point, you
16 said earlier?
17 A. Correct.
18 Q. Where did you look?
19 A. Yes, so obviously had a look around the
20 kitchenette area originally and then looked through the
21 kitchen itself, so opened cupboards and around --
22 Q. Just before we go to the kitchen, did you see
23 anything in the lounge area?
24 A. The lounge area where the patient was, do
25 you --

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1 to --
2 A. We always try our best to remove it,
3 specifically sharp needles and things, that comes with
4 us, but obviously the human factors element of trying to
5 remove a critically unwell patient, there may have been
6 a syringe that was left behind on the floor.
7 Q. Thank you.
8 Then you go to the kitchen. In the statement you
9 said you were opening drawers and cupboards that you
10 could see and in the cupboard on the left-hand side of
11 the kitchen window, what did you see?
12 A. Yes, so I recall opening that and, as in my
13 statement, there were needles and syringes in that
14 cupboard, yes.
15 Q. How did they appear?
16 A. Like the use of --
17 Q. You said in your statement that they appeared
18 either used or ready for use?
19 A. Correct, yes.
20 Q. Not brand new and unopened; is that what you
21 meant?
22 A. Not in packets, no.
23 Q. Not in packets. You:
24 "There were a couple of other syringes, I'm not
25 sure exactly how many."

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1 Q. Where the sofa was?
2 A. No, I don't recall anything there.
3 Q. Did you look in there? Because you say in
4 your statement:
5 "I didn't see anything in the lounge area"?
6 A. Yes, there was nothing in that area, so looked
7 on window sills and things, but there was minimal
8 furniture and things in there so --
9 Q. Nothing on the floor, no syringe?
10 A. No.
11 Q. Did you use syringes in the course of
12 treatment?
13 A. Yes, yes.
14 Q. Would they have been still in the property
15 when the police arrived, any -- all the medical
16 equipment that you had been using?
17 A. The police to search or the police as part of
18 the --
19 Q. Both. So first of all -- well, the first
20 police officers that came in, at that time was there
21 medical equipment including syringes around?
22 A. Yes, there would have been, next to the
23 patient.
24 Q. But when you came to leave in the ambulance,
25 does all your equipment go with you, or does it get left

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1 Could we just go to INQ005529 and page 4, please.
2 You may have seen -- we have seen this document in
3 evidence before. I just wanted to confirm with you --
4 you indicated that you looked in the kitchen in
5 a cupboard to the left of the window sill, so is that
6 below the star there where we see --
7 A. Where the micro, yes --
8 Q. -- and the perfume box; was that the cupboard
9 where you saw the syringes?
10 A. I believe so, yes.
11 Q. Did you do anything with them or did you just
12 leave them there?
13 A. No, I saw them there and at that point it was
14 beneficial to aid us that this may be someone that uses
15 intravenous drugs.
16 Q. Were you still wearing protective clothing
17 when you were in the house looking for the drugs?
18 A. Thankfully, yes.
19 Q. Did finding that drugs paraphernalia change
20 your assessment that this was nerve agent poisoning?
21 A. I don't recall. It certainly added to a wider
22 array of differential diagnoses, but at this point the
23 behaviour -- when I say "behaviour", the behaviour of
24 the patient -- to me was vastly different of someone
25 that would have used heroin, for example. To answer

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1 your question, we continued with our working diagnosis
 2 that this was organophosphate or nerve agent poisoning.
 3 **Q.** Did it affect your treatment in any way?
 4 **A.** No.
 5 **Q.** I would like to just ask you now -- we can
 6 take that down, thank you very much -- about interaction
 7 with other responders at 9 Muggleton Road. Could you
 8 tell us what happened next?
 9 **A.** Yes, so as referring to my statement, there
 10 did feel some pressure from outside to look for other
 11 signs of drugs within the property to try and perhaps
 12 rationalise the symptoms of the patient because clearly
 13 nerve agent, thankfully, until this has been
 14 particularly rare as an occurrence in this country, so
 15 quite rightly we were being asked if there was anything
 16 else we could truly attribute to the symptoms.
 17 **Q.** Where was that pressure coming from?
 18 **A.** That was on a radio. I can't recall who that
 19 was from, but yes, that was from either the emergency
 20 operations centre or one of the command team outside,
 21 but, as I say, at that point we were all on one channel
 22 so it's difficult to recall who exactly that was.
 23 **Q.** Was that even after you had found some drugs
 24 paraphernalia or --
 25 **A.** That was what prompted the search, yes.

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1 protective equipment and what was their response?
 2 **A.** As Mr Mills said, they were overly confident
 3 that this was likely a drug overdose as opposed to
 4 anything else, so were confident that -- my
 5 interpretation is that they were happy with the level of
 6 protective equipment they had at the time.
 7 **Q.** What was your reaction to that?
 8 **A.** My reaction was, you know, clearly thank you
 9 for that additional information, but I remember
 10 distinctly saying -- clearly quite frightened at the
 11 time -- "What in your knowledge is making you think that
 12 this is something other than the nerve agent that we are
 13 using as our initial working diagnosis?" I can't recall
 14 the conversations, but I remember them becoming heated
 15 but not rude as to "We're really concerned, please could
 16 you share some information with us as to why you're so
 17 certain that this is not nerve agent poisoning?"
 18 **Q.** Did you get any more information about that ?
 19 **A.** I don't recall any information.
 20 **Q.** Did you make clear to them that your working
 21 diagnosis was that this was nerve agent poisoning?
 22 **A.** From memory, yes.
 23 **Q.** Were you aware of -- did they tell you that
 24 there was police intelligence relating to Charlie
 25 Rowley's, as you saw, involvement with drugs?

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1 **Q.** Right, okay. I think there came a time when
 2 two police officers entered the property. Can you tell
 3 us about you seeing them and your reaction to that?
 4 **A.** Yes, so I recall being on the kitchen floor
 5 and managing the airway of Mr Rowley and Mr Parsons and
 6 Mr Martin, we had agreed a plan over the radio that two
 7 members of the Fire Service were going to come in in
 8 enhanced protective equipment to come and help us
 9 extricate this patient. When we heard footsteps coming
 10 up the stairs, as I have cited in my statement, and we
 11 kind of shouted out and we presumed these would be
 12 people in protective equipment, but two police officers
 13 arrived without protective equipment and I was fearful
 14 for their safety and advised them that they needed to
 15 don appropriate personal protective equipment before
 16 coming forwards.
 17 **Q.** Were they wearing gloves?
 18 **A.** I recall gloves, but nothing else.
 19 **Q.** Okay. In your statement you say "Didn't even
 20 have gloves on"?
 21 **A.** I say not gloves?
 22 **Q.** So --
 23 **A.** Eventually they were wearing gloves, but yes ,
 24 not.
 25 **Q.** Okay. How -- you advised them to don

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1 **A.** I can't factually recall that and that's
 2 obviously -- I'm aware from hearing evidence over the
 3 last few days that that was the case, but I can't recall
 4 that that was given to me at the time, no.
 5 **Q.** We have heard and are likely to hear more
 6 about Charlie Rowley having used heroin before he was
 7 poisoned with Novichok. If you had known that, would
 8 that have affected your treatment?
 9 **A.** Affect in a way that it would be a sign of
 10 a reversible cause for someone that's collapsed, but as
 11 I said to you, this behaviour was very different to the
 12 many opiate overdoses I have seen, and I wouldn't
 13 expect, in my experience, but certainly I'm no expert,
 14 to see the hyper salivation and the muscle rigidity and
 15 the noises to the degree with the opiate poisoning. The
 16 pupillary response being constricted I could attribute
 17 to a crossover, but this to me appeared very different.
 18 **Q.** Sorry, I will be clear in what I'm asking.
 19 The combination of taking heroin and being poisoned with
 20 Novichok, would that require different treatment, given
 21 that you have already said you have administered the
 22 naloxone, which was for opiate, and the atropine, the
 23 DuoDote. Would there be anything else? If you had
 24 known he had had both heroin and Novichok , would there
 25 have been anything else you needed to give?

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1 **A.** Only the airway support that we did and the
2 repeated doses of naloxone. As you will see that
3 featured and we repeated, I think, up to
4 1600 micrograms, which is a fair dose of naloxone with
5 remaining open minded and with the pupillary response ,
6 we continued to administer naloxone in conjunction with
7 other treatment to cover both bases, yes.
8 **Q.** You were giving all the treatment that you
9 would have done had you known that there was heroin as
10 well as Novichok?
11 **A.** Absolutely, yes.
12 **Q.** Did the officers help you to get Charlie
13 Rowley to the ambulance?
14 **A.** Yes, they were very helpful, yes.
15 **Q.** Did you update -- you say in your statement
16 you updated the major incident channel. What's that?
17 Is that the open channel or something else?
18 **A.** Yes, so by this point clearly the information
19 that we had given in our situation report had been
20 relayed to the emergency operation centre. Indeed , the
21 command structures were now formulating and Mr Parsons
22 obviously was leading that. There are certain
23 procedures which are probably better directed to
24 Mr Faulkner's report, but that all becomes set up and
25 then we were pushed on to this what we call the major

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1 **A.** Correct, from Mr Tilsley.
2 **Q.** Can I just ask you, before you departed, you
3 had obviously come out of the property to get Charlie
4 Rowley in the ambulance and what did you see all around
5 you when you got out?
6 **A.** I can't recall anything other than thankfully
7 Mr Martin had reversed the ambulance quite closely to
8 reduce the amount of distance we needed to carry the
9 patient. Obviously I have seen retrospective footage on
10 the news, but I don't recall anything significant at the
11 time and I certainly don't remember being met by anyone.
12 What I remember is myself, the patient and two
13 police officers were the only people I could see.
14 **Q.** You didn't see emergency vehicles. They may
15 have been there but you didn't --
16 **A.** I remember a fire appliance being in that
17 courtyard as well.
18 **Q.** Any police vehicles or ambulance?
19 **A.** Only our ambulance is all I can remember, yes.
20 **Q.** You got authorisation to move to Salisbury
21 District Hospital and you said that Richard Tilsley, who
22 you referred to before:
23 "... had authorised us to move, Salisbury would be
24 accepting the patient and the HART were going to meet us
25 at the hospital."

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1 incident talk group which allows all necessarily
2 interested parties within the Ambulance Service at that
3 point to be on the same channel, so my update at that
4 point was heard by all that needed to hear.
5 **Q.** First of all, what time was that, by reference
6 to page 4 of your statement?
7 **A.** So that's 20:39 hours as per my statement.
8 **Q.** Am I right to understand then that the
9 ambulance, as far as you were concerned, the
10 Ambulance Service was preparing for a major incident, or
11 using procedures that would do?
12 **A.** Correct, yes.
13 **Q.** I think there came a point when the
14 police officers got in the ambulance to drive to the
15 hospital once you got Charlie in the ambulance and what
16 was your reaction to that?
17 **A.** That to me is not standard practice certainly,
18 but perhaps retrospectively and the command decision
19 element was probably of a view that at this point these
20 two individuals had been contaminated anyway, so rather
21 than expose further people to contamination, it was
22 agreed, as a command decision, that they would safely
23 drive us to hospital.
24 **Q.** Did you get authorisation to travel to the
25 hospital?

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1 When you departed was that the information you had?
2 **A.** That was what we understood, yes. And the
3 thought about the Hazardous Area Response Team was that
4 they would meet us at the hospital with the view that
5 they provide a decontamination ability or capability for
6 the patient and indeed us.
7 **Q.** You say that Lee Martin called the hospital en
8 route to give them a clinical update; did that happen
9 then?
10 **A.** Yes, so that's a standard procedure using the
11 red phone that we discussed earlier for any patient that
12 we have a critical concern about, so we use an acronym
13 called ATMIST, which is age, time, mechanism or
14 symptoms, and some of the measured physiology, some of
15 the drugs we had given and then that gives them
16 a succinct update and allows them to make space in the
17 resuscitation room and then prepare the necessary teams
18 and we hoped in this case it would be an intensive care
19 team to come and care --
20 **Q.** The hospital had a pre-alert from you , but did
21 you receive an update mid-journey?
22 **A.** Correct, we did.
23 **Q.** Tell us about that, please.
24 **A.** I remember on the journey, again on the open
25 speech radio channel, to say that this was now not

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1 thought to be nerve agent, this was being scaled back.
 2 Obviously we were to continue -- the patient was still
 3 unwell, but I am sure I have stated in here, haven't I?
 4 **Q.** Yes, page 4, at the end.
 5 **A.** "... stand down as the patient was being
 6 treated for drugs only, as the female who had come [into
 7 hospital] that day was being treated in a similar way."
 8 **Q.** From whom was this update coming? I know you
 9 said the open channel, but do you remember who that was?
 10 **A.** I don't know who that is from. I imagine that
 11 was a command decision.
 12 **Q.** But it's from within the Ambulance Service, is
 13 it?
 14 **A.** Yes, yes, but I would assume that's come from
 15 a discussion from the hospital as well.
 16 **Q.** Had you been told, when you were at the
 17 property or in the ambulance, that Dawn Sturgess was
 18 a suspected case of nerve agent poisoning or had your
 19 assessment been based on Charlie's presentation?
 20 **A.** Sorry, repeat that, had I?
 21 **Q.** Sorry, had you been told, while you were at
 22 the property or in the ambulance, that Dawn Sturgess was
 23 a suspected case of nerve agent poisoning?
 24 **A.** I don't recall that myself, but Mr Martin made
 25 that phone call and discussed with the hospital and

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1 part of your witness statement that deals with this.
 2 It's INQ005542, page 5, paragraph 2. We can see
 3 there -- I will just read it out:
 4 "On arrival, we were expecting to be met by a team
 5 of people. Although they had stood down the major
 6 incident, we still had a critical patient on board but
 7 we were met by only one nurse in the bay, along with
 8 security guards also. There was also a consultant
 9 there, I know him as Essam, although I'm unsure of the
 10 spelling of his name and a doctor at the hospital, Paul
 11 Russell. Russell told me to take my mask off, he seemed
 12 quite happy that this was drugs and didn't seem
 13 particularly concerned. However, I did not deem this
 14 appropriate, so I kept all my protective clothing on."
 15 **LORD HUGHES:** You are met, in fact, by a nurse,
 16 a consultant and Dr Russell; is that right?
 17 **A.** When we arrived in the room, it was just
 18 a nurse that was in that resuscitation bay and these
 19 individuals arrived later as we were transferring the
 20 patient.
 21 **LORD HUGHES:** I follow, thank you.
 22 **MS WHITELAW:** What did you say to Dr Russell, if
 23 anything?
 24 **A.** To give context, this was post the handover of
 25 the patient care. I remember distinctly Mr Russell

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1 certainly the response to or the way that they described
 2 the response -- sorry, Ms Sturgess' response to
 3 a particular course of treatment was similar to that of
 4 the Salisbury incident, which reinforced us to continue
 5 with the decisions that we made to treat Mr Rowley for
 6 nerve agent poisoning. But, as I say, I was not making
 7 that phone call, but Mr Martin can help you with that.
 8 **Q.** What was your response to the advice you
 9 received part way through the journey to the hospital
 10 that the incident was being scaled back to drugs only
 11 without a HART response?
 12 **A.** Particularly concerned, frustrated clearly,
 13 but in a -- it didn't change the way I was -- or we were
 14 still very certain that this patient needed to have the
 15 same treatment as we were giving. At this point, he was
 16 quite stable and we weren't giving additional drugs en
 17 route to hospital, but we were quite firm in our minds
 18 to advocate for this gentleman that we felt that this
 19 was the cause and that our treatment and working
 20 diagnosis was going to continue to be the same.
 21 **Q.** It didn't change your actions which were going
 22 to the hospital?
 23 **A.** No, not at all.
 24 **Q.** If I could deal now with arrival at the
 25 hospital and if we could have up on screen, please, the

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1 saying to me that this was categorically, I remember
 2 that phrase, being drugs and to take your -- "You don't
 3 need that PPE on". Clearly at that point I had been
 4 frightened, you know, for the two-hour duration with the
 5 patient and my response was that it is personal
 6 protective equipment and I elected not to follow that
 7 advice and I maintained that, or kept that level of PPE
 8 on whilst being in the proximity of the patient in that
 9 room.
 10 **Q.** Did you explain to Dr Russell your reasons for
 11 suspecting nerve agent poisoning?
 12 **A.** That was all detailed in the handover, very
 13 much so, yes.
 14 **Q.** Did that handover include passing over the
 15 clinical record at that time?
 16 **A.** Very much so, yes.
 17 **Q.** Did Dr Russell say anything else other than
 18 telling you that?
 19 **A.** I don't recall that.
 20 **Q.** Did you tell Dr Russell that you had
 21 administered atropine at the scene?
 22 **A.** Yes, yes.
 23 **Q.** You told him verbally as well as passing --
 24 **A.** As part of the team that had eventually
 25 arrived for the handover, yes.

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

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

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

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

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

3 LORD HUGHES: Yes.

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

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

8 **Questioned by MR MANSFIELD**

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

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

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

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

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

7 Q. You did actually discuss that at the scene?

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

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

18 A. I had, yes.

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

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

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1 time; is that right?

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

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

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

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

16 A. I wasn't aware, no.

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

24 A. Yes, yes, that's correct.

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

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1 I'm sorry.
 2 The additional question I want to ask is: you were
 3 alive to the possibility, you were, that these could be
 4 confused?
 5 **A.** Correct.
 6 **Q.** Right. Now, what I want to ask is whether,
 7 before Amesbury, there had been any documentation or
 8 training which dealt with how you might deal practically
 9 with the risk that you might confuse. In other words,
 10 were practical steps being suggested in training or
 11 documentation, or not?
 12 **A.** Other than as I alluded to, the reissuing of
 13 standard guidance, there was no specific guidance that
 14 I recall or training that I recall saying that -- or
 15 training us to recognise the difference between the two
 16 specifically, no.
 17 **Q.** I mean, as far as you are concerned, how would
 18 you -- we know what you did in this particular case.
 19 One assumes that in a way it is reflected. But what
 20 steps -- and this is for the future -- have to be taken
 21 in order to, as it were, eliminate the risk, as far as
 22 is humanly possible, before you ever get to a hospital
 23 situation?
 24 **A.** Could you rephrase that? So eliminate the
 25 risk of confusion --

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1 if it could be an organophosphate or Novichok, you must
 2 err, as it were, on the safe side, as it were, and take
 3 precautions in case it is?
 4 **A.** That sounds very reasonable, yes.
 5 **Q.** In other words, even if a police officer
 6 thinks differently, if the possibility you say is that
 7 it is Novichok, or something like that, then you take
 8 the necessary precautions?
 9 **A.** Very much so, yes.
 10 **Q.** Now, after Amesbury -- I've got a few more
 11 questions about Amesbury in a moment -- but after
 12 Amesbury, the question I was asking earlier, have there
 13 been -- I'm going to call them gatherings, whether you
 14 call them gatherings, seminars, whatever, in which you
 15 and others who were actually practically involved -- and
 16 you just gave the example -- without there being
 17 Salisbury, you might not have been able to give the
 18 service that you did. After Amesbury, has there been
 19 a collation of materials and people to pass on the
 20 experience you have given?
 21 **A.** There hasn't been and my rationale and thought
 22 process is probably that's due to patient
 23 confidentiality and investigations from the police.
 24 That's my thought process as to why we haven't been able
 25 to share information.

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1 **Q.** Yes, the risk of confusion.
 2 **A.** I think there's always a clinical judgment and
 3 we can prepare for treatment of both. Clearly opioid
 4 overdoses or opiate overdoses are common and treatment
 5 for such is therefore common.
 6 I think the treatment of nerve agent poisoning --
 7 and this is a professional opinion -- is clearly rare
 8 and unprecedented in the UK, so preparation for such
 9 hopefully we can exercise and learn from this. But
 10 without the context of knowing the substance is present,
 11 I feel that it's quite difficult to pinpoint that it is
 12 actually nerve agent poisoning at the time and I think
 13 we were fortunate at the Amesbury incident, sadly, but
 14 we had had lots of recent reminders and therefore that
 15 fed into our suspicions.
 16 Had the Salisbury incident not taken place, I think
 17 we would have recognised that the behaviour was
 18 particularly abnormal, but I'm not confident that that
 19 would have been an immediate recognition that it was
 20 organophosphate poisoning.
 21 **Q.** Now, just continuing with this theme, if
 22 I may, if you're in a situation whereby it could be
 23 organophosphate, or it could be Novichok -- obviously
 24 now you know about it -- or it could be opiate poisoning
 25 or overdose, is there a maxim like this, that it's best

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1 **Q.** Right. Now, can I just go back to Amesbury
 2 itself and that particular day -- and I'm sorry to
 3 anonymise it in this way -- but there comes a point --
 4 and I'm not asking for a precise time -- at which you
 5 are as firm as you can be in your own approach that this
 6 is similar to Salisbury and would the word "almost
 7 certainly" fit? It almost certainly was Novichok, or
 8 something of that kind?
 9 **A.** Yes, yes.
 10 **Q.** Now, had you arrived at that opinion yourself,
 11 as well as the others who were with you? You all agreed
 12 the same thing?
 13 **A.** Between myself and my colleague, Mr Martin, in
 14 the same room, that was our joint opinion, yes.
 15 **Q.** It was your joint thinking. I can only ask
 16 about your memory, not other people's. In relation to
 17 that joint opinion you had arrived at, firstly, did you
 18 yourself, or through someone else, communicate to the
 19 outside world -- I will deal with the outside world in
 20 a moment -- communicate to the outside world that this
 21 was the joint firm opinion of the team?
 22 **A.** Yes, and that's reflected in the call logs you
 23 have seen.
 24 **Q.** Yes, I'm not going -- you have been through
 25 the call logs, we're not going through that.

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1 It was communicated. Can we include in that range
 2 of people to whom it was communicated outside, the
 3 hospital itself?
 4 **A.** Yes.
 5 **Q.** Now, are you able to help us as to the point
 6 in time at which you were able to, or somebody from the
 7 team was able to tell the hospital what your joint
 8 opinion was? I mean, was it one of the Lee -- because
 9 we have only got his statement -- one of the Lee Martin
 10 calls, or something else, some other communication, the
 11 open radio, what?
 12 **A.** Lee Martin, when he made that phone call,
 13 I can't recall the exact details, but obviously that
 14 will be in his statement, but I should imagine that was
 15 what he had said to the hospital, but the confirmation
 16 that that was our working diagnosis was through our
 17 command function, through Mr Parsons and indeed
 18 Mr Tilsley, who then, on behalf of the Ambulance Service
 19 and us, would have communicated that officially to the
 20 hospital.
 21 **Q.** Right, so it's one of at least two routes?
 22 **A.** Two routes, correct.
 23 **Q.** Either Martin or your command structure.
 24 That's the hospital. Now, in terms of the arrival of
 25 police, you made it very clear on their arrival -- I say

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1 **A.** Correct, yes.
 2 **Q.** All right. In terms of their entry into the
 3 premises and then into the ambulance and so on, that
 4 whole sequence of behaviour, was there anything at the
 5 time you felt you could do about it, in other words to
 6 prevent the dangers of people with no protective
 7 clothing coming in the premises, no protective clothing
 8 getting into the ambulance and so on?
 9 **A.** I was firm in my communication and used my --
 10 what I can rely on is my clinical knowledge and advised
 11 them that my thought was that they should don PPE. Now,
 12 I would suggest that if a firefighter or a police
 13 officer had said the same to me, that I would follow
 14 that advice, yes.
 15 **Q.** I mean, looking -- retrospectively, do you
 16 think there was any more you could do to prevent
 17 the police doing what they were doing?
 18 **A.** I didn't feel that that was within my power,
 19 no.
 20 **Q.** Whose power was it within?
 21 **A.** I would suggest that would then go back down
 22 to what we were saying was the JESIP huddle and the
 23 joint principles of communication amongst the emergency
 24 services. Clearly I can explain a risk to people, but
 25 I couldn't force someone to apply their own personal

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1 "you" as a team made it very clear -- on their arrival
 2 that that was your view?
 3 **A.** Correct, very clear, yes.
 4 **Q.** Now, I'm not asking for the document unless
 5 you can't remember, but would it be fair to summarise
 6 your reaction to their approach -- up the stairs, no
 7 protective clothing, cordon breached and so on -- would
 8 you describe -- have you described their approach,
 9 the police approach, towards you as being dismissive?
 10 **A.** Correct, yes.
 11 **Q.** Did that shock you?
 12 **A.** Very much so, yes.
 13 **Q.** After these events, after Amesbury, has there
 14 been any review of how this was handled by the police,
 15 as far as you're aware?
 16 **A.** Not that I have been involved in, no.
 17 **Q.** Not that you have been involved in.
 18 Now, in relation to that, have you yourself been
 19 offered any kind of apology in relation to this?
 20 **A.** We have had discussions with Deputy Chief
 21 Inspector Mills over the last few days and that's
 22 been -- yes, we have been --
 23 **Q.** All right, I just needed to know.
 24 It's happened in the context of this Inquiry? You
 25 have been here when it happened?

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1 protective equipment, as you understand, sir.
 2 **Q.** Have there been discussions which include
 3 you -- I'm not talking about discussions you're not part
 4 of obviously -- have there been discussions about how
 5 this problem should be resolved in future as far as you
 6 are concerned, so you don't have a situation in which
 7 one of the emergency services, as opposed to the other
 8 two, disagree about how to deal with a situation?
 9 **A.** Not discussions I have been involved in, but
 10 certainly aware of, and since the incident I was then an
 11 operational commander and attended a lot of JESIP
 12 training and certainly in the last six years I have been
 13 a better joint working amongst all emergency services,
 14 not specifically as a result of my involvement in this
 15 case, but certainly those principles are very much more
 16 embedded than perhaps they were six years ago, sir, yes.
 17 **Q.** Just pause one moment. Thank you.
 18 Yes, sir, that's all I had to ask.
 19 **LORD HUGHES:** Thank you for your help,
 20 Mr Mansfield. That's very useful.
 21 Mr Channon -- is there anything else, Ms Whitelaw?
 22 **MS WHITELAW:** No.
 23 **LORD HUGHES:** Mr Channon, that's all that anybody
 24 has for you. Thank you for your help. You are free to
 25 go, though of course you can stay if you want to.

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1 **A.** Thank you, sir.
 2 **LORD HUGHES:** Right.
 3 **MS WHITELAW:** Slightly early, sir, I'm afraid --
 4 **LORD HUGHES:** Don't apologise, it's a good thing
 5 and in any event nobody can ever predict accurately
 6 precisely how timings are going to work. It's 12.40 or
 7 near enough. 1.45? 1.45.
 8 **MS WHITELAW:** Thank you very much.
 9 (12.38 pm)
 10 (The lunch break)
 11 (1.44 pm)
 12 **LORD HUGHES:** Yes, Ms Pottle.
 13 **MS POTTLE:** This afternoon, sir, we have two police
 14 witnesses. The first is Ian McKerlie. May the witness
 15 be sworn?
 16 **MR IAN HENDERSON MCKERLIE (affirmed)**
 17 **LORD HUGHES:** Mr McKerlie, stand or sit as you
 18 wish, but most people are sitting.
 19 **A.** Thank you.
 20 **Questions by MS POTTLE**
 21 **MS POTTLE:** Can you give your full name please.
 22 **A.** Yes, it is Ian Henderson McKerlie.
 23 **Q.** Mr McKerlie, you joined Wiltshire Police
 24 in January 1992.
 25 **A.** That's correct, yes.

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1 **A.** Yes.
 2 **Q.** It is. You also prepared a second statement
 3 for the Inquiry and that reference is 6088. If that
 4 could be pulled up, please. Do you recognise that
 5 document there?
 6 **A.** Yes.
 7 **Q.** Is that the statement that you prepared more
 8 recently to assist the Inquiry?
 9 **A.** Yes, it is.
 10 **Q.** Have you had a chance to read it before giving
 11 evidence today?
 12 **A.** Yes.
 13 **Q.** Is it true to the best of your knowledge and
 14 belief?
 15 **A.** Yes, it is.
 16 **Q.** Sir, may both of those statements be adduced
 17 into evidence?
 18 **LORD HUGHES:** Yes, they may. Mr McKerlie, don't
 19 forget that people have to hear you.
 20 **A.** Sorry.
 21 **LORD HUGHES:** It's all right, but just keep your
 22 voice pitched up a little bit for us, please, if you
 23 can.
 24 **MS POTTLE:** The statement can be taken down now.
 25 Dealing first with your training on nerve agent

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1 **Q.** You were a uniformed Police Constable and you
 2 retired in 2021 in the rank of temporary Police
 3 Sergeant; is that right?
 4 **A.** That's right, yes.
 5 **Q.** You attended Charlie Rowley's address on the
 6 evening of 30 June of 2018 and you helped transport him
 7 to hospital; is that right?
 8 **A.** That's correct, yes, ma'am.
 9 **Q.** You had no involvement in the response to the
 10 Skripals' poisoning in March 2018?
 11 **A.** No, ma'am.
 12 **Q.** Okay. Before I ask you about your events in
 13 the response to Charlie Rowley's poisoning, I'm going to
 14 ask you a bit about your training on nerve agent
 15 poisoning.
 16 You have filed two statements with the Inquiry. We
 17 don't need to look at them in detail right now, but I'm
 18 going to ask that they be pulled up. The reference is
 19 004549. Do you recognise that document as your
 20 statement that you gave on 31 July 2018?
 21 **A.** Yes, I do, ma'am.
 22 **Q.** Have you had a chance to read it again?
 23 **A.** Yes.
 24 **Q.** Is that statement true to the best of your
 25 knowledge and belief?

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

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

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

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1 **A.** I was aware that a male called Charles Rowley
 2 had been taken ill at the address, suspected overdose.
 3 I was also made aware that a female had been taken from
 4 the address earlier --
 5 **LORD HUGHES:** Sorry, that -- I'm awfully sorry,
 6 Mr McKerlie, I missed the last bit. You were aware that
 7 a man called Rowley had been taken ill --
 8 **A.** Yes.
 9 **LORD HUGHES:** -- and a suspected drug overdose?
 10 **A.** Yes.
 11 **LORD HUGHES:** And?
 12 **A.** A female had been taken from the address
 13 earlier that day at approximately 11 o'clock.
 14 **LORD HUGHES:** Thank you.
 15 **A.** That was the extent of --
 16 **MS POTTLE:** Was that the extent of the information
 17 you had?
 18 **A.** At that time, yes.
 19 **LORD HUGHES:** Did you know who she had been?
 20 **A.** I didn't know at that stage, no.
 21 **MS POTTLE:** Did you know anything about the
 22 symptoms of Charlie Rowley at that stage?
 23 **A.** No, I didn't. As I said, it was described as
 24 a suspected overdose at that stage.
 25 **Q.** Okay. Can we pull up, please, document 006117

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

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1 Did you agree with his assessment that it was
2 a drugs related matter?
3 **A.** Yes, I did.
4 **Q.** You did, okay?
5 **LORD HUGHES:** I'm sorry, at what point did you
6 reach that conclusion? Or maybe we're going to come to
7 it.
8 **MS POTTLE:** Yes.
9 **LORD HUGHES:** But you're being asked about the
10 initial time when Mr Noble told you that he thought it
11 was drugs. Did you have any information at all at that
12 stage?
13 **A.** At that stage I had to take -- I took his word
14 for it.
15 **LORD HUGHES:** Yes.
16 **A.** He had provided -- he said he had done some
17 research on the address and the persons within the
18 address -- some of the persons within the address and
19 that there was drugs intelligence pertaining to that
20 address and to the people --
21 **LORD HUGHES:** So he said --
22 **A.** To the people within the address.
23 **LORD HUGHES:** Thank you.
24 **MS POTTLE:** At that stage you were taking his word
25 for it.

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1 **Q.** Sufficient. Did you know that -- did you
2 believe that they were closing down roads and so on?
3 **A.** Yes, I had heard that on the radio, I think
4 from PC Boston, that he had asked for more units to the
5 scene to help close down roads.
6 **Q.** I see. So before you arrived you heard from
7 PC Boston on the radio that he required more police
8 units?
9 **A.** Yes.
10 **Q.** Yes. To assist with scene management and
11 closing the roads?
12 **A.** That's correct, yes.
13 **Q.** You wanted to have more information before
14 a decision was taken to close the roads; is that right?
15 **A.** That's correct, yes.
16 **Q.** Okay. Now, I would like to ask you, once you
17 arrived on the scene, was that -- that was together with
18 your partner, Steve Porter; is that right?
19 **A.** That's right, yes.
20 **Q.** When you arrived, is it correct that the Fire
21 Service were already there?
22 **A.** Fire Service were there and some paramedics
23 **Q.** Okay. Did you speak to anyone from the Fire
24 Service?
25 **A.** I spoke to one and asked him where his -- the

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1 **A.** Confirmed, yes.
2 **Q.** You didn't know, we have established that,
3 what information the police -- pardon me, the paramedics
4 or the Fire Service had?
5 **A.** Not at that stage, no.
6 **Q.** I see. Can I also ask, at page 1 of your
7 statement, you say that:
8 "I agreed with that initial statement and it was
9 his feeling that we should treat it as such and that we
10 should not let it escalate to the degree that it seemed
11 to be escalating to."
12 This escalation, did you agree with him about that,
13 that you shouldn't let it escalate, that you should try
14 to prevent that?
15 **A.** No, I -- I thought that we should make some
16 more inquiries at the scene and try and get some more
17 information relating to the call. I was aware that
18 a cordon was already in place and at that stage
19 I thought that was sufficient.
20 **Q.** That a cordon was in place; is that what you
21 said?
22 **A.** Yes.
23 **Q.** Okay. So at this stage you knew that there
24 was a cordon in place and you thought that that was --
25 **A.** Sufficient, yes.

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1 person in charge was. He didn't know, so I spoke to
2 a paramedic at the scene and he informed me that the two
3 ambulance -- two paramedics inside the address thought
4 the symptoms that Charlie Rowley was displaying were
5 similar to those of the first original incident in
6 Salisbury.
7 **Q.** Okay. I can just pause you there. When you
8 spoke to the fireman and you asked him who was in
9 charge --
10 **A.** Yes.
11 **Q.** -- did you follow that up at all, trying to
12 find the person who was in charge at that stage?
13 **A.** No, no, because I then spoke to the paramedic.
14 **Q.** Did you get the paramedic's name?
15 **A.** I didn't, no.
16 **Q.** Did you get the impression that he was in
17 charge of the paramedic response?
18 **A.** No. I mean, at that stage, I thought he was
19 just a paramedic. I didn't know what his position was,
20 if he was in charge or -- I thought he was just another
21 paramedic who had arrived at the scene.
22 **Q.** I see. But you spoke with him and he told you
23 that the paramedics inside thought that the symptoms
24 being displayed were similar to the earlier poisoning in
25 Salisbury; is that right?

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

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

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1 Hobson, you recognised him?
 2 **A.** Yes.
 3 **Q.** Have you had dealings with him previously?
 4 **A.** Yes, I have.
 5 **Q.** Can you just tell us briefly what those
 6 dealings were?
 7 **A.** I can't remember specific dealings, but I have
 8 known him a number of years, since he was a teenager.
 9 I know him to be involved in drugs, or drug use. I know
 10 he is a drug user. So, yes, I knew him personally, but
 11 I can't remember the specifics of how I had dealt with
 12 him.
 13 **Q.** Okay. You saw him at the address, so he was
 14 on the other side of the cordon?
 15 **A.** Yes.
 16 **Q.** Is that right?
 17 **A.** Yes.
 18 **Q.** You would have been outside the cordon?
 19 **A.** Yes.
 20 **Q.** You went through the cordon to speak to him;
 21 is that right?
 22 **A.** Yes.
 23 **Q.** What did you ask him, what did he tell you?
 24 **A.** I asked him where he had been that day, or if
 25 he had taken any -- he had taken any substances, or

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

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1 about that?
 2 **A.** Yes, I explained that we weren't -- he wasn't
 3 in any trouble, Charlie wasn't in any trouble, we were
 4 only trying to help and ascertain if he had taken
 5 anything that might have caused him harm, or there was
 6 any other explanation.
 7 **Q.** In your statement at page 2, your first
 8 statement, it's recorded that you spoke to Andy Noble,
 9 Inspector Noble, and that you both agreed that it was
 10 a drugs overdose of some description, and there it says
 11 that you remember speaking with him about the
 12 possibility of fentanyl and he said he had done some
 13 research and said that if we took the right precautions
 14 then it would be safe to enter the flat and that you
 15 agreed that it was safe. Do you remember that?
 16 **A.** Yes.
 17 **Q.** When you decided to enter the flat, did you
 18 have a clear idea of why the ambulance and the Fire
 19 Service were treating the incident with such caution?
 20 **A.** Well, I knew from what the initial paramedic
 21 had told me that they were under the impression that it
 22 was similar to the first instant at Salisbury, yes.
 23 **Q.** You were under the impression that it was
 24 related to fentanyl, is that --
 25 **A.** I was under that impression, that it was

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1 **Q.** But if I can just -- just before we get into
 2 that stage where you go inside --
 3 **A.** Yes.
 4 **Q.** -- I suppose what I'm saying is they had that
 5 information in there, they had been asked to do
 6 a search. Was there any way for you to get in touch
 7 with them without physically going into the flat
 8 yourself?
 9 **A.** No, I don't think so, not at that stage.
 10 I don't know if they had -- no, they were busy with the
 11 patient, so I would have thought that highly unlikely.
 12 **Q.** Did you make any efforts with your control
 13 room to see if it would be possible to be in direct
 14 contact with them?
 15 **A.** No.
 16 **Q.** Do you agree in hindsight that you should have
 17 spoken with your colleagues in the Ambulance Service
 18 before making an assessment that it was safe to enter
 19 the flat?
 20 **A.** Yes, in hindsight I think that would have been
 21 a better idea to try and speak to them on the telephone
 22 or radio, yes.
 23 **Q.** Now, you and your partner Steve made the
 24 decision then to go into the flat. What precautions did
 25 you take before entering the flat?

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1 related to some sort of drugs overdose in some capacity
 2 and, as I said, I had previous knowledge of Sam Hobson,
 3 had previous knowledge of Charles Rowley. I had been to
 4 the sudden death of his previous girlfriend from a drugs
 5 overdose a couple of years earlier. I knew there was
 6 intelligence regarding drugs on the flat. I knew there
 7 was no obvious connection to Russia, if you like, from
 8 within the flat. These were all local people I knew.
 9 You know, we were some months from the original incident
 10 in Salisbury and we were 8 or 9 miles away from that
 11 incident. So those were the reasons that I thought
 12 possibly it was a drugs connected incident.
 13 **Q.** You made the decision to enter the flat.
 14 **A.** Yes.
 15 **Q.** We know from the evidence of Ben Channon from
 16 this morning that the symptoms that Charlie was
 17 displaying when he arrived were not those that you would
 18 expect to see with an opiate overdose. He had increased
 19 muscle tone, a lack of reaction to the naloxone, and the
 20 behaviour that Charlie was exhibiting was very different
 21 to what Ben had seen with drugs cases before.
 22 At that stage you hadn't had any direct contact
 23 with the paramedics inside the flat to ask them about
 24 the situation; that's right, isn't it?
 25 **A.** I went into the flat.

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1 **A.** The only PPE that we had were gloves, which we
 2 put on before we went to the flat. The flat door was
 3 wide open. The windows were wide open. It was well
 4 ventilated, but that was the only personal protection
 5 that we had.
 6 **Q.** You entered the -- you went up the stairs and
 7 then you entered the kitchen/living room; is that right?
 8 **A.** Yes. I glanced off to the rooms either side
 9 as I went in. I think the door was slightly ajar and it
 10 was at that point that I spoke to the paramedics within
 11 that room.
 12 **Q.** Okay. You entered the room and you spoke to
 13 the paramedics. Can you describe how Charlie Rowley was
 14 at that time?
 15 **A.** He was on the floor. I think his head was
 16 facing the door and he was making what I can only
 17 describe really as groaning noises. He was obviously in
 18 some distress and discomfort.
 19 **Q.** Did you notice was he frothing at the mouth at
 20 that stage?
 21 **A.** I didn't notice that.
 22 **Q.** You say that you spoke to the paramedics once
 23 you entered the flat. Do you remember what the
 24 conversation was about?
 25 **A.** I remember there were -- they were insistent

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

8 **Q.** With their own control room?

9 **A.** Yes.

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

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

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

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

25 **A.** Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 **Q.** Yes, that's right.

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

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

11 **A.** Sorry, I don't understand.

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

14 **A.** Not that I recall, no.

15 **LORD HUGHES:** Right.

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

20 **A.** Yes.

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

22 **A.** No.

23 **Q.** -- as we have established?

24 **A.** No.

25 **Q.** Do you agree in hindsight that you should have

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1 given more weight to their clinical assessment of what
 2 was causing Charlie Rowley's symptoms?
 3 **A.** In hindsight, yes, but, as I said, I did start
 4 to have reservations and it was something that,
 5 you know, I wanted to discuss with the Duty Inspector as
 6 and when he arrived on the scene.
 7 **Q.** Did you pass along the paramedics' assessment
 8 that this was Novichok poisoning up your chain of
 9 command?
 10 **A.** No, because, as I said, I was aware that
 11 Marcus Beresford-Smith, the Duty Inspector, was en route
 12 and would be there shortly, so I was going to speak to
 13 him directly.
 14 **Q.** You said Marcus Beresford-Smith was en route
 15 and then I didn't hear the last part?
 16 **A.** I was going to speak to him directly.
 17 **Q.** I see. After your discussions with the
 18 paramedics, did you search the flat?
 19 **A.** Yes, we made a cursory search of the flat,
 20 yes.
 21 **Q.** Can you describe for us what that cursory
 22 search involved?
 23 **A.** It was just looking in the rooms, we weren't
 24 touching anything, we weren't lifting anything, it was
 25 just to look in the rooms and see if there's anything

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1 fentanyl, and he had done some research on that and that
 2 if we took the correct precautions, we would be safe and
 3 those precautions were really make sure that the flat is
 4 well ventilated, the doors are open, the windows are
 5 open, don't touch anything inside, cursory search, don't
 6 touch anything that you didn't have to basically.
 7 **Q.** I see. We know now, of course, that there was
 8 Novichok in the flat.
 9 **A.** Yes.
 10 **Q.** It was in the kitchen, in the living room, in
 11 the bathroom and in the bedroom, in fact, it was also on
 12 the door handle, the inside door handle. It's really
 13 chance, isn't it, that you and your colleagues didn't
 14 become contaminated yourselves when you conducted that
 15 search?
 16 **A.** Yes, on reflection, we were very lucky, yes.
 17 **Q.** After the search you returned to the
 18 paramedics in the living room and your conversations
 19 then turned to how to get Charlie Rowley out of the
 20 premises; is that right?
 21 **A.** That's right, yes.
 22 **Q.** You and Steve decided to drive the ambulance
 23 since you were already within the cordon; is that right?
 24 **A.** Well, we had a discussion on the perimeter of
 25 the cordon, I think, with fire and ambulance, because

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1 obvious regarding drugs paraphernalia or possible drugs
 2 within the flat.
 3 **Q.** I see. I take it from that that you didn't
 4 ask the paramedics whether they had searched the flat
 5 already?
 6 **A.** No.
 7 **Q.** You didn't know they had found --
 8 **A.** I didn't know they had searched the flat, no.
 9 **Q.** Did you go into the bedroom of the flat?
 10 **A.** Yes.
 11 **Q.** And the bathroom?
 12 **A.** I believe so, yes.
 13 **Q.** Did you go into the kitchen and the living
 14 room?
 15 **A.** The door was ajar and I really spoke to the
 16 paramedics kind of through that door, so I didn't go
 17 directly inside, no.
 18 **Q.** You have told us that you weren't -- you
 19 didn't have personal protective equipment, just gloves.
 20 **A.** No, just gloves.
 21 **Q.** Were you concerned at all that you might be
 22 putting yourself at risk?
 23 **A.** We thought in that initial phase that it was
 24 a drug related incident and, as I said, I had spoken to
 25 Inspector Noble, he was of the opinion that it may be

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1 they were of the opinion that they needed to get
 2 a specialist team in to assist with the paramedics to
 3 get Charles Rowley out, and we -- and they asked us if
 4 we would assist as we were already within the cordon and
 5 possibly contaminated. So we agreed to that. We
 6 took -- helped -- they put him on the trolley and we
 7 helped carry it out of the premises.
 8 **Q.** You had a conversation with Kerry Lawes on the
 9 phone; is that right?
 10 **A.** Yes, that's correct.
 11 **LORD HUGHES:** With whom?
 12 **MS POTTLE:** Kerry Lawes.
 13 **LORD HUGHES:** Who is?
 14 **A.** I think she was a DS, Detective Sergeant at
 15 the time.
 16 **LORD HUGHES:** Right.
 17 **MS POTTLE:** Sir, we will hear from Ms Lawes. She
 18 will be giving evidence to the Inquiry.
 19 **LORD HUGHES:** Yes.
 20 **MS POTTLE:** Can you help us, that conversation with
 21 her on the phone, that happened after the search; is
 22 that right?
 23 **A.** Yes.
 24 **Q.** What did she tell you?
 25 **A.** She was trying to get hold or had been in

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1 conversation with a consultant and was trying to get
 2 more information and would get back to me when she had
 3 some more information as to possible causes.
 4 **Q.** Okay. I can just pause you there, so she was
 5 trying to get more information from a consultant
 6 treating whom?
 7 **A.** Dawn, Dawn Sturgess.
 8 **Q.** I see. You spoke to her on the phone, she
 9 said she would try to get the information and she would
 10 get back to you?
 11 **A.** Yes.
 12 **Q.** Did she get back to you?
 13 **A.** Yes. Not long after that, I had a telephone
 14 call from her. She said she had spoken to the
 15 consultant and his perception was -- or his thoughts
 16 were that it was a drug related incident.
 17 **Q.** If we can just go to the statement, which is
 18 INQ4549, at page 4. Three paragraphs from the bottom,
 19 we have the beginning of your conversation with Marcus
 20 Beresford-Smith; do you see that?
 21 **A.** Yes.
 22 **Q.** You say:
 23 "I went back downstairs and because Marcus
 24 Beresford-Smith was arriving at the scene soon.
 25 I wanted to speak to him ... [when he arrived] ... he

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1 **Q.** You also say in your statement that you felt
 2 you might get a complaint from the Fire Service.
 3 **A.** That's correct, yes.
 4 **Q.** Do you remember thinking that?
 5 **A.** Yes.
 6 **Q.** Why did you think you would get a complaint
 7 from them?
 8 **A.** I know when Marcus came to the scene and he
 9 crossed over into the cordon they weren't very happy
 10 about that, and obviously initially I had gone into the
 11 cordon and I felt the paramedic wasn't happy with what
 12 I had done at that stage.
 13 **Q.** A pre-hospital care expert has been instructed
 14 by the Inquiry to consider the care given to Charlie
 15 Rowley, Dawn Sturgess and the Skripals. That expert is
 16 critical of the Police response to Charlie Rowley's
 17 poisoning.
 18 If we could pull up INQ5942, page 69, please. I'm
 19 just -- I think you've got it on your screen there.
 20 Paragraph 5.32, I will just read it out, the expert
 21 says:
 22 "At any serious or major incident where there is
 23 a multi-agency involvement, the Joint Emergency Services
 24 Interoperability Protocol (JESIP) is a standard protocol
 25 in order to ensure clear, concise and timely

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1 immediately came into the cordon which upset ambulance
 2 and fire crews. I remember [him] having a discussion
 3 with them. [He] felt ... that it was a drugs overdose
 4 and he was trying to impress upon the other agencies
 5 that because of the intelligence that is what we felt."
 6 Did you speak with Marcus Beresford-Smith and tell
 7 him about your discussions with the ambulance paramedics
 8 in the flat?
 9 **A.** I can't honestly recall that. I remember
 10 having a conversation with Marcus, but I think at that
 11 time I had already received the phone call from Kerry
 12 Lawes to say that she had spoken to the consultant and
 13 it was -- that they felt it was related to drugs
 14 overdose.
 15 **Q.** Okay. After you heard from Kerry Lawes, were
 16 you pretty firmly of the view that it must be a drugs
 17 overdose at that stage?
 18 **A.** Yes.
 19 **Q.** After the incident you spoke with Marcus
 20 Beresford-Smith -- after you left the scene, is what
 21 I mean. You went through what had happened and both you
 22 and Marcus were quite happy with your assessment of what
 23 it was and you were happy that the doctor also agreed
 24 that it was a drugs overdose; is that right?
 25 **A.** Yes.

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1 communication between all responding organisations on
 2 scene, and to ensure a joint understanding of risk
 3 awareness and incident management ... JESIP principles
 4 are embedded into organisational learning and training
 5 and incident commanders should make decisions jointly."
 6 The JESIP principles appear at the report
 7 appendix 2. I think you have seen that just before
 8 giving evidence. The key aspect of this is that
 9 decisions should be made jointly and collaboratively.
 10 The expert says:
 11 "I find the actions of PCIM [that's you, Ian
 12 McKerlie] and Inspector [that's Marcus Beresford-Smith]
 13 in somewhat disregarding the clearly held clinical
 14 concerns of the ambulance clinicians based on the
 15 ambulance clinician's clinic at assessment of Mr Rowley
 16 to at the very least to have lacked a level of
 17 professional respect."
 18 Do you agree in hindsight that your actions when
 19 you attended Charlie Rowley's poisoning did lack a level
 20 of professional respect for your Ambulance Service
 21 colleagues?
 22 **A.** To a degree. I mean, that wasn't my intention
 23 and, on reflection, yes, I should have adhered to the
 24 JESIP principles, but at that stage I didn't think we
 25 were dealing with a major incident, I thought it was

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

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

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

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

14 **LORD HUGHES:** They amounted to what?

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

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

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

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

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

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1 **A.** Okay, thank you.

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

6 **A.** Yes.

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

10 **A.** I saw some sharps bins and some needles.

11 **LORD HUGHES:** Sharps bins?

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

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

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

18 **LORD HUGHES:** Besides the bed. All right. Thank
19 you.

20 **Questioned by MR MANSFIELD**

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

23 **A.** Hello.

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

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

3 "Communicate:

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

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

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

15 **A.** Yes.

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

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

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

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

5 **A.** Yes.

6 **Q.** You agree?

7 **A.** Yes.

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

9 **A.** Yes, I agree.

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

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

16 **A.** Yes.

17 **Q.** You have nodded. You mean yes?

18 **A.** Yes.

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

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

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

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1 witness and possibly going into the address.
 2 **Q.** No, sorry, were you in a better position than
 3 they were to assess whether this was a dangerous
 4 situation?
 5 **A.** Well, they were within the flat and treating
 6 the patient, so no.
 7 **Q.** No. You see this is important for -- again
 8 I suggest to you -- the future, if you run into this
 9 sort of situation again. Do you agree you had no
 10 materials at your disposal to suggest that they might be
 11 wrong altogether, you had no medical training; do you
 12 agree?
 13 **A.** No, I've got no medical training, no.
 14 **Q.** Had you had any experience of Novichok?
 15 **A.** No.
 16 **Q.** Well, you weren't involved in Salisbury?
 17 **A.** No.
 18 **Q.** I put it generally, and just to follow the
 19 gaps, before you ever got to Amesbury -- that's after
 20 the Salisbury incident -- do you accept there had been
 21 no training for police officers about Novichok; is that
 22 right?
 23 **A.** No, there had been no training, no.
 24 **Q.** None. Let alone how you distinguish Novichok
 25 from drugs, had there?

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

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

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

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1 Q. Thank you. Sir, with your permission the
2 statement will be adduced in evidence --
3 LORD HUGHES: Yes.
4 MS WHITELAW: -- and appear on the website.
5 Could you give us your rank and current role,
6 please?
7 A. I'm an inspector within Wiltshire Police and
8 my current role is as a FIM, which is a Force Incident
9 Manager.
10 Q. What was your rank and role in June 2018?
11 A. I was an inspector at the time and I was the
12 Duty Inspector for South Wiltshire.
13 Q. So that included Salisbury and Amesbury?
14 A. Salisbury and Amesbury, all the way up to
15 Chippenham.
16 Q. For how long had you been an inspector prior
17 to that?
18 A. I was promoted to inspector in 2015.
19 Q. Thank you. If you could keep your voice up so
20 that we can hear you.
21 A. Certainly, will do.
22 Q. Thank you. For how long had you been a police
23 officer?
24 A. I joined Wiltshire Police in 1993, so
25 currently I have 31 and a half years' service.

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1 Q. Presumably that worry was about Novichok nerve
2 agent being found in the area?
3 A. It certainly was. There was lots of scenes
4 ongoing at the time and obviously that was a very visual
5 display of what was happening.
6 LORD HUGHES: Sorry, lots of ...?
7 A. Lots of scenes ongoing.
8 LORD HUGHES: Oh, lots of places where you saw
9 policemen?
10 A. Yes.
11 LORD HUGHES: Yes, I see.
12 MS WHITELAW: Did you have an experience similar to
13 Mr Channon where members of the public would ask
14 questions about whether officers had attended or asked
15 questions about the incident?
16 A. Not direct to me, no.
17 Q. Were you dealing with members of the public at
18 the time?
19 A. I was a frontline police inspector, so yes.
20 Q. I would like to move now to the events of
21 30 June. We have heard evidence from DCC Mills on Day 2
22 that the police were dispatched to 9 Muggleton Road at
23 19.19, and I think at 19.25 were you contacted by the
24 Force Incident Manager at the time in the control room?
25 A. Yes, I was.

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1 Q. So has all your service been with Wiltshire
2 Police?
3 A. It has.
4 Q. Did you have any involvement in the Skripal
5 poisoning in March 2018?
6 A. No, I didn't.
7 Q. But were you at the time working in the
8 Amesbury, Wiltshire, Salisbury area?
9 A. I was a Duty Inspector for the south of
10 Wiltshire, so I knew the incident had taken place, yes.
11 Q. Were you here this morning for the evidence of
12 Ben Channon, the paramedic?
13 A. Was that the one first thing this morning?
14 Q. Sorry, no, the second today.
15 A. The second one. Yes, I was.
16 Q. So did you hear his evidence about the fear
17 and feeling in Salisbury at the time of the March
18 events?
19 A. Yes, I did.
20 Q. Was that also your experience?
21 A. I knew that the -- obviously the local
22 community -- there was obviously a major impact to the
23 community, and there was worry within the community
24 which was being addressed hopefully by people at senior
25 level.

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1 Q. Who was that?
2 A. That was Inspector Andy Noble.
3 Q. So he is an inspector. Is that an equivalent
4 rank to you at the time?
5 A. Yes, it is.
6 Q. Is there any seniority or precedence between
7 the Force Incident Manager and the Duty Inspector?
8 A. We're of the same rank but, as the Force
9 Incident Manager, you take an overview of everything
10 that's ongoing within Wiltshire Police at that time.
11 Q. So if the Duty Inspector attends a scene,
12 would the Force Incident Manager be responsible for
13 dealing with communications and intelligence and the
14 Duty Inspector be responsible for tactical decisions at
15 the scene, management of the scene?
16 A. Under the gold, silver and bronze aspect of
17 how we deal with scenes, the FIM (or Force Incident
18 Manager) would probably take the place of a Silver
19 Commander, whereas myself at the scene would take the
20 Bronze Commander.
21 Q. So when you were contacted by the FIM, what
22 did he tell you?
23 A. He told me that there was an incident in
24 Muggleton Road in Amesbury, that there were three
25 casualties, and fire and ambulance were at scene and

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1 could I make my way there.
 2 **Q.** What did he say about the nature of the
 3 incident?
 4 **A.** He stated that it was a potential chemical
 5 incident.
 6 **LORD HUGHES:** I'm sorry, is this his exact
 7 language?
 8 **A.** I can't remember, sir, but that's what I --
 9 **LORD HUGHES:** All right. And a potential ...?
 10 **A.** A potential chemical incident.
 11 **LORD HUGHES:** Chemical incident.
 12 **MS WHITELAW:** This is what I think you said in your
 13 witness statement. We're at page 1:
 14 "I was informed that the Ambulance Service and
 15 Fire Brigade thought that they had a chemical incident
 16 at the address and I was required to attend as the Duty
 17 Inspector. I was told there were three casualties at
 18 the scene and the Fire Brigade had declared it a
 19 chemical incident."
 20 **A.** That's correct.
 21 **Q.** That presumably would have been your
 22 recollection at the time you made your statement.
 23 **A.** Yes.
 24 **Q.** Did you make your way to the scene when you
 25 had finished completing some other duties?

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1 **A.** I initially tried to find the fire commander,
 2 asked a number of fire officers where they were. They
 3 weren't able to locate that person and, therefore,
 4 I decided that the next course of action should be to
 5 speak to the officers that were at the scene who could
 6 tell me more information.
 7 **Q.** So you attempted to find the fire commander by
 8 asking some of the fire officers?
 9 **A.** That's correct.
 10 **Q.** Did you ask the fire officers themselves about
 11 the incident?
 12 **A.** No, not at all.
 13 **Q.** Did you try to contact the fire commander by
 14 radio?
 15 **A.** That's not possible through our systems.
 16 **Q.** So you can't call into your control system and
 17 say, "I need to speak to the fire commander, I can't
 18 find them"?
 19 **A.** I could have done, yes. That would take quite
 20 a long time unfortunately.
 21 **Q.** Did you think about trying to contact
 22 ambulance personnel?
 23 **A.** No.
 24 **Q.** So what did you do next?
 25 **A.** I then made my way through the cordon to speak

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1 **A.** I did. I was in Melksham at the time and then
 2 I made my way to Amesbury.
 3 **Q.** Were you driving an unmarked Vauxhall Astra,
 4 call sign 401 at the time.
 5 **A.** That is correct.
 6 **Q.** Did you arrive at approximately 20.49?
 7 **A.** I did.
 8 **Q.** There is evidence that the ambulance
 9 transporting Charlie Rowley to hospital left at 20.59.
 10 So is it your recollection you arrived about ten minutes
 11 before that ambulance departed?
 12 **A.** That's correct.
 13 **Q.** When you arrived at the scene, are you able to
 14 tell us which emergency services were present?
 15 **A.** Both fire and ambulance were at the scene.
 16 There was numerous fire engines and one ambulance that
 17 was parked outside 9 Muggleton Road.
 18 **Q.** Was there a cordon in place?
 19 **A.** There was a cordon, yes, some 50 yards away
 20 from the address.
 21 **Q.** Are you able to tell who placed that cordon,
 22 whether it was fire or ambulance or police?
 23 **A.** I believe it was initially put on by fire and
 24 then assisted by police officers.
 25 **Q.** What did you do when you arrived on scene ?

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1 to Acting Sergeant McKerie.
 2 **Q.** So just to be clear, you didn't speak to the
 3 fire or ambulance before you went through the cordon?
 4 **A.** No.
 5 **Q.** Where was Sergeant McKerie at the time?
 6 **A.** He was stood outside of the address, near to
 7 where the ambulance was parked.
 8 **Q.** With whom? Anybody?
 9 **A.** I believe it was PC Steve Porter who was with
 10 him.
 11 **Q.** Was there also a male with them?
 12 **A.** There was. There was a gentleman by the name
 13 of -- who I now know to be Sam Hobson there as well.
 14 **Q.** Did you know him at the time?
 15 **A.** No.
 16 **Q.** So were you the senior police officer on scene
 17 at this point?
 18 **A.** I was.
 19 **Q.** Notwithstanding that, did the fact that
 20 Sergeant McKerie and PC Porter, the fact that they were
 21 inside the cordon, give you encouragement to enter it?
 22 **A.** No, not at all. By that stage I had been
 23 informed that there was not three casualties but two,
 24 the first one being in the morning and the second one
 25 being a male within the ambulance, and therefore,

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1 because of the CBRN, which is the principles, because
 2 there was two casualties, I could enter but under
 3 caution.
 4 **Q.** So it was in your mind, was it, the 1, 2, 3
 5 protocols that we have heard about?
 6 **A.** Yes.
 7 **Q.** That if there's -- so if there are two, you
 8 would proceed with caution; is that correct?
 9 **A.** That's correct.
 10 **Q.** Is that a cautious thing to do, to enter
 11 a cordon?
 12 **A.** I literally entered 20 yards into the cordon.
 13 It was in the open air and there was no other persons
 14 around apart from those described. I --
 15 **Q.** But it was a cordon you thought had been set
 16 up by the Fire Brigade?
 17 **A.** That's correct.
 18 **Q.** And you hadn't been able to speak to them to
 19 ascertain why it was they had put a cordon of that
 20 extent?
 21 **A.** That's correct.
 22 **Q.** So is it fair to say that at the time you
 23 breached the cordon, you didn't have a clear
 24 understanding, either from the Ambulance Service or the
 25 Fire Service, why they were treating this incident with

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1 this was a Novichok incident.
 2 **A.** Could be --
 3 **LORD HUGHES:** Or it could be.
 4 **MS WHITELAW:** Could be, sorry, yes. And that they
 5 had seen drugs paraphernalia in the address?
 6 **A.** That's correct.
 7 **Q.** In your statement, I think you refer to
 8 Sergeant McKerie saying that there was only one
 9 casualty at the scene but there had been a female
 10 casualty but that was earlier in the day?
 11 **A.** That's correct.
 12 **Q.** We have heard Mr Channon's evidence today
 13 about his convictions that this was nerve agent
 14 poisoning. Did Sergeant McKerie convey that to you?
 15 **A.** As I said, he conveyed that it could be
 16 a Novichok incident.
 17 **Q.** Perhaps I can put it another way: did he
 18 express how, in his words, insistent the paramedics were
 19 that this was a nerve agent poisoning?
 20 **A.** Not at that time.
 21 **Q.** Going back to the 1, 2, 3 training then, does
 22 that apply to all blue light services?
 23 **A.** It comes under the CBRN training; so all
 24 should be aware of that, especially at commander level .
 25 **Q.** But certainly from your perspective it applies

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1 such caution?
 2 **A.** Not at that time, no.
 3 **Q.** Are you aware of the term "blue light huddle"?
 4 **A.** Absolutely.
 5 **Q.** Does that reflect the JESIP principles,
 6 whereby the emergency services should co-locate,
 7 communicate, coordinate, jointly understand risk, and
 8 gain a shared situational awareness?
 9 **A.** Yes, I am. Obviously I tried to find the
 10 Fire Brigade commander and wasn't able to. Now I know
 11 that there was no ambulance commander at scene at that
 12 time.
 13 **Q.** But there were two ambulance personnel at the
 14 scene?
 15 **A.** Yes. They were busy treating the casualty in
 16 the back of the ambulance.
 17 **Q.** Sergeant McKerie had spoken to them though ?
 18 **A.** That's correct.
 19 **Q.** What did Sergeant McKerie tell you when you
 20 went through the cordon to speak to him?
 21 **A.** He told me that ambulance crews considered
 22 this could be a Novichok incident and that he -- while
 23 he was in the address, he saw drugs paraphernalia within
 24 the address.
 25 **Q.** So he told you that ambulance crew thought

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1 to the police?
 2 **A.** Yes.
 3 **Q.** With that guidance, do you understand the
 4 numbers when you count the 1, 2 or 3 patients have to be
 5 counted at the scene, or could that be a second patient
 6 as we see here, one in the morning, one in the evening ?
 7 **A.** I think it could be taken that it could be at
 8 any time affected by similar circumstances.
 9 **Q.** Did Sergeant McKerie tell you that he had
 10 certainly initially agreed with Inspector Noble that
 11 they thought this was a drugs incident, possibly
 12 fentanyl?
 13 **A.** No. I had a completely open mind as to what
 14 was happening. I had been informed of the intelligence
 15 around the address and Charlie, but as to what was
 16 actually happening here, I was open-minded as to what
 17 needed to be done.
 18 **Q.** Sorry, so was your answer that he did tell you
 19 that about his earlier conversation with Inspector Noble
 20 when they had agreed that it was a drugs incident, or
 21 did he not tell you that?
 22 **A.** No, he did not.
 23 **LORD HUGHES:** Well, at some point you obviously
 24 learned something about the intelligence concerning the
 25 address and the people.

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1 **A.** I certainly did, sir, yes.
 2 **LORD HUGHES:** Before you got there, or when you
 3 arrived or what?
 4 **A.** Before I got there, sir.
 5 **LORD HUGHES:** Before you got there.
 6 **MS WHITELAW:** Did Sergeant McKerie tell you that
 7 he had reservations about there being -- it being
 8 a drugs incident now that he had spoken to the
 9 paramedics?
 10 **A.** No, he didn't.
 11 **Q.** What action did you take next and, if you need
 12 to refer to your statement, I'm on page 2.
 13 **A.** I decided that the cordons would stay in place
 14 until we could get confirmation from the hospital as to
 15 how they were treating the first patient.
 16 **Q.** So did you request that someone from CID
 17 should attend the hospital?
 18 **A.** Yes, I requested CID attend the hospital and
 19 speak with the consultants, but I think, sir, that I did
 20 that whilst I was en route to the scene.
 21 **Q.** To find out what -- how the first patient was
 22 being treated; is that correct?
 23 **A.** Absolutely, because they had -- it happened in
 24 the morning, so a few hours earlier, they may have had
 25 sufficient time to understand what happened with the

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1 **A.** Yes, the DS that attended the hospital.
 2 **MS WHITELAW:** Do you know the name of that DS?
 3 **A.** Kerry Martin, I believe.
 4 **LORD HUGHES:** Martin?
 5 **A.** Yes.
 6 **MS WHITELAW:** We know an Eirin Martin.
 7 **A.** Eirin Martin, sorry.
 8 **Q.** There is also a Kerry Lawes?
 9 **A.** Yes, I've got the first names mixed up.
 10 **Q.** Do you know whether it was both or either of
 11 those that went to the hospital?
 12 **A.** I believe it's probably Eirin.
 13 **Q.** So you think that Eirin Martin went to the
 14 hospital and then called either the control or
 15 Sergeant McKerie?
 16 **A.** Or she did both.
 17 **Q.** Or both, to relay back --
 18 **A.** Information from the hospital, yes.
 19 **Q.** So there wasn't direct communication with the
 20 hospital by you at the scene?
 21 **A.** No.
 22 **Q.** Or by anyone else at the scene?
 23 **A.** No.
 24 **Q.** As far as you were aware?
 25 **A.** Not that I was aware.

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1 first patient.
 2 **Q.** So do I understand your evidence correctly
 3 that at this point when you have been inside the cordon,
 4 talking to Sergeant McKerie, you're not treating the
 5 scene either as a drugs or nerve agent, you have an open
 6 mind?
 7 **A.** I have a totally open mind, yes.
 8 **Q.** Did you have a view as to which you thought
 9 was more likely at the time?
 10 **A.** I thought it was more likely that it was going
 11 to be drugs rather than Novichok.
 12 **Q.** What was the basis for thinking that?
 13 **A.** Purely the fact that Novichok is so rare,
 14 taking into account that we have had obviously Salisbury
 15 a couple of months earlier.
 16 **Q.** What communications were there then with the
 17 hospital when you were at the scene?
 18 **A.** I believe that the officers that attended the
 19 hospital called either the control room or Sergeant
 20 McKerie to give a direct update as to how they were
 21 treating the first casualty.
 22 **LORD HUGHES:** Sorry, which officers had spoken to
 23 Mr McKerie, do you understand?
 24 **A.** I think it was a DS --
 25 **LORD HUGHES:** Somebody at the hospital?

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1 **Q.** What was the information relayed to you,
 2 either by control or by Sergeant McKerie from the
 3 hospital?
 4 **A.** The information was that they did not consider
 5 this patient to be suffering from a chemical incident
 6 and there was nothing to indicate that the scene was
 7 hazardous.
 8 **Q.** Well, let me just break that down a bit. So
 9 the information is going from the hospital --
 10 **A.** Yes.
 11 **Q.** -- to Eirin Martin or Kerry Lawes, to either
 12 control and then Sergeant McKerie or direct to Sergeant
 13 McKerie and then to you?
 14 **A.** Yes.
 15 **Q.** So do you accept there's room within that
 16 chain of communications for there to be uncertainty,
 17 ambiguity, conflicting accounts?
 18 **A.** Absolutely.
 19 **Q.** In terms of what you think you did establish
 20 about those communications, you thought that the
 21 hospital didn't consider the patient to be suffering
 22 from a chemical incident?
 23 **A.** That's correct.
 24 **Q.** Now, in terms of the statement that there was
 25 nothing to indicate the scene was hazardous, that's

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1 really not information from the hospital, is it?
 2 **A.** No, it's not.
 3 **Q.** Was that information you were gaining from
 4 Sergeant McKerlie?
 5 **A.** I honestly can't remember whether that is the
 6 case or not, but I wouldn't ever --
 7 **LORD HUGHES:** Well, it is, isn't it, Ms Whitelaw?
 8 If you're asking yourself whether there's a risk that
 9 Muggleton Road is contaminated, one of the things you
 10 would quite like to know is whether the woman who was
 11 taken out of it in the morning was showing signs of
 12 chemical effects?
 13 **MS WHITELAW:** Yes, sir, that would be whether the
 14 patient had any signs of chemical contamination, yes.
 15 **LORD HUGHES:** That would bear on the likelihood or
 16 unlikelihood, as the case may be, of there being
 17 anything contaminated at the house, wouldn't it?
 18 **MS WHITELAW:** Yes, indeed. No, I accept that
 19 point.
 20 **LORD HUGHES:** Or at least it might do.
 21 **MS WHITELAW:** Do you know if the possibility of
 22 nerve agent poisoning was discussed with the hospital
 23 consultant, who I believe is Dr Jukes.
 24 **A.** I don't know if it was absolutely discussed
 25 with him, but that was the reason why those officers

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1 **Q.** We see 30 June at the top, 18.58. Could you
 2 clarify whether you would have had access to the log at
 3 the time you became involved?
 4 **A.** I can always look up the log, but as I was
 5 travelling in a vehicle obviously I wouldn't be able to
 6 view it.
 7 **Q.** So do you remember if you looked at it before
 8 you left?
 9 **A.** No, I didn't. I don't believe so.
 10 **Q.** Do you remember if you consulted it while you
 11 were at the scene?
 12 **A.** No, I didn't.
 13 **Q.** Thank you. That's helpful.
 14 So what we see here, just to remind ourselves, is
 15 that 18.58 call HAZMAT, hazardous material, 9 Muggleton
 16 Road. And the address there says:
 17 "Anti-social behaviour drugs."
 18 Is that -- do you understand that to be an
 19 indication that the address has been associated with
 20 those things?
 21 **A.** Yes.
 22 **Q.** We established with DCC Mills in his first
 23 tranche of evidence that the entry at 19.19 on the
 24 log -- I think if we could go down to page 2, thank
 25 you -- "arrived at scene" was when officers were

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1 attended.
 2 **Q.** At page 2 of your statement you say:
 3 "I was then told by control room there was police
 4 intelligence ..."
 5 And there's a redaction but linking the address to
 6 drugs.
 7 **A.** Yes.
 8 **Q.** Can I ask, first of all, did you know about
 9 the police intelligence in relation to drugs in the
 10 address before you attended, or when you were at the
 11 scene?
 12 **A.** As I was en route I was informed of the
 13 intelligence.
 14 **Q.** Were you given any additional information
 15 about that at the scene?
 16 **A.** Not that I can remember.
 17 **Q.** Now, there are reasons why the information is
 18 redacted. What we can say in this hearing is that
 19 Wiltshire Police had recent intelligence with Charlie
 20 Rowley's association with drugs. Is that your
 21 understanding?
 22 **A.** That's correct.
 23 **Q.** Could we go to INQ004989, please. Now, is
 24 this the police log?
 25 **A.** Yes.

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1 initially dispatched to the scene?
 2 **A.** That's correct.
 3 **Q.** We will recall that that was after the Fire
 4 and Ambulance Service had each called the police, and
 5 you said in your evidence you were called by Inspector
 6 Noble, the FIM, at 19.25. I would just like to look at
 7 the period leading up to that and the information police
 8 were receiving. So could we go to page 9 of this
 9 document, and 19.08.36.
 10 "Male" is that "Resident", "Noted as a Charles
 11 Rowley ... who has significant drug intel and occur ..."
 12 Assume occurrences. Then we see a redacted
 13 section, "Police intelligence relating to Charlie
 14 Rowley."
 15 If we go to page 10 please, 19.13.49:
 16 "Further call from AMB stating patients have ...
 17 similar symptoms to Salisbury."
 18 Do you recall being told about this by Inspector
 19 Noble when he contacted you at 19.25?
 20 **A.** No, I don't.
 21 **Q.** Will he have had access to that on the log?
 22 **A.** Yes, absolutely.
 23 **Q.** Then if we go to 19.19.05, further down, next
 24 page -- page 11 it might be. I'm looking for "I have
 25 spoken to" -- yes, bottom of there:

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1 "I have spoken to AMB ..."
 2 Then:
 3 "Super nervousness apparent as a result of Op
 4 Fairline. This is understandable. However, address is
 5 linked to drugs and my working assumption at this time
 6 is that the patient's presentation is ... most likely
 7 owing to drugs ingestion recently or preparation of the
 8 same. I suggest that a police supervisor attend and ...
 9 assess scene before we start assuming the worst prompt
 10 unit to apply 1/2/3 safety advice and consider if a site
 11 survey by fire (who will have PPE) is appropriate before
 12 we start ... causing huge disruption with cordons and
 13 the like."
 14 Again, did Inspector Noble convey this information
 15 to you at 19.25?
 16 **A.** No, I think he was waiting for my assessment
 17 when I got there.
 18 **LORD HUGHES:** Whose note is this going to be?
 19 **A.** That would have been Mr Noble's as the Force
 20 Incident Manager, sir.
 21 **LORD HUGHES:** So that's at 19.19.
 22 **MS WHITELAW:** Did he prompt you to consider 1, 2, 3
 23 safety advice or was that something you realised by
 24 yourself when you attended the scene?
 25 **A.** Something I realised by myself.

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1 approach in such circumstances is the most important
 2 thing, more than disruption and resourcing, if there's
 3 a suspected nerve agent poisoning?
 4 **A.** Yes, I do.
 5 **Q.** If we could go to page 12 of the same
 6 document, please. Thank you. Again, we see here
 7 there's redactions in relation to the police
 8 intelligence relating to Charlie Rowley.
 9 At 19.22.38 it says:
 10 "Spoken to the fire commander. They have a person
 11 at the scene who is presenting the same symptoms that
 12 were present at Salisbury."
 13 Then we have further down:
 14 "They are treating him with atropine ... as
 15 a precaution."
 16 Then we have, "believed to be Dawn Sturgess" at the
 17 bottom.
 18 Can I just clarify with you, this is 19.22, so it's
 19 before you were contacted by the FIM?
 20 **A.** Yes.
 21 **Q.** So is that likely -- does that indicate that
 22 the FIM, or control room, seem to have spoken to the
 23 fire commander at the scene?
 24 **A.** It seems that an officer at the scene has
 25 spoken to fire, yes.

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1 **Q.** Were you aware that it was envisaged at that
 2 stage that there might be a site survey by the fire,
 3 I assume brigade, who will have PPE?
 4 **A.** I was aware that they had that capability,
 5 yes.
 6 **Q.** But did you know that it was envisaged that
 7 they would conduct a site survey, some sort of survey,
 8 you assume?
 9 **A.** No.
 10 **Q.** They are there. Without underestimating the
 11 level of disruption that the Skripal poisoning brought
 12 to Salisbury, do you think disruption is a factor that
 13 ought to carry particular weight when you are faced with
 14 trying to work out whether an incident is, as the Fire
 15 and Ambulance Service were suggesting, a nerve agent
 16 poisoning or, as Inspector Noble was thinking, a drugs
 17 incident?
 18 **A.** I think we need to get that information first
 19 to see what we're actually dealing with before we
 20 disrupt the members of the public. Obviously, if we
 21 believe it was a Novichok attack, we would have
 22 absolutely closed off as many roads as we possibly could
 23 have done to protect the public, but we need that
 24 initial information before we do that.
 25 **Q.** Do you agree that taking a precautionary

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1 **Q.** Was this conveyed to you a few minutes later
 2 by Inspector Noble?
 3 **A.** No, it wasn't.
 4 **Q.** Do you think this would have changed your
 5 approach on arrival if you had known about this?
 6 **A.** Potentially. It would have added to the
 7 information and intelligence that I would have had.
 8 **Q.** So 19.22.38 is just before you are called by
 9 Inspector Noble.
 10 When you arrived at 20.49, were you told about any
 11 drug paraphernalia being found in the property?
 12 **A.** Yes, Acting Sergeant McKerlie informed me that
 13 some had been found.
 14 **Q.** Did that make you think it was more likely
 15 that this was a drugs incident?
 16 **A.** Again, it added to the information and
 17 intelligence I was getting. I really wanted the
 18 confirmation from the hospital as to how they were
 19 treating the first patient.
 20 **Q.** So were the key pieces of information that you
 21 had the drugs intelligence you were told about en route
 22 and then, when you arrive, you're told that there's
 23 drugs paraphernalia, but you are aware there's an
 24 Ambulance/Fire Service being concerned about nerve agent
 25 poisoning and you're waiting for results from the

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1 hospital?
 2 **A.** That's correct.
 3 **Q.** So at that point both were a possibility; is
 4 that correct?
 5 **A.** It is, yes.
 6 **Q.** If we go to page 19 of the log, you have said
 7 you arrived on scene at 20.49. There's an entry "SDH
 8 update. Spoken to Stephen Duke".
 9 I think that should be Stephen Jukes:
 10 "... consultant in charge. He is satisfied with
 11 the symptoms that Dawn is presenting in line with
 12 a drugs overdose - no risk of death ... at this moment
 13 these are two drug overdoses ..."
 14 So as we have heard from you, you didn't speak to
 15 Dr Jukes yourself?
 16 **A.** No, I didn't.
 17 **Q.** Did you think to do that?
 18 **A.** No, that's the reason why I sent officers
 19 there directly. They can speak face-to-face with
 20 whoever the consultant was at the time.
 21 **Q.** With the only difficulty there is, of course,
 22 as we have explained, the chain of communication that
 23 then ensues in order for that information to get back to
 24 you?
 25 **A.** Yes, correct.

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1 **Q.** Sorry, say that again?
 2 **LORD HUGHES:** Was there any conversation with you
 3 by anybody about the possibility of a drugs consignment
 4 or quantity contaminated with organophosphate?
 5 **A.** No, there wasn't, sir.
 6 **LORD HUGHES:** That's not you, right.
 7 **MS WHITELAW:** Returning to your witness statement,
 8 if we could just go to it now, please, INQ004999,
 9 page 2. You describe how the intelligence with the
 10 hospital's original analysis all appeared to fit
 11 together:
 12 "With this information and no other information
 13 forthcoming, I decided that the scene would be treated
 14 as a drugs overdose."
 15 **A.** From the police perspective, yes.
 16 **Q.** We can see you made this decision before you
 17 were able to get hold of the scene commanders for fire
 18 and ambulance, is that correct?
 19 **A.** That was the decision that I was going to make
 20 and then went to have the huddle, as you call it, with
 21 the other commanders who had now arrived at the scene.
 22 **LORD HUGHES:** So you reached that as your, as it
 23 were, provisional police -- your police conclusion. Did
 24 you add that you were then going to talk about it to the
 25 other commanders?

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1 **Q.** When you have a blue light huddle, would you
 2 expect that to include a hospital in circumstances where
 3 there's a patient in hospital or not?
 4 **A.** Not particularly. That's more around a
 5 different thing that we can do called Operation Link,
 6 but at the scene it's usually the three blue light
 7 services that do that huddle.
 8 **Q.** Do you know what was said to Dr Jukes by the
 9 officers who attended?
 10 **A.** No.
 11 **Q.** We will pick that up with the witnesses who
 12 attended the hospital because one interpretation of the
 13 hospital being satisfied with the symptoms that are
 14 presenting in line with the drugs overdose is the police
 15 telling the hospital about drugs intelligence and the
 16 hospital saying it's consistent, but we will have
 17 witnesses to address that.
 18 Do you recall any mention of the possibility of
 19 Dawn Sturgess' symptoms being consistent with
 20 organophosphate poisoning, such that it might be drugs
 21 cut with organophosphates?
 22 **A.** Not that any drugs were cut with
 23 organophosphates. All I was told was she presented with
 24 similar symptoms to the second and therefore they were
 25 linking the two instances.

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1 **A.** Yes, sir.
 2 **LORD HUGHES:** And did you?
 3 **A.** Yes, I did, sir.
 4 **LORD HUGHES:** Right.
 5 **MS WHITELAW:** Did you think about the fact that you
 6 hadn't seen Charlie Rowley yourself, or had you seen
 7 him?
 8 **A.** No, I hadn't.
 9 **Q.** So you weren't directly aware of how he was
 10 presenting. Had you heard about that from Sergeant
 11 McKerlie?
 12 **A.** That's correct.
 13 **Q.** You didn't have a diagnosis for Dawn Sturgess'
 14 condition?
 15 **A.** No, only that they were treating her as
 16 a drugs overdose.
 17 **Q.** So did the huddle happen before you entered
 18 the property?
 19 **A.** Yes.
 20 **Q.** Can you tell us about that conversation?
 21 **A.** Obviously following the JESIP principles, we
 22 got together and discussed exactly what was happening at
 23 the scene. I shared the information that I had gathered
 24 and the intelligence that we had in relation to the
 25 address, and it was then put to them that the police

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1 were going to treat this as a drugs overdose.
 2 **Q.** I can't find that in your witness statement.
 3 Do you think you haven't included the conversations with
 4 the fire and ambulance commanders, or can you point me
 5 to a --
 6 **A.** It's page 2, so the last paragraph.
 7 **Q.** Thank you. Ah, so this is moving on to just
 8 before the search commenced.
 9 **A.** Yes, it's before the ambulance left because we
 10 needed to make a decision what we were going to do.
 11 **LORD HUGHES:** Well, it doesn't -- unless I'm in the
 12 wrong place, Ms Whitelaw, it rather looks as if it is
 13 there at the bottom of page 2.
 14 **MS WHITELAW:** Yes, I'm just coming to it, thank
 15 you. I had it slightly later on.
 16 **LORD HUGHES:** Yes, of course.
 17 **MS WHITELAW:** So you said that -- you make the
 18 decision that the scene would be treated as a drugs
 19 overdose and you have clarified that was from a police
 20 decision.
 21 **A.** Yes, it was.
 22 **Q.** "At that point I got hold of all the scene
 23 commanders for fire and ambulance. We all got
 24 together."
 25 And you passed the information you received on and

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1 **LORD HUGHES:** Made by whom?
 2 **A.** More than likely by myself, sir.
 3 **LORD HUGHES:** Yes, right.
 4 **MS WHITELAW:** Did the ambulance commander convey to
 5 you what we have heard in the evidence today from the
 6 paramedics that their conviction that the symptoms being
 7 displayed were a sign of Novichok poisoning or, sorry,
 8 nerve agent poisoning?
 9 **A.** No, he didn't.
 10 **Q.** But your account is that the ambulance
 11 commander was quite accepting of the decision to treat
 12 it as a drugs overdose?
 13 **A.** That's correct.
 14 **Q.** But that the fire commander was less so?
 15 **A.** Yes.
 16 **Q.** What was the fire commander saying?
 17 **A.** He was saying that the symptoms were similar
 18 to that of Novichok and that we should consider keeping
 19 the scene on.
 20 **Q.** But you didn't agree with that?
 21 **A.** No.
 22 **Q.** Why was that?
 23 **A.** Given all the information and intelligence
 24 that I had at that time, to treat this incident as a
 25 drugs overdose rather than any chemical incident or

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1 that:
 2 "We would be treating the scene as a drugs overdose
 3 and nothing more"?
 4 **A.** That's correct.
 5 **Q.** Did they agree or disagree with that?
 6 **A.** Ambulance were -- the ambulance commander was
 7 accepting of that. Fire not so much. But at that point
 8 in time, sir, they had the opportunity to declare a
 9 major incident if they so wished, which they didn't do.
 10 **LORD HUGHES:** Well, what's the next sentence of
 11 your statement? Second sentence of that paragraph, what
 12 does it say?
 13 **A.** The second sentence?
 14 **LORD HUGHES:** Yes.
 15 **A.** What, from "The decision"?
 16 **LORD HUGHES:** Go on, read it out.
 17 **A.** "The decision was that the scene would stay on
 18 but that the fire and ambulance crews would leave the
 19 area."
 20 **LORD HUGHES:** Whose decision?
 21 **A.** It was our decision after that huddle.
 22 **LORD HUGHES:** "Ours" the police or "ours" the three
 23 of you?
 24 **A.** It was after the discussions between the three
 25 of us that that decision was made.

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1 Novichok incident.
 2 **Q.** But you couldn't rule out nerve agent
 3 poisoning at that point, could you?
 4 **A.** Couldn't 100 per cent rule it out, no.
 5 **Q.** Well, in fact you've got both a fire commander
 6 telling you about those symptoms and you had heard from
 7 Sergeant McKerlie about those symptoms; so it wasn't
 8 just a question of ruling it out, there was a
 9 possibility that that was the explanation?
 10 **A.** A possibility.
 11 **Q.** So thinking about it now, wouldn't it have
 12 been better to exercise more caution?
 13 **A.** I don't think so, not along with the
 14 information and intelligence that I had at the time.
 15 **Q.** So moving on to page 3 where you say:
 16 "The decision was then made to perform a cursory
 17 search of the property."
 18 Was that your decision?
 19 **A.** It was. I was unaware that the property had
 20 already been searched by my colleagues who were already
 21 at the scene. If I had known that, we wouldn't have
 22 needed to research it.
 23 **Q.** Given the comments of the fire commander and
 24 the paramedics, did you not think it would be better for
 25 the fire commander -- Fire Service with special

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1 protective equipment to conduct that search instead of
 2 police officers?
 3 **A.** By that time the decision had been made, sir,
 4 that this was being treated as a drugs overdose incident
 5 rather than anything more.
 6 **Q.** But should you not keep your decisions under
 7 review?
 8 **A.** Yes, absolutely.
 9 **Q.** So you indicate in your statement that the
 10 basis for this decision was that:
 11 "... we originally thought it could be a bad batch
 12 of drugs and wanted to locate them."
 13 **A.** That's correct.
 14 **Q.** But I thought that you did, in answer to the
 15 Chair's questions, indicate that you weren't considering
 16 drugs that had potentially been cut with something else ?
 17 **A.** Not -- "bad batch" could mean many things,
 18 sir. A batch of bad drugs could make just people ill,
 19 rather -- because they take the same quantity as they
 20 normally would do. It doesn't have to be laced with
 21 anything else in particular.
 22 **LORD HUGHES:** Oh, I see.
 23 **MS WHITELAW:** So when you refer to it in your
 24 statement, you don't mean a batch of drugs cut with
 25 organophosphates, you mean a batch of drugs that aren't

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1 I wouldn't put myself at risk or my colleagues.
 2 **Q.** How many officers went into that property?
 3 **A.** It was myself, PC Boston and a Special Police
 4 Constable.
 5 **Q.** Elcadey, is that right?
 6 **A.** Yes.
 7 **Q.** Was it Sergeant McKerlie as well?
 8 **A.** No.
 9 **Q.** Not at that stage?
 10 **A.** He had driven the ambulance to hospital.
 11 **Q.** Ah, yes, thank you.
 12 You say in your statement at page 3 that you
 13 entered the kitchen/living area and noticed the sofa had
 14 been pushed to the wrong side of the room and that on
 15 the floor there was an uncapped syringe. Can you help
 16 us with this, because we asked Mr Channon about this
 17 this morning and you will recall his evidence that he
 18 hadn't seen a syringe. He accepted the possibility
 19 that, although they would try and clear up the medical
 20 equipment, there may be a syringe left behind. Are you
 21 able to say whether it was specifically a drug syringe
 22 from the house, or whether it could have been medical
 23 equipment?
 24 **A.** It could have been either. It was just
 25 a syringe, unfortunately, to me.

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1 pure and have something else in that could cause
 2 problems?
 3 **A.** That's correct.
 4 **Q.** So was part of the reason for the search to
 5 look for something mentioned in the recent intelligence
 6 about Charlie Rowley's association with drugs?
 7 **A.** Yes.
 8 **Q.** You say in your statement you were wearing
 9 your uniform and all appropriate PPE. Did that include
 10 a protective suit?
 11 **A.** No, it didn't.
 12 **Q.** Did it include a face mask such as the one
 13 Mr Channon described?
 14 **A.** No, it didn't.
 15 **Q.** Did it include gloves?
 16 **A.** Yes, it did.
 17 **Q.** And shoe coverings?
 18 **A.** No.
 19 **Q.** Do you think now that out of caution, given
 20 that nerve agent poisoning hadn't been ruled out, that
 21 you should have waited to search to use CBRN procedures ?
 22 **A.** Obviously with hindsight, sir, we wouldn't
 23 have gone into that address at all, but at the time,
 24 obviously with the information and intelligence that we
 25 had, I believed it was safe to do so. Obviously

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1 **Q.** What did you find when you searched in the
 2 kitchen?
 3 **A.** We found other syringes and spoons associated
 4 with drug taking.
 5 **Q.** We now know that there was Novichok found in
 6 the kitchen, not just in the bottle but on the floor and
 7 around the sink in particular.
 8 **A.** Correct.
 9 **Q.** We're going to hear evidence in this Inquiry
 10 about how two Wiltshire Police officers involved in the
 11 Skripal response became contaminated with Novichok
 12 despite PPE; so no doubt you appreciate now how
 13 dangerous that was to be searching that house?
 14 **A.** Absolutely.
 15 **Q.** During the search, is it right that you found
 16 a packet of metazipine tablets and a packet of
 17 zopiclone?
 18 **A.** That's correct.
 19 **LORD HUGHES:** You had better just tell us what you
 20 did find.
 21 **A.** I found both of those --
 22 **LORD HUGHES:** No, no, you said you found some sort
 23 of paraphernalia.
 24 **A.** I found some syringes, sir, and some spoons
 25 associated with drug taking.

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1 **LORD HUGHES:** Meaning? How do you know?
 2 **A.** Through my experience of dealing with drugs
 3 users.
 4 **LORD HUGHES:** Because?
 5 **A.** Because there's deposits left on the spoon,
 6 et cetera. sir.
 7 **LORD HUGHES:** Thank you.
 8 **MS WHITELAW:** I think you say burnt spoons in your
 9 statement.
 10 **A.** Yes.
 11 **Q.** And needles; is that correct?
 12 **A.** That's correct.
 13 **Q.** On leaving the property, did you shut the
 14 windows and lock the door?
 15 **A.** Yes, we did.
 16 **Q.** Did you speak to Sam Hobson, who I think was
 17 still at the scene?
 18 **A.** I did, yes.
 19 **Q.** This is page 4. What did he tell you?
 20 **A.** He told me that he had been with both Dawn and
 21 Charlie that day. Dawn had become ill and was taken to
 22 hospital and that afterwards himself and Charlie had
 23 taken further drugs and prescription medicine.
 24 **Q.** Did you leave the scene at about 10 o'clock?
 25 **A.** I did.

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1 contender for the cause -- pretty well confirmed -- you
 2 were spoken to the Chief Constable, weren't you?
 3 **A.** I believe I was, yes.
 4 **Q.** Yes. Do you remember what you said?
 5 **A.** I can't remember the exact words. I think
 6 I probably just relayed what had happened to him.
 7 **Q.** Sorry?
 8 **A.** Relayed what had happened at the scene to him,
 9 sir.
 10 **Q.** Yes. Anything else?
 11 **A.** I can't remember anything else specifically.
 12 **Q.** I would like you to think. This is an
 13 important moment, on the 4th. I appreciate there's
 14 a time lapse. Did you say anything about your approach
 15 to the whole of this matter that had happened when you
 16 went to the scene?
 17 **A.** I cannot honestly remember even the
 18 conversations.
 19 **Q.** You see what had been discovered is that it
 20 was Novichok, not drugs, and you had something to say,
 21 didn't you?
 22 **A.** I can't remember the conversation.
 23 **Q.** All right, I will put it to you straight away.
 24 You said you were -- or you felt professionally
 25 embarrassed; is that right?

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1 **Q.** When were you informed that the incident you
 2 had attended was in fact a second nerve agent poisoning?
 3 **A.** I believe not until 4 July.
 4 **Q.** We have, in fact, heard evidence from
 5 Commander Murphy that by that stage Counter Terrorism
 6 Police had taken over, following information from Porton
 7 Down that this was a Novichok poisoning?
 8 **A.** That's correct.
 9 **MS WHITELAW:** Sir, that concludes my questioning of
 10 Inspector Beresford-Smith but, before we end today,
 11 could I ask your permission to adduce the witness
 12 statement of Inspector Andy Noble. We have heard
 13 reference to the Force Incident Manager. That is
 14 INQ006089.
 15 **LORD HUGHES:** Yes, all right. Thank you.
 16 **MS WHITELAW:** Thank you very much, Inspector.
 17 **LORD HUGHES:** I've got a copy of it, haven't I?
 18 **MS WHITELAW:** Yes, indeed.
 19 **LORD HUGHES:** All right. Are there any other
 20 questions for this gentleman?
 21 **Questioned by MR MANSFIELD**
 22 **MR MANSFIELD:** What the document says that's just
 23 been referred to is that there came a time after these
 24 events, on 4 July, the day that it was discovered that
 25 Novichok was the cause or might have been a strong

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1 **A.** On reflection, sir, given that I made the
 2 decisions at the scene -- which are obviously wrong and
 3 which I need to apologise to Dawn and Charlie for --
 4 yes, it would have been embarrassing.
 5 **Q.** That's very significant, isn't it?
 6 **LORD HUGHES:** Well, that's for me.
 7 **MR MANSFIELD:** Sorry. The reason I'm asking the
 8 question is not for an observation, but you see you said
 9 you couldn't remember anything else. That's why I say
 10 to you you'd forgotten a very significant observation
 11 that you had made. Is that the position?
 12 **A.** You're talking about hindsight, sir,
 13 I believe, and what I thought --
 14 **Q.** No, I'm not talking about hindsight; you are.
 15 So, please, have you forgotten about a significant
 16 observation you made to the Chief Constable on 4 July?
 17 **A.** No, sir.
 18 **Q.** Because I asked you carefully what else you
 19 may have said. So may I pass to the next question. If
 20 you did say words to the effect that you felt
 21 embarrassed, have you learnt any lessons from what
 22 happened on that day in which you were concerned?
 23 **A.** I don't think I have learnt any particular
 24 lessons. I have --
 25 **Q.** You don't think you have learnt --

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1 A. Any lessons as you --
 2 Q. No?
 3 A. No, sir.
 4 Q. No lessons at all?
 5 A. I think there is a number of learning that
 6 comes out of an incident like that.
 7 Q. All right. Well, let's call it learning then.
 8 What learning have you got from what happened here?
 9 A. I think the main learning would be the
 10 introduction of JESIP, which is now embedded within the
 11 force. That would be my main point.
 12 Q. So what difference would that have made?
 13 A. I think the initial response to the scene
 14 would have made a difference.
 15 Q. What is the difference it would have made?
 16 A. From the scenario and the information I had at
 17 the time, I don't think it would have made any
 18 difference.
 19 Q. I'm not following you. Are you saying it
 20 would have made no difference?
 21 A. I don't think it would have made any
 22 difference to the decision-making that was made at the
 23 scene. It may --
 24 Q. I'm going to put this to you. I'm going to
 25 suggest to you it would make a lot of difference if

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1 people to the hospital?
 2 A. Sent officers to the hospital.
 3 LORD HUGHES: What you are being asked is given
 4 that you recognised, as you have now told me, at the
 5 time there was a possibility that there might be
 6 hazardous material about, what did you do about it?
 7 That's the question.
 8 A. Well, at the time, sir, there was cordons
 9 already in place by the time I got there. I thought
 10 there was sufficient enough at that moment in time to
 11 deal with that situation until we got further
 12 information and evidence.
 13 MR MANSFIELD: Yes, well, if it's hazardous
 14 material -- there is a hazardous group, HART. Were they
 15 on their way?
 16 A. HART weren't on their way, I don't believe.
 17 There was a fire --
 18 Q. Yes. How far away were they?
 19 A. I honestly don't know.
 20 Q. You don't know?
 21 A. No.
 22 Q. So they could have arrived within a few
 23 minutes?
 24 A. They could have done, yes.
 25 Q. Yes. You would want to wait for them,

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1 police officers at the scene -- I'm talking about you
 2 particularly as the senior one -- had recognised there
 3 was a possibility of hazard, hazardous material,
 4 dangerous situation. That would have helped, wouldn't
 5 it?
 6 A. I did recognise that, sir. I did then get --
 7 Q. That there was a possibility of a dangerous
 8 situation?
 9 A. There was a possibility, yes.
 10 Q. Yes, right. Now, if -- and you recognised
 11 that at the time, so it's nothing to do with hindsight.
 12 You knew that then; is that right?
 13 A. I did recognise there was a possibility, yes.
 14 Q. Yes, thank you. So recognising the
 15 possibility that it was a -- I'm putting it in
 16 short-form -- was a hazardous situation, what did you do
 17 about that?
 18 A. My first action was to send officers to the
 19 hospital.
 20 Q. To the hospital? No, the situation is outside
 21 the flat, not at the hospital.
 22 LORD HUGHES: No, Mr Mansfield, if you ask
 23 a question you have to at least listen to the answer.
 24 MR MANSFIELD: Yes, certainly.
 25 LORD HUGHES: You are saying you did what? Sent

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1 wouldn't you?
 2 A. HART are the emergency -- the Ambulance
 3 Service rather than dealing with --
 4 Q. All right. You say you had no information.
 5 You did have information which was coming from inside
 6 where the problem was, weren't you?
 7 A. I --
 8 Q. That it was considered to be a chemical
 9 situation.
 10 A. I was told that it could be.
 11 Q. Yes, that's all I'm dealing with, that it
 12 could be. Now, you had that information, didn't you?
 13 A. Yes, I did.
 14 Q. Right. Where you have a situation which could
 15 be of danger to the public as well as first responders,
 16 you have a duty, do you agree, to ensure that
 17 precautionary measures or steps are taken?
 18 A. Yes, sir.
 19 Q. Right. You did the opposite, didn't you,
 20 because you said basically "I'm going to" -- officers go
 21 in, you go past the Novichok yourself, you may not have
 22 known that but that's the point. You took the risks and
 23 put the public at risk, didn't you?
 24 A. Sir, no, I wanted to gain as much information
 25 and intelligence as I could before I made the

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1 decision --

2 **Q.** Yes. What did you discover about Novichok?

3 **A.** In what way do you mean, sir?

4 **Q.** That day -- I mean before you entered the

5 premises. If it might be a dangerous situation similar

6 to Salisbury, you wouldn't want to go anywhere near it

7 until you had found out about Novichok. Did you ask

8 anybody about Novichok?

9 **A.** No, sir.

10 **Q.** No. You didn't even ask the paramedics who

11 had been at Salisbury about --

12 **LORD HUGHES:** Actually they hadn't, Mr Mansfield.

13 **MR MANSFIELD:** I'm sorry.

14 **LORD HUGHES:** One of their colleagues had.

15 **MR MANSFIELD:** Yes, all right.

16 Did you ask any of the paramedics, some of whom had

17 been in Salisbury dealing with it, who were at the

18 premises -- and there was a note on the log, we have

19 seen all that -- did you ask anybody, such as that sort

20 of person, about Novichok?

21 **A.** I didn't have the opportunity to speak to the

22 ambulance crew as they were very busy working on

23 Charlie.

24 **Q.** Well, let's put it another way: you had radio

25 communication with control rooms. You could have found

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1 mix of information --

2 **Q.** Yes, the specific information that was

3 available to you came from the paramedics, didn't it?

4 **A.** As I said, sir, the only -- I got that

5 second-hand --

6 **LORD HUGHES:** I think, both of you, I've got the

7 point.

8 **MR MANSFIELD:** Yes. One last person involved in

9 this. I want to deal with the -- you managed to contact

10 all the commanders, you say.

11 **A.** Yes, I did.

12 **Q.** Is there any record of this conversation,

13 other than in your statement?

14 **A.** Not by me.

15 **Q.** Not by you?

16 **A.** No.

17 **Q.** You see the position in that meeting was that

18 the ambulance commander at that time, a Mr Tilsley,

19 whose name has come up before, he didn't agree with what

20 you were doing, did he?

21 **A.** I honestly can't remember whether he agreed or

22 not. All I can remember that he was quite accepting of

23 it, sir.

24 **Q.** I'm sorry, I want this to be -- important for

25 the future again.

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1 out, couldn't you?

2 **A.** I could have found out everything that we knew

3 about Novichok, yes.

4 **Q.** Yes. So that instead of maintaining the

5 cordon and employing PPE and all the other precautions,

6 it was downgraded essentially -- I'm using that word,

7 but that's what happened at the scene, didn't it?

8 **A.** That decision was made based on the

9 intelligence and information that I had at that time.

10 **Q.** Well, that you had, but the intelligence you

11 had included that it might be hazardous.

12 **A.** Yes, sir.

13 **Q.** Yes, and that takes priority, doesn't it, as

14 the officer, Mr Mills, said only a day or so ago, that

15 takes priority when you have your meeting. If there

16 might be a danger to the public, you err on the side of

17 caution, correct?

18 **A.** All I can repeat, sir, is what I said. All

19 the information I had and intelligence that I had didn't

20 point to that.

21 **Q.** Yes, I understand that. You had intelligence

22 of a different kind, but it doesn't outweigh those who

23 have specific information, does it?

24 **A.** If someone had come to me with specific

25 information, sir, that would have been added into the

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1 **A.** Yes.

2 **Q.** Are you obliged at some point to make a record

3 of the meeting?

4 **A.** Only in my own notes or in here, in my

5 statement.

6 **Q.** Yes. I just wanted to ask whether there's any

7 protocol suggesting if you're going to take decision

8 between commanders, whether at the time somebody -- it

9 doesn't have to be you -- actually makes a note, if not

10 of the discussion, at least of the outcome of it all?

11 Doesn't somebody have to do that?

12 **A.** No, but it's recorded on to the police log

13 I believe, sir.

14 **Q.** You see, what's in your statement doesn't

15 actually tell us much about what the commanders actually

16 said, does it?

17 **A.** No, it doesn't.

18 **Q.** No. Why is that?

19 **A.** I honestly can't remember, sir.

20 **Q.** Sorry?

21 **A.** I honestly can't remember, sir.

22 **Q.** Sorry, I want to be clear. You can't remember

23 why you didn't put it in the statement?

24 **A.** All I can remember is that we had what people

25 are describing as the huddle and, after that

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1 conversation, it was decided to treat this as a drugs
2 overdose.
3 **Q.** You decided to treat it; is that fair?
4 **A.** Yes.
5 **Q.** Yes. This is why I suggest to you it's a most
6 unsatisfactory situation, that you take charge of
7 a situation where the information is specific. That is
8 not acceptable, is it?
9 **A.** The information -- there was a lot of
10 information and intelligence and --
11 **Q.** Yes, all right. Because we have to -- in your
12 case, the same point: you're not medically qualified,
13 are you?
14 **A.** Certainly not, no.
15 **Q.** There was no training before Amesbury about
16 Novichok, what it looks like?
17 **A.** No, sir.
18 **Q.** So when you went in, you wouldn't know what to
19 look for anyway?
20 **A.** No, I wouldn't.
21 **Q.** Or whether it could even be detected by the
22 naked eye?
23 **A.** That's correct.
24 **Q.** Correct. You certainly weren't trained in how
25 to distinguish the impact or effect of an overdose as

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1 I said before --
2 **Q.** All right. Because it extends beyond what you
3 didn't know. Before you got there and started taking
4 decisions, you didn't know, did you, that the two -- or
5 any of the paramedics inside the building had anything
6 to do with Salisbury?
7 **A.** No, I didn't.
8 **Q.** No, you didn't. You didn't even know the
9 paramedics, presumably.
10 **A.** No, I didn't know them.
11 **Q.** No, and you hadn't seen the patient.
12 **A.** No, I hadn't.
13 **Q.** So you didn't know what the signs were.
14 **A.** No, sir.
15 **Q.** So when it comes to taking a decision, your
16 decision was taken on intelligence based on nobody who
17 was inside the premises?
18 **A.** It was based on the information and
19 intelligence that I had at the time, sir.
20 **Q.** Yes, the answer I think is "Yes"; it was, as
21 it were, founded on material from people who were not in
22 the premises. I can go through it but I will take it
23 quickly: even the doctor who spoke, he wasn't in the
24 premises either, was he?
25 **A.** No, sir.

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1 opposed to Novichok itself, so you weren't trained in
2 that?
3 **A.** That's correct.
4 **Q.** Were you, by any chance, aware of the fact
5 that Novichok might still be in the vicinity?
6 **A.** No, I wasn't, sir.
7 **Q.** You weren't? Well, does it surprise you to
8 learn that in fact that was the thinking of some police
9 and searches were going on? Had nobody told you?
10 **A.** There were searches, sir, yes, going on.
11 **Q.** Well, what did you think they were looking
12 for?
13 **A.** Well, absolutely they were looking for
14 Novichok.
15 **Q.** Yes. So did it occur to you, never mind
16 everything else, that actually this -- you've got the
17 ambulance team as a whole, because they all agreed it in
18 the end, talking about previous incident, Salisbury,
19 Novichok, and you know they're searching for it, did it
20 not occur to you, "Oh, this could be related"?
21 **A.** Yes, sir.
22 **Q.** You did. Now, that's another reason,
23 I suggest to you, why you should have put precautions in
24 place rather than taking them away. Do you follow?
25 **A.** I follow, sir, but the -- as I go back to what

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1 **Q.** He wasn't talking about the patient that was
2 being dealt with when you came along, was he?
3 **A.** That's correct.
4 **Q.** Do you now appreciate -- I have gone through
5 the sequence -- there's quite a lot of stages,
6 admittedly you have to take them quickly, that you just
7 put to one side?
8 **A.** I didn't put anything to one side, sir.
9 Everything goes into my risk assessment and working
10 strategy.
11 **Q.** I see. Yes, I appreciate. So for the future,
12 are we right in saying that the only -- going back to
13 the beginning. The only lesson that you have learned,
14 you say, out of all of this is that the JESIP meetings
15 are now in place but even they wouldn't have changed
16 what happened on the night. Is that fair?
17 **A.** Yes, sir.
18 **Q.** That's how you see it. Thank you very much.
19 **LORD HUGHES:** Thank you, Mr Mansfield. Is there
20 anything else?
21 **MS WHITELAW:** No, sir, that completes the evidence
22 for today and the week.
23 **LORD HUGHES:** Mr Beresford-Smith, thank you very
24 much for your help. We can let you go.
25 **A.** Thank you, sir.

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1 **LORD HUGHES:** We can let everybody go at
2 a respectable hour this evening. We will reconvene,
3 please, not next week but the week afterwards, Monday
4 28 October, and not here but at the IDRC in London.
5 You would probably like me to say, Mr O'Connor,
6 Ms Whitelaw, that we have been well looked after here.
7 It's been, I dare say, very disruptive for Salisbury and
8 for the Guildhall to have us here, and I'm conscious
9 that I'm only looking at part of what is here. But, if
10 I may say so, it's all been managed very nicely and it's
11 been a great help to me and I hope to you in managing
12 the job that we have all got to do. So thank you
13 Salisbury and thank you to the Guildhall.
14 Monday 28th October, please. 10 o'clock.
15 **(4.00 pm)**
16 **(The Inquiry adjourned until Monday, 28 October 2024 at**
17 **10.00 am)**
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