OPUS2

Manchester Arena Inquiry

Day 159

October 7, 2021

Opus 2 - Official Court Reporters

Phone: +44 (0)20 3008 5900

Email: transcripts@opus2.com

Website: https://www.opus2.com

1 Thursday, 7 October 2021
2 (9.30 am)
3 SIR JOHN SAUNDERS: Ms Cartwright.
4 MS CARTWRIGHT: Good morning, sir.
5 SIR JOHN SAUNDERS: Let me say one thing about something
6 else before we start.
7 Mr Cooper, today I'm going to issue to core
8 participants my ruling on the application by two of the
9 family groups to be represented by special advocates
10 in the closed hearings. As you are dealing with the
11 evidence today, I thought it was only right that
12 I should announce briefly my conclusions without going
13 into the full details.
14 I have considered with great care the powerful
15 arguments put forward by you and Mr Atkinson and the
16 interests of the families have been taken into full
17 account. But in the end, I have decided that the
18 arguments against outweigh those in favour.
19 In brief, my reasons are that I do not consider that
20 I shall be helped in reaching my conclusions to any
21 significant degree, if at all, by special advocates, nor
22 do I consider that in reality it will enable the
23 families to participate any more fully in the closed
24 hearings than the process already allows them to.
25 I have considered everything with great care,

1 including the last submissions which were made to me.
2 My full reasons are set out in the judgment which I am
3 sending out today and I would encourage everyone,
4 please, to read them in full.
5 But I tell you as a matter of courtesy now.
6 MR COOPER: I am grateful, sir, for that, and of course
7 we will read them. Informing us now is very helpful,
8 thank you.
9 Evidence summary for JOHN ATKINSON (continued)
10 MS CARTWRIGHT: Sir, as you know, yesterday we read the
11 first part of the evidence summary for John Atkinson up
12 to the point where Mr Blake left him in the casualty
13 clearing station.
14 SIR JOHN SAUNDERS: I'd be grateful if you'd carry on, but
15 I'm really sorry, I've left my copy of this actually in
16 my room. I assumed it was still here.
17 MS CARTWRIGHT: Sir, are you using the hard copy?
18 SIR JOHN SAUNDERS: Yes.
19 MS CARTWRIGHT: Please take this one.
20 SIR JOHN SAUNDERS: Thank you very much.
21 MS CARTWRIGHT: Sir, as I indicated, we got to the position
22 yesterday where Mr Blake left John in the casualty
23 clearing station at 23.29.33, so we're dealing with the
24 period of time when John is in the casualty clearing
25 station up to him going into cardiac arrest. If I could

1 ask DI Russell to continue with the reading, please.
2 DETECTIVE INSPECTOR RUSSELL: At 23.29.44, 5 minutes after
3 their first interaction, Philip Keogh moved away from
4 John and walked towards another injured casualty.
5 MS CARTWRIGHT: Paramedic Philip Keogh confirms in his
6 witness statement dated 6 March 2018 that, prior to
7 starting work with NWAS, he was deployed as a reservist
8 army paramedic in Afghanistan from October 2010 to
9 February 2011, based in a field hospital in Helmand
10 Province.
11 He comments that:
12 "[In the station] people were on the floor and I was
13 conscious that we needed to get them moved quickly as
14 possible as hypothermia can be the second biggest killer
15 after blood loss in trauma patients."
16 Paramedic Philip Keogh saw a patient being carried
17 down and Daniel Smith instructed him to assist with this
18 patient. He describes that the police put the male on
19 the floor. He said in his statement:
20 "He was a large male, conscious and breathing, but
21 his appearance was waxy as hell. He was pretty much
22 naked and had makeshift tourniquets on his lower limbs.
23 His legs appeared to be a mess. I immediately knew that
24 he would be a P1 patient without doing any observations
25 as, from the colour of him, it was clear that he had

1 lost a lot of blood. He told me that his name was John
2 and said, 'Don't let me die'."
3 Philip Keogh tried to get a pulse oximeter on John
4 to measure his heart rate. In his statement he said:
5 "[He] knew he would have no circulating volume due
6 to the blood loss. I promised I wouldn't let him die."
7 Paramedic Philip Keogh sets out that there was
8 a crew behind him with a senior paramedic in and they
9 had all their kit with them, so he told that crew that
10 he needed them to deal with John. The senior paramedic
11 started treating John and he left him with this crew.
12 Philip Keogh has provided a further witness
13 statement following a review of his sequence of events,
14 dated 7 September 2021. In this statement, he confirms
15 that he started to assist John having been instructed to
16 do so by Dan Smith. He states that he carried out
17 a rapid assessment of John during which time he would
18 have introduced himself to John.
19 Regarding his initial rapid assessment, he states
20 the following:
21 "The rapid assessment that I conducted indicated
22 from an examination of John's torso that his colour did
23 not look good. He looked a very pale colour. I made
24 a quick judgement with my gut reaction being that he was
25 definitely a P1 categorisation.

1 "The rapid assessment I had conducted to assess
2 John's condition was something I would do as a matter of
3 course. It is something that has developed from the
4 exposure I've had [in] dealing with casualties who have
5 serious injuries, which I had experienced in military
6 settings.
7 "The assessment I was conducting was also captured
8 in the image timed at 23.25.45. It was evident to me at
9 an early stage that there had been a loss of blood and
10 I would have looked for external haemorrhaging. I could
11 see blood staining on John but I did not identify any
12 active haemorrhaging. I do recall feeling for a pulse,
13 but could not find one. There was what I would describe
14 as little circulating volume due to the loss of blood
15 and my assessment had included checking and feeling
16 around John's body, his chest and legs for injuries.
17 "As part of my assessment at some point I have gone
18 into my pocket to get a pulse oximeter to try and obtain
19 some observations from John. I would have placed the
20 pulse oximeter on John's finger, but I recall that it
21 did not return a reading, again indicating to me that
22 John had limited circulating volume as a result of blood
23 loss."
24 Mr Keogh states in the image timed at 23.25.52 he
25 appeared to be tending to John's legs. He recalls

1 checking the makeshift tourniquets on John's legs and he
2 saw that the tourniquets seemed to be working and there
3 was no blood distribution from John's legs.
4 Mr Keogh states that in his assessment, John's level
5 of consciousness was quite good. He states:
6 "At some point, probably as early as 23.25.45, but
7 I can't be sure exactly when, I was making small talk
8 and I could see that John was alert. I remember in an
9 attempt to distract John and keep him talking to me,
10 I asked John if he had had a good night and John said it
11 had been a great night or words to that effect."
12 Mr Keogh states that the image at 23.26.27 shows him
13 appearing to gesture to the ambulances outside the
14 station. He states that he is not sure who he was
15 gesturing to but he appears to be trying to get
16 someone's attention. He recalls that he had no
17 equipment with him at that time as it had been scattered
18 amongst his colleagues.
19 Philip Keogh acknowledges that the image timed at
20 23.29.15 shows that he was about to apply a P1 label to
21 John. However, Mr Keogh has no recollection of doing
22 this, but states that the label would have been
23 somewhere on his person.
24 DETECTIVE INSPECTOR RUSSELL: At 23.31.03, NWAS senior
25 paramedic Michael Ruffles is seen tending to John with

1 his colleague, NWAS emergency medical technician
2 Laura Worrall.
3 MS CARTWRIGHT: Paramedic Michael Ruffles has provided two
4 statements dated 2 May 2018 and 4 August 2021 in which
5 he confirms that he arrived at Victoria Station in the
6 company of NWAS EMT Laura Worrall.
7 In his statement dated 2 May 2018, Michael Ruffles
8 describes approaching John when he was under the care of
9 paramedic Philip Keogh. He recalls Philip Keogh
10 informing him that John had:
11 "x2 CAT tourniquets above both knees and dressings
12 covering severe injuries to both legs. He also had
13 multiple puncture wounds to his abdomen, chest and back.
14 Phil also stated that he was unable to palpate (detect)
15 a radial pulse."
16 Michael Ruffles explains that John was pale and
17 clammy. John was assessed and monitored using the
18 Lifepak15 equipment and John's Glasgow Coma Scale, the
19 scale to measure responsiveness, was 15, which is the
20 maximum. His respiratory rate was 26, his pulse was 54,
21 and his blood pressure was so low it was unrecordable,
22 as were his oxygen saturation levels.
23 John was conscious and spoke to Michael Ruffles,
24 showing no confusion. John stated he felt like he was
25 going to die and, along with Laura, Michael Ruffles

1 attempted to reassure John.
2 John's airway was assessed, which was patent, and
3 he was talking. John's breathing rate was high. His
4 chest had equal rise and fall, equal air entry, and
5 there was no evidence of pneumothorax, a collapsed lung.
6 A non-rebreather mask was applied with 15 litres of
7 oxygen attached.
8 Michael Ruffles could detect no distal pulse and
9 only a very weak brachial pulse that was palpated,
10 bradycardic, and sets out that as a result it was
11 assumed that John was in hypovolaemic shock.
12 Michael Ruffles describes that he could not visually
13 see the injuries to John's legs, but there was no active
14 haemorrhage, possibly due to tourniquet and dressings.
15 All the dressings were left in place.
16 EMT Laura Worrall was asked to perform observations
17 of John and, after two attempts, the automatic blood
18 pressure cuff did not register, so she tried a manual
19 blood pressure.
20 Michael Ruffles cannulated John in his left
21 antecubital fossa and administered 10 micrograms of
22 tranexamic acid to assist blood clotting and to, as he
23 reports, hopefully reduce the amount of blood John was
24 losing.
25 After approximately 7 minutes, John was said to

1 become vacant and his breathing more laboured.
2 Mr Ruffles talked to John to try to keep him alert.
3 John gave him his surname.
4 Laura Worrall was asked to go and get the stretcher
5 from the ambulance. Michael Ruffles tried to get some
6 assistance with John and Laura Worrall left, but there
7 was no one free to help him.
8 When Laura Worrall returned with a stretcher,
9 Michael Ruffles realised he had not asked for the scoop
10 stretcher and Laura Worrall had to return to the
11 ambulance to get it.
12 When she returned, Michael Ruffles said paramedic
13 Philip Keogh realised how unwell John was and came over
14 to assist and they prepared to scoop John on to the
15 stretcher.
16 In her statement, dated 17 May 2018, Laura Worrall
17 recalls whilst assisting John in the casualty clearing
18 station. John told her his name and kept asking if
19 he was going to die.
20 While still in the casualty clearing station,
21 Laura Worrall hooked John up to the Lifepak to monitor
22 his observations and recalls that John had:
23 "... obviously lost a lot of blood. His blood
24 pressure was so low, I couldn't detect a reading on the
25 equipment."

1 She also recalls that John's heart rate changed very
2 quickly from fast to slow and they knew they had to get
3 John to hospital urgently. She explains in her
4 statement:
5 "Because his blood pressure was so low, it was
6 impossible to find a vein and Michael Ruffles could not
7 get a cannula in John's arm to give fluids and drugs."
8 As John was being placed on the stretcher, he went
9 into cardiac arrest.
10 SIR JOHN SAUNDERS: I would just like to stop for a moment
11 if I may, just to recap on some things. This may be
12 entirely my fault because I missed it. I'm sorry if
13 this is an inappropriate moment to stop but I need to
14 mention these things while I'm thinking about them.
15 I know about Mr Blake using the makeshift
16 tourniquet, which was a belt. I know about
17 Michelle Johnson, who put the restraint around, which
18 may have had the effect of acting partially, anyway, as
19 a tourniquet. The evidence that has just been read
20 indicated that at the casualty clearing station, by that
21 time Mr Atkinson had two CAT tourniquets, one on each
22 leg. Do we know who did that? If it has been read then
23 I'm very sorry to have missed it.
24 MS CARTWRIGHT: That will certainly be explored with the
25 witnesses. Certainly from be my assessment of what's

1 shown on the footage, when they describe "two CAT
2 tourniquets" what they are indicating are the leg
3 restraints that the witness yesterday, Michelle Johnson,
4 described that she applied over both legs.
5 SIR JOHN SAUNDERS: Yes, I understand that.
6 MS CARTWRIGHT: So we'll explore with the witnesses what
7 they saw and their assessment that that was a combat
8 application tourniquet.
9 SIR JOHN SAUNDERS: Okay, thank you very much. That's
10 helpful.
11 I'm sorry to interrupt, please carry on.
12 DETECTIVE INSPECTOR RUSSELL: At 23.32.43, John's left arm
13 moves as Michael Ruffles is attempting to insert
14 a needle. A male voice can be heard to say:
15 "Just keep the arm still for me, I'm just ..."
16 The rest of the sentence is inaudible.
17 At 23.32.54, a muffled male voice, believed to be
18 John, says, "I'm going to die". Another male voice
19 believed to be Michael Ruffles is heard to reply:
20 "No, you're not. What's your surname, John? What's
21 your surname?"
22 John replies, "Atkinson".
23 At 23.33.32, NWAS paramedic Helen Mottram approaches
24 John for the first time. Almost 10 seconds later, she
25 hands over red labels marked with a number 1 to

1 Laura Worrall, and they appear to have a brief
2 conversation. Helen Mottram then moves away.
3 MS CARTWRIGHT: In a statement dated 27 July 2021,
4 Helen Mottram was asked to view a number of images
5 relating to John Atkinson. She was shown the images of
6 this interaction and confirms that she has no
7 recollection of any involvement with John.
8 In Michael Ruffles' statement, dated 4 August 2021,
9 and having viewed the stills timed at 23.33.41, he
10 explains that he believes this interaction was with
11 respect to what priority of patient John was.
12 Michael Ruffles does not recall attaching any labels to
13 John, but states:
14 "It was clear that he was a P1 patient."
15 DETECTIVE INSPECTOR RUSSELL: At 23.33.58, Philip Keogh is
16 shown turning briefly towards John and appears to be in
17 conversation with Michael Ruffles and Laura Worrall.
18 At 23.34.02, Laura Worrall is placing two P1 labels
19 on to John, one on to his stomach area and the second
20 near to his right arm.
21 At 23.34.49, Michael Ruffles is leant over John, who
22 at this point can be seen with breathing apparatus over
23 his mouth, which suggests he is now receiving oxygen.
24 John continues to be treated by NWAS senior
25 paramedic Michael Ruffles and EMT Laura Worrall. This

1 is until 23.36.10, when Laura Worrall is seen to stand,
2 go out on to Victoria Station Approach, and walk towards
3 an ambulance.
4 At 23.36.20, John can be seen more clearly, as can
5 the breathing apparatus on his face. John is being
6 treated by Michael Ruffles only at this point.
7 The priority 1 labels attached to John can be seen in
8 this image.
9 At the same time, outside on Victoria Station
10 Approach, Laura Worrall can be seen to go on to collect
11 the stretcher. Laura crosses the road and walks down
12 the opposite side of the road behind the ambulances.
13 Laura Worrall appears to look for the ambulance she
14 has keys for and she is pressing the vehicle's remote
15 key. The ambulance she goes to is seen to flash its
16 lights several times before she then approaches it.
17 At 23.37.01, Helen Mottram briefly looks down at
18 John, who is with Michael Ruffles, before she moves off.
19 She does not approach this area again for another
20 10 minutes.
21 Between 23.38.48 and 23.39.28, Laura Worrall is seen
22 bringing back a stretcher for John from the ambulance
23 located at the rear of the queue outside
24 Victoria Station.
25 Michael Ruffles is looking around as Laura Worrall

1 returns at 23.39.33. He turns to her and says, "Laura,
2 shout down over there."
3 It is believed that he is referring to Daniel Smith,
4 who was standing in the road a few seconds beforehand.
5 Laura is seen to glance over in the direction that
6 Michael Ruffles is pointing, but continues to bring the
7 trolley into the casualty clearing station.
8 MS CARTWRIGHT: Michael Ruffles' statement, dated
9 4 August 2021, details the viewing of a still timed at
10 23.39.33, requesting Laura get the attention of
11 Daniel Smith. He believes that this request was
12 prefaced on the fact that at this time, he was conscious
13 that John was deteriorating as he was becoming less
14 responsive and appeared drowsy. He said in his
15 statement:
16 "I suspected therefore that we were going to need
17 additional assistance. I cannot remember if the message
18 actually reached Dan Smith, but I recall that I asked
19 Joanne Hedges for assistance and she told me that there
20 was no one available at the moment. However, a short
21 time later, Philip Keogh appeared and began to assist me
22 with John."
23 DETECTIVE INSPECTOR RUSSELL: By 23.39.40, Michael Ruffles
24 turns back around and looks into the road. Daniel Smith
25 is seen talking to other NWAS colleagues.

1 Philip Clegg's body—worn video captures John being
2 treated by Michael Ruffles and Laura Worrall at
3 23.40.39.
4 At 23.40.41, Laura Worrall leaves John and heads
5 back towards the parked ambulances. John's right arm is
6 now held on his chest, rather than out to the side, as
7 seen approximately 4 minutes beforehand.
8 At 23.40.51, Laura Worrall runs back to the
9 ambulance to retrieve the spinal board and returns with
10 it at 23.42.04.
11 By 23.43.29, one half of a spinal board is now
12 positioned by John on the same side as Michael Ruffles.
13 Laura Worrall prepares the other half of the spinal
14 board and then starts to lift the spinal board into
15 position.
16 At 23.43.36, a male voice can be heard to say:
17 "Leave that on. John, can I put this arm down by
18 your side?"
19 And then at 23.43.48:
20 "Stay nice and still for me, John."
21 The voice is believed to be that of Michael Ruffles.
22 At 23.44.18, Michael Ruffles and Laura Worrall start
23 to slide the spinal board under John. The following
24 second, John is seen moving his left arm. A female
25 voice can be heard saying, "John?" followed a few

1 seconds later by Michael Ruffles saying:
2 "John, I'm going to roll you towards me."
3 At 23.44.35, Mr Ruffles says:
4 "John, watch your head. That's it."
5 At 23.45.17, John is now positioned on the spinal
6 board. John's hands appear to be slightly raised,
7 arching on his chest.
8 At 23.45.37, Philip Keogh walks towards John. By
9 23.46.12, John has been lifted on to the ambulance
10 trolley that had been brought by Laura Worrall. In the
11 image timed at 23.46.16, paramedics Philip Keogh,
12 Michael Ruffles and Laura Worrall are shown continuing
13 to treat John.
14 By 23.46.53, John is captured wearing an oxygen mask
15 and is now positioned on the wheeled stretcher.
16 Philip Keogh is seen to carry out frequent checks on
17 him.
18 The paramedics appear to be getting ready to leave
19 with John at 23.47.02.
20 Helen Mottram approaches John at 23.47.06. She has
21 a notepad in her hand, and at 23.47.14 is heard
22 directing that an ambulance should take John to
23 hospital.
24 MS CARTWRIGHT: I'm next going to read the section relating
25 to John going into cardiac arrest at approximately

1 23.47, 1 hour and 16 minutes post-detonation, and
2 23 minutes after he arrived in the casualty clearing
3 station.
4 DETECTIVE INSPECTOR RUSSELL: By 23.47.28, the paramedics
5 with John are seen to begin work on him with increased
6 urgency and they commence CPR.
7 At 23.47.45, Philip Keogh is captured placing his
8 hands on to the chest of John in preparation to perform
9 chest compressions. Michael Ruffles appears to hold the
10 oxygen mask on John's face whilst Laura Worrall is
11 at the foot of the stretcher.
12 At 23.48.22, a female voice, believed to be that of
13 Laura Worrall, asks Travel Safe officer Philip Clegg if
14 he will assist with the stretcher. Philip Clegg begins
15 to move to the other end of the stretcher. His
16 body-worn video captures footage of Philip Keogh
17 carrying out chest compressions on John.
18 At 23.49.02, MERIT doctor Michael Daley is seen
19 assisting paramedics Philip Keogh, Laura Worrall and
20 Travel Safe officer Philip Clegg out of the casualty
21 clearing station to the parked ambulance at the end of
22 Victoria Station Approach.
23 Whilst Philip Keogh continually conducts chest
24 compressions on John, Dr Michael Daley is seen to hold
25 John's left hand as they walk to the ambulance at

1 23.49.41.
2 John is taken to the rear of the waiting ambulance
3 Alpha 368. At 23.50.12 a female voice is heard to say,
4 "Push". The group moving John now place the stretcher
5 on the electronic ramp and the electric motor can be
6 heard lifting the stretcher up.
7 MS CARTWRIGHT: In his 2019 statement, Philip Clegg
8 describes assisting a casualty who is near to John and
9 refers to John being alert, talking in pain, but talking
10 to the paramedics and answering their questions. He
11 goes on to describe the paramedics working on John for
12 a good 15 to 20 minutes, when the conversation turned to
13 screams, and then nothing.
14 One of the paramedics asked for his help and he
15 describes assisting to move John out of Victoria Station
16 and along the pavement to the back of the ambulance,
17 whilst someone was conducting CPR.
18 Mr Clegg remembers that John's arm fell off the
19 stretcher at one point and the paramedic put it back by
20 his side. As the ambulance doors shut, Mr Clegg could
21 see the paramedic, now known to be Philip Keogh, was
22 still carrying out CPR.
23 In her statement dated 26 May 2017, Gemma O'Donnell
24 describes watching as John was taken to the doors of
25 Victoria Station. She says:

1 "I saw that they were doing CPR on him. They
2 quickly put him on to a bed and took him out."
3 This was the last time that Gemma saw John and the
4 last she heard about him until she saw her mum at the
5 hospital.
6 For several minutes, paramedics can be seen through
7 the vehicle's front windscreen moving about in the rear
8 of the ambulance tending to John. In his recent witness
9 statement, paramedic Philip Keogh describes his
10 recollection of what happened to John inside the
11 ambulance as follows:
12 "I do not recall exactly what I did in the
13 ambulance, but it would have been necessary to connect
14 the equipment inside the ambulance to John to ensure
15 observations were in place and would continue. For
16 example, the defibrillator would have been connected to
17 John. I could see that John had some monitoring
18 equipment on him already as he went into the ambulance.
19 Things were then connected up to the vehicle in order to
20 continue to monitor John. I can remember Dr Daley being
21 at the foot of the bed inside the ambulance and I think
22 that they might have got a return of spontaneous
23 circulation before I left John in the ambulance, but
24 I cannot be sure."
25 The log prepared by NWAS operations manager

1 Matt Calderbank, who acted as loading officer, notes
2 that the time that John was loaded on to the ambulance
3 Alpha 368 as 23.50, and recorded next to it is "CA". In
4 his statement dated 13 February 2018, Matt Calderbank
5 confirms that A368 departed at 23.50 and CA was used to
6 record that the patient was in cardiac arrest and was
7 being worked on.
8 In his statement dated 1 November 2019,
9 Matt Calderbank explains that he understood that John
10 needed to be transported quickly due to the severity of
11 his condition, namely that he was in extremis and of the
12 highest priority and conveyed to the Manchester Royal
13 Infirmary:
14 "This was [he said] on the basis that this was the
15 nearest receiving hospital for P1 patients and it was my
16 view, given the severity of his condition, that John
17 needed to reach hospital as quickly as possible."
18 DETECTIVE INSPECTOR RUSSELL: At 23.51.15, Dr Michael Daley
19 exits the rear of the ambulance and goes back towards
20 the war memorial entrance into Victoria Station.
21 MS CARTWRIGHT: In Michael Ruffles' statement dated
22 2 May 2018, he describes that as they were preparing to
23 scoop John, he went into PEA, pulseless electrical
24 activity, cardiac arrest.
25 In the report of expert cardiologist Dr Rees, he

describes PEA cardiac arrest as:
"Loss of heart output (cardiac arrest), despite the presence of electrical activity on the heart monitor which would (normally) be expected to result in a pulse. The heart's electrical system is functioning and the heart might be contracting, but there is no resultant circulation. The usual causes include hypovolaemia (low blood volume)."

Michael Ruffles' statement continues to explain that basic life support chest compressions were commenced, initially by Philip Keogh, as they made their way with John to the ambulance. Dr Daley came into the ambulance and asked if chest decompression had been performed on John, which had not been at that stage.

A bilateral chest decompression was performed by Dr Daley and Michael Ruffles with cannulas being inserted into both sides of John's chest to release any air that might have been present that would prevent his lungs from inflating.

Philip Keogh inserted a size 5 i-gel to secure John's airway and 1mg of adrenaline was administered.

At this point, Mr Ruffles says that John was still in PEA, so a decision was made to transport him immediately.

Philip Keogh recalls in his witness statement dated

6 March 2018 that the crew he had left John with earlier had him on a stretcher with monitoring equipment on and that John then went into cardiac arrest. He states:

"I started chest compressions on him as they were wheeling him out. I asked them where their ambulance was and it was the furthest away vehicle possible. There were so many obstacles in our way on the floor. A doctor came and followed us out. We got him on the ambulance and the paramedic was decompressing his chest. I asked him, 'Do you need me to say?' He told me that I needed to stay at the scene. I felt awful. I had promised the patient that he wouldn't die. I knew that he needed blood products, such as blood plasma, and our efforts were probably futile without circulating volume."

In his recent witness statement, dated 7 September 2021, Philip Keogh states that prior to commencing CPR, he had checked John's neck for a carotid pulse. He states:

"As a trained and experienced clinician, you know when someone is going to go into cardiac arrest and I think both Mike and I knew that it would happen at that point as I recall John's level of consciousness reducing."

In his statement, dated 20 August 2018,

Dr Michael Daley recalls a male casualty who was in the process of being extracted from the station area on a stretcher and had gone into cardiac arrest. He believed that this male was John.

The crew with him started performing chest compressions on him and continued towards the exit. Dr Daley ran out after them and followed them into the ambulance and performed a bilateral needle chest decompression, describing this as:

"A process where a cannula needle is inserted into the chest to allow any air trapped within the chest cavity between the lungs and the ribs to escape."

He explained that:

"Trapped air prevents the lungs from inflating and obviously can result in cardiac arrest. This can often happen with penetrating trauma to the chest area."

He states:

"There was no change in the male's cardiac output, despite the ongoing CPR and the chest decompression."

Dr Daley also states that:

"Clearly, in any other situation, I would have gone with them to assist in the treatment and care en route, but at that point I was the only doctor on the scene and had to remain in order to assist with the dozens of remaining seriously injured casualties."

The evidence available shows that Dr Daley was not the only doctor on scene at this time. Philip Keogh also has stated that he queried whether he should stay with John when providing assistance to John in the ambulance and Dr Daley told him that he needed to stay at the scene too.

Dr Daley has provided a further witness statement that is dated 21 September 2021. This statement has been prepared following review of his sequence of events. In this statement, Dr Daley recalls asking the paramedics captured in the images timed at 23.49.11 and 23.49.27 for a handover report regarding John Atkinson's condition and the treatment he had been provided with up to that point.

Dr Daley cannot specifically recall what he asked the paramedics and what information they provided, but he remembers that up until the point of his deterioration he was told that John had been alert and talking. Dr Daley recalls that John had shrapnel wounds all over his body and that he noted at some stage that his pupils were fixed and dilated, which is an observation consistent with a patient in cardiac arrest. John also had a pale complexion, which is also consistent with a patient in cardiac arrest.

Dr Daley recalls that there was no visible evidence

1 from looking at John on the ambulance stretcher and
2 scoop that he was bleeding or had recently bled, though
3 Dr Daley now knows that John had lost a significant
4 amount of blood whilst he was in the City Room.
5 Dr Daley states that this information was not provided
6 to him at the time he encountered John.
7 Dr Daley states that he does not recall holding
8 John's left hand as is shown in the image timed at
9 23.49.38 but that he would have done this for one of two
10 possible reasons: either to check for a pulse or to
11 support John's arm.
12 He believes that it is more likely he would have
13 been supporting John's arm as for a patient in cardiac
14 arrest the usual practice would be to check for
15 a carotid pulse in the patient's neck rather than their
16 peripheral pulse, such as at their wrist.
17 Dr Daley also states that as a patient is loaded
18 into the ambulance with their left side adjacent to the
19 wall, it would have been important to ensure John's arm
20 was not obstructing the paramedic's ability to place him
21 into the ambulance.
22 Dr Daley also describes his actions when he was
23 in the rear of the ambulance with John, referring to his
24 previous statement of 20 August 2018, in which he
25 describes performing a bilateral needle chest

1 decompression.
2 In his recent statement, Dr Daley states that:
3 "For patients who have suffered a traumatic cardiac
4 arrest, as was the case in this instance, one of the
5 standard considerations is whether the patient has
6 a tension pneumothorax, which is air trapped in the
7 chest cavity, which prohibits effective lung, and
8 ultimately cardiac, function. If this is the case,
9 there are two possible treatment options that can be
10 carried out in a pre-hospital environment. The first of
11 these would be a bilateral finger thoracostomy, which is
12 a procedure requiring me to make a small incision using
13 a scalpel within the chest wall. Standard road
14 ambulances do not carry scalpels as their use is not
15 within the scope of the practice for a regular
16 paramedic. The second treatment option available to me
17 was a bilateral needle decompression. This procedure
18 requires me to insert a large-bore intravenous cannula
19 into both sides of the chest in order to release any air
20 trapped within the chest cavity.
21 "Based on Mr Atkinson's condition and the equipment
22 available to me, I decided to perform a bilateral needle
23 chest decompression. On carrying out this procedure, if
24 air is trapped within the chest cavity, you can
25 sometimes hear a hiss as the air is released. No sound

1 was heard on performing this procedure on Mr Atkinson,
2 nor was there any change in his condition. This
3 suggested to me that the cause of the cardiac arrest was
4 not tension pneumothorax.
5 "My other concern at this time was that shrapnel had
6 caused internal bleeding for which there was nothing
7 I could do on scene. Treatment for this would require
8 a resuscitation theatre team and blood products. This
9 would only be available at a hospital and it was
10 therefore now vitally important not to delay transfer
11 away from the incident."
12 Dr Daley states that he directed the ambulance crew
13 to take John to Manchester Royal Infirmary. This
14 instruction was based upon the possibility of major
15 vascular and cardiothoracic injuries. Dr Daley states
16 that the paramedics asked him to travel with them to
17 hospital and he explained that he had to stay at the
18 scene as he was at the time the only doctor present.
19 Dr Daley adds that there was nothing more that he
20 could have done for John Atkinson on the way to
21 hospital. Dr Daley provided the paramedics with
22 information regarding what to say upon their arrival at
23 the emergency department regarding the treatment John
24 had received, his suspected injuries and recommendations
25 for immediate action.

1 Dr Daley concludes that his overall assessment of
2 John Atkinson, based on the very brief involvement
3 he had had with him, was that he had exhibited no
4 response to ongoing resuscitation efforts and his
5 condition had shown no improvement.
6 In Dr Daley's professional opinion, at the time, he
7 believed that John was, unfortunately, unlikely to
8 survive his injuries.
9 DETECTIVE INSPECTOR RUSSELL: At 23.51.50, Laura Worrall
10 walked from the rear of the ambulance and re-entered
11 Victoria Station.
12 At 23.52.56, Laura exits the station, carrying
13 equipment in her hands and walks back towards the
14 ambulance that John has been placed in.
15 At 23.53.27, the far side door of the ambulance is
16 seen to open. Almost 4.5 minutes later, at 23.57.49,
17 Laura Worrall emerges from the rear of the ambulance and
18 gets into the driver's seat of the ambulance.
19 MS CARTWRIGHT: At 23.57, Laura Worrall passed the following
20 red pre-alert message from the ambulance A368 to the
21 Manchester Royal Infirmary:
22 "We've got a gentleman who is in pulseless
23 electrical activity. He's got multiple wounds to his
24 legs and he's got multiple wounds to his chest and back.
25 We'll be ETA about 10 minutes."

1 She indicated an incorrect age, namely that John was
2 35 years of age.
3 DETECTIVE INSPECTOR RUSSELL: At 23.57.57, Philip Keogh
4 emerges from the rear of the ambulance and makes his way
5 back towards Victoria Station and the casualty clearing
6 station. Michael Ruffles remains in the back of the
7 ambulance with John.
8 At 23.59.33, the ambulance carrying John leaves the
9 area, reversing back up Victoria Station Approach and
10 heading towards Corporation Street.
11 MS CARTWRIGHT: The ambulance A368 carrying John leaves
12 Manchester Arena at 00.00.02. One hour and 29 minutes
13 post-detonation, and after 36 minutes in the casualty
14 clearing station, John's journey to hospital commenced.
15 An NWAS summary shows that ambulance number 368
16 carrying John departed Victoria Station at 00.02 after
17 midnight on 23 May 2017.
18 Michael Ruffles describes the journey to hospital in
19 his statement dated 2 May 2018. Laura Worrall drove and
20 Michael Ruffles travelled alone in the back of the
21 ambulance with John.
22 According to his statement, at approximately
23 midnight, there was a return of spontaneous circulation,
24 with a weak carotid pulse of 54 and a respiratory rate
25 of 8.

1 Mr Ruffles supported John's breathing and
2 administered atropine for his bradycardia. John's pulse
3 increased to approximately 100 beats per minute and
4 a blood pressure of 103 over 40 was recorded.
5 Sodium chloride was administered into John's
6 bloodstream via the IV.
7 Turning then to the arrival of John at
8 Manchester Royal Infirmary at 00.06. John's journey
9 from Victoria Station Approach to the Manchester Royal
10 Infirmary hospital took just over 6 minutes. His
11 arrival at hospital at 00.06.50 was 1 hour and
12 35 minutes post-detonation.
13 SIR JOHN SAUNDERS: I'm sorry, I just don't quite understand
14 those times. It seems to me on the times to be
15 4 minutes rather than 6 minutes. Am I getting that
16 wrong?
17 MS CARTWRIGHT: Sir, that's the timing that's recorded on
18 the internal system from the ambulance data.
19 SIR JOHN SAUNDERS: Okay, thank you.
20 MS CARTWRIGHT: Mr Ruffles describes that on arrival at
21 hospital, John's blood pressure decreased to 67 over 40
22 and his pulse rate decreased.
23 On handover to the hospital, John was met by a full
24 trauma team. John's carotid pulse was very weak as the
25 hospital team commenced CPR. Mr Ruffles left to

1 complete his patient referral form and on returning back
2 with the completed patient referral form, 10 to
3 15 minutes later, reports John had in that time sadly
4 passed away and had been moved out of the resuscitation
5 area.
6 Dr Craig Ferguson, consultant in emergency medicine
7 at Manchester Royal Infirmary, in a statement dated
8 2 September 2019, confirms that he attended the MRI in
9 response to a WhatsApp message for the emergency
10 medicine consultant group. A message had been sent from
11 another emergency medicine consultant, Mr Rennie, at
12 22.55, alerting colleagues that a major incident had
13 been declared.
14 There were many doctors gathered in the
15 resuscitation area, which was a six-bedded area and he
16 asked the doctors gathered there to form teams to
17 receive the expected patients with an ED consultant,
18 an ED registrar, anaesthetist, anaesthetic practitioner,
19 and at least two junior staff per team.
20 Dr Ferguson details that four teams were formed
21 around the first four beds, with one of those teams
22 being led by Dr Joseph Godfrey.
23 The additional staff remained in the resuscitation
24 area but away from the receiving area.
25 In 2017, Dr Stuart William Grant was

1 a cardiothoracic surgery specialist trainee ST5. His
2 statement dated 13 March 2020 describes a full trauma
3 team waiting for John to arrive and says:
4 "We couldn't have been more prepared for the event
5 with a number of full trauma teams also present in A&E
6 waiting for patients to arrive."
7 Dr Joseph Godfrey, consultant in emergency medicine,
8 in his witness statement dated 4 September 2018,
9 describes some of the medical treatment that was
10 provided to John. Dr Godfrey was called into work
11 at the MRI accident and emergency department in response
12 to the major incident.
13 John arrived in the department at 00.06 and was
14 brought into the resuscitation room. He confirms that
15 John was in cardiac arrest with multiple wounds.
16 Dr Godfrey explains that cardiopulmonary
17 resuscitation was ongoing. In his statement, he says
18 that he had been advised that at the scene, John
19 initially had a Glasgow Coma Scale of 15 out of 15, but
20 this had fallen to 3 prior to him going into cardiac
21 arrest.
22 Dr Godfrey explains in his statement that he had
23 understood that John had been administered
24 tranexamic acid, adrenaline and atropine, as well as
25 saline to assist bringing the blood pressure up.

1 Dr Godfrey's statement explains that, on arrival,
2 the laryngeal mask i-gel airway was replaced by
3 intubation. John was in asystolic cardiac arrest.
4 Intravenous and intraosseous access was achieved and
5 John was administered further adrenaline and O negative
6 blood.
7 A bilateral thoracostomy was carried out to inflate
8 the lungs. There was no bleeding in the chest noted.
9 Dr Godfrey performed two ultrasounds on John's heart
10 on two occasions and finally at 00.24.
11 Dr Stuart grant provided a witness statement to the
12 inquiry, dated 13 March 2021. Dr Grant explains that he
13 performed the thoracostomy on John's right side and
14 describes that there was no significant bleeding from
15 the right side of the chest, so he placed a drain in and
16 closed up the thoracostomy incision around the chest
17 drain. He also confirms that there was no significant
18 bleeding on the left side either so that incision was
19 also closed.
20 He describes that the thoracostomy is the first step
21 to completely opening up the chest to administer
22 advanced life support and check for any serious chest
23 injuries. Dr Grant confirms in his statement that
24 a heart scan was performed in between the ongoing chest
25 compression and resuscitation, using ultrasound. This

1 showed John was still in cardiac arrest, despite chest
2 compressions, blood transfusion, the thoracostomies and
3 adrenaline, which was last administered at 00.21.
4 Dr Alistair Rennie, a consultant in emergency
5 medicine at the MRI, in a statement dated
6 11 October 2018, confirms that John was assessed and
7 treated by the team and Dr Godfrey. Dr Rennie explains
8 that this included two cardiac ultrasounds, both of
9 which showed cardiac standstill, rapid blood
10 transfusions, bilateral chest drains and advanced life
11 support.
12 Despite this treatment, the trauma team were in
13 agreement that further treatment would be futile and
14 John was pronounced dead by Dr Godfrey at 00.24 on
15 23 May 2017.
16 Turning then to the summary of the post-mortem.
17 The initial post-mortem for John was carried out by
18 Dr Naomi Carter on 28 May 2017 at Oldham Royal Hospital.
19 The post-mortem report is dated 5 September 2017.
20 Dr Carter lists in detail within the post-mortem
21 report the injuries to John's body.
22 Dr Carter concluded that John sustained very severe
23 leg injuries as a result of penetration by multiple
24 metal nuts which had shredded musculature, damaged deep
25 leg blood vessels, and severely fractured the bones of

1 the leg, particularly on the right side. John had lost
2 a considerable quantity of blood from these injuries.
3 John had also sustained abdominal injuries from
4 penetrating nuts. However, although these had
5 penetrated his bowel and resulted in discharge of bowel
6 content into the abdominal cavity, there was no major
7 vessel damage and there was no free blood in the
8 abdomen. Therefore, although John's abdominal injuries
9 were serious and, had he survived, they would have
10 required urgent surgical repair, it is Dr Carter's
11 opinion that they did not contribute to John's death.
12 Dr Carter strongly suspects that the lack of blood
13 in the abdomen was because John had lost so much blood
14 from his catastrophic leg wounds. He had little left to
15 lose into his abdomen. In any case where there is
16 sudden severe blood loss, some of the abdominal vessels
17 contract in order to divert blood away from the bowel to
18 the vital organs, including the brain and the heart.
19 Since there was no injury to any vital organs, it is
20 Dr Carter's opinion that John died principally from the
21 effects of blood loss from his leg wounds.
22 Dr Carter states that the distribution of John's
23 injuries was over his back and towards his right side
24 and the inside of his left leg, which indicates that his
25 right side and back were presented to the explosion.

1 Dr Carter notes that John's collapse from
2 hypovolaemic shock, which is cardiac arrest due to
3 inadequate blood volume filling the circulation, would
4 accord with the history that he was alive when first
5 identified by the Ambulance Service, but rapidly went
6 into pulseless electrical activity cardiac arrest,
7 described as a common complication of hypovolaemic shock
8 and one characterised by electrical activity in the
9 heart, but without effective cardiac output.
10 The post-mortem examination also identified that
11 John had significant heart disease, a condition called
12 ischaemic heart disease, and Dr Carter considered it
13 reasonable to include this as a contributory factor in
14 his death as the condition made his heart more
15 susceptible to failure in a setting of hypovolaemia and
16 could have reduced the chances of successful
17 resuscitation.
18 Dr Carter provided a medical cause of death of 1A,
19 leg injuries, and recorded at 2, ischaemic heart
20 disease. This represents that Dr Carter considered
21 ischaemic heart disease to be a disease or condition
22 that did not cause death but contributed in some way.
23 Turning then to the opinion of the cardiology
24 expert. Dr Jonathan Rees was instructed to provide an
25 expert opinion on whether the identification of

1 ischaemic heart disease that was found during the
2 post-mortem examination contributed to John's death.
3 In a report dated 11 August 2020, Dr Rees provides
4 his opinion. That report states:
5 "In the setting of life-threatening bleeding due to
6 ballistic injuries and taking into account the chain of
7 events thereafter, including treatment and care prior to
8 death and the findings of the post-mortem, it is not
9 possible to definitively determine the degree to which
10 the ischaemic heart disease contributed to John's death.
11 "Coronary artery disease is a major significant
12 finding which would not certainly enhance the chances of
13 survival from any major critical illness. At the point
14 of developing cardiac arrest due to traumatic cause,
15 overall survival is poor in all cases."
16 However, it is the opinion of Dr Rees that the
17 degree of ischaemic heart disease found did not cause or
18 contribute to his cardiac arrest and is unlikely to have
19 adversely affected the outcome of John's resuscitation.
20 Dr Rees characterises the ischaemic heart disease as:
21 "A stable bystander disease which did not contribute
22 to John's death."
23 Dr Rees comments that possible alternative
24 management strategies for John were: (1) early
25 application of bilateral lower limb medical tourniquets;

1 (2) early use of haemostatic dressings; (3) blood
2 product resuscitation; (4) resuscitative endovascular
3 balloon occlusion of the aorta; (5) rapid transfer for
4 damage control resuscitation and surgery."
5 He comments:
6 "If it had been possible to extract him from the
7 scene and deliver him safely to a pre-alerted trauma
8 team with access to extensive blood products before
9 cardiac arrest ensued, then survival might have been
10 possible."
11 Dr Rees gives his three key findings based on the
12 balance of probability, namely: (1) the presence of
13 ischaemic heart disease did not contribute to the blood
14 loss; (2) the presence of ischaemic heart disease did
15 not contribute to the cardiac arrest; (3) the presence
16 of ischaemic heart disease did not contribute to the
17 inability to successfully resuscitate John.
18 Turning then to the opinion of the blast wave
19 experts' panel. The blast wave experts' report is dated
20 27 September 2019. The report states that John
21 sustained multiple secondary blast injuries with an
22 overall high burden of injury and concludes that his
23 injuries were potentially survivable with current 2019
24 advanced medical treatment.
25 However, they noted that the post-mortem report

1 noted a pre-existing cardiac condition that reportedly
2 reduced the chances of survival, given the burden of
3 injury.
4 In an addendum report dated March 2020, the experts
5 comment that:
6 "The post-mortem photos and medical imaging
7 demonstrate severe leg injuries. These leg injuries
8 were associated with severe compressible bleeding. The
9 video demonstrates catastrophic and continuing external
10 bleeding. This appears amenable to treatment outside
11 hospital. Based on the video footage, witness
12 statements and the above information, we believe
13 John Atkinson could have potentially survived in this
14 situation with earlier treatment (application of
15 effective bilateral tourniquets). However, the
16 post-mortem noted a pre-existing cardiac condition that
17 reportedly reduced the chances of survival, given the
18 burden of injury. This reduction in chances of survival
19 due to the pre-exists cardiac condition is a matter not
20 within the expertise of the panel."
21 A further addendum to the blast wave expert report
22 has been prepared, dated 24 March 2021. This report
23 provides a timeline of medical support events which
24 John Atkinson received and explains that the relevant
25 additional information considered between the overview

1 report and the addendum report was the video footage
2 that confirmed their initial analysis.
3 The report confirms that this resulted in changing
4 their summary from "potentially survivable" to "could
5 have potentially survived". The blast wave experts
6 confirm they define "potentially survivable injuries"
7 as:
8 "A category of injuries that could prove fatal but
9 are not unsurvivable or unlikely to be survivable. This
10 means that injuries in this category have the potential
11 for survival with appropriate and timely medical
12 interventions."
13 The blast wave experts further clarify that the
14 small change in language between the overview report and
15 addendum reports is not a change of category but
16 reflects a strengthening of their opinion that timely
17 medical intervention, the application of effective
18 bilateral tourniquets, could have made a material
19 difference for John.
20 The experts comment that there was evidence of
21 compressible external haemorrhage on the video footage
22 they viewed which could have been treated with the
23 application of effective bilateral tourniquets. Using
24 their timeline, they demonstrate that the haemorrhage
25 was visible from the earliest point after the explosion

1 until 43 minutes after the explosion.
2 They also comment that the post-mortem and video
3 footage showed that this bleeding would have come from
4 both limbs, necessitating the application of bilateral
5 tourniquets. The experts also comment that where
6 commercially produced tourniquets are not available,
7 then suitable improvised tourniquets can be devised from
8 available materials.
9 The blast wave experts further explain:
10 "It is impossible to say at what point an
11 intervention would have made a different due to
12 individual physiology and specifics of the injury.
13 Within the military, the teaching is that haemorrhage
14 control should be achieved as early as possible, which
15 has resulted in advanced training and the coining of the
16 term 'the platinum 10 minutes'."
17 Turning then to the review by the forensic
18 pathologists, Dr Philip Lumb and Professor Jack Crane.
19 Dr Lumb and Professor Crane provided a report
20 in relation to John Atkinson dated October 2020.
21 Dr Lumb and Professor Crane describe the mechanism of
22 injury as severe injuries caused by John having been
23 struck by multiple metallic objects from the explosive
24 device.
25 The injuries to his lower limbs had been associated

1 with considerable haemorrhage and it was ultimately the
2 effect of this blood loss which was responsible for his
3 death. The abdominal injuries which John sustained
4 would have required urgent surgical intervention if
5 he had survived the blood loss.
6 Having had the opportunity to consider the video
7 footage, witness evidence and Dr Rees' report, Dr Lumb
8 and Professor Crane are satisfied that, on balance, it
9 was unlikely that John's heart disease played
10 a significant role in his death and, on this basis,
11 should not be included in the cause of death.
12 They expand on this conclusion, stating their view
13 that as the heart disease did not cause or contribute to
14 the cardiac arrest, it would not be appropriate to
15 include it in the final cause of death, and go on to
16 give their considered opinion that Mr Atkinson's
17 underlying heart condition played no part in the fatal
18 outcome.
19 Dr Lumb and Professor Crane state that the
20 distribution of injuries indicated that John was walking
21 with his right side facing the explosion site. They
22 also comment that John was initially alive, conscious
23 and able to talk and that it seems likely that, as
24 a result of the blood loss, John suffered
25 a cardiopulmonary arrest at around 23.45 and

1 cardiopulmonary resuscitation was commenced shortly
2 afterwards. They note that John was still in cardiac
3 arrest on admission to hospital.
4 Dr Lumb and Professor Crane conclude that the
5 injuries sustained by John were typical of those
6 described as secondary blast injuries in the overview
7 report.
8 Sir, I'm conscious we've only been going a little
9 over an hour, but I think perhaps it's appropriate to
10 take a 15-minute break at this point.
11 SIR JOHN SAUNDERS: So be it. Thank you.
12 (10.41 am)
13 (A short break)
14 (10.58 am)
15 MS CARTWRIGHT: Sir, the gentleman in the witness box is
16 Sergeant McLaughlin. Could I ask that he now be sworn,
17 please.
18 SERGEANT LEON MCLAUGHLIN (sworn)
19 Questions from MS CARTWRIGHT
20 MS CARTWRIGHT: Please take a seat. Could you please tell
21 the inquiry your full name?
22 A. My name is Leon Gerard Joseph McLaughlin.
23 Q. It's right, isn't it, that in May 2017 you were a police
24 constable, but you were promoted in January of 2021 to
25 sergeant?

1 A. Yes, that's correct.
2 Q. You were one of the officers who attended at the arena
3 in response to the incident. Can you just assist us as
4 to what you were doing when you were notified about the
5 incident occurring at the arena, please?
6 A. I had come on duty at 9 o'clock that evening and I was
7 in Longsight Police Station just conducting general
8 admin at the time the incident came in.
9 Q. Could you keep your voice up a little bit, please?
10 (Pause)
11 So whilst you were doing your paperwork at Longsight
12 Police Station, what then was brought to your attention?
13 A. That there was an incident ongoing at Manchester Arena,
14 a possible explosion had happened.
15 Q. Thank you. It's right, isn't it, that you activated
16 your body-worn video en route to the arena?
17 A. Yes, that's correct.
18 Q. And so there is a good timeline of your involvement
19 at the time of the arena?
20 A. Yes, that's correct.
21 Q. You are here to give evidence today about John Atkinson,
22 but perhaps if we identify your arrival at the station
23 and then detail the fact that you assisted a number of
24 casualties.
25 It's right, isn't it, that you are seen arriving

1 outside the station with a number of other officers,
2 having departed from a police vehicle at 22.45.14?
3 A. Yes, that's correct.
4 Q. And then you assisted casualties that you came upon
5 outside the station and then made your way up the stairs
6 to the City Room?
7 A. Yes, that's correct.
8 Q. You are captured on the stairs at 22.52.31. Can I ask
9 you then, as you arrived and then plainly deployed to
10 the City Room, did anyone give you any information about
11 safety or whether you could or couldn't go into the
12 City Room?
13 A. No.
14 Q. I think it's right, isn't it, that once you arrived in
15 the City Room, you and your colleagues set about
16 assisting the injured in the City Room?
17 A. Yes, that's correct.
18 SIR JOHN SAUNDERS: Had you been directed to go or just when
19 it came over, did you all just move off there?
20 A. As I recall, sir, there was a transmission from
21 Inspector Smith that he needed further officers up
22 in the box office, which I now know to be the City Room.
23 SIR JOHN SAUNDERS: Thank you.
24 MS CARTWRIGHT: One of the casualties that you assisted is
25 Saffie-Rose Roussos and you will be returning to give

1 evidence in respect of that. But it's right, isn't it,
2 having assisted Saffie-Rose Roussos, you then returned
3 to the City Room after she had been placed in the
4 ambulance and continued to assist casualties?
5 A. Yes, that's correct.
6 Q. The inquiry read yesterday extracts from the sequence of
7 events and at 23.17.58, you are captured walking back
8 into the City Room with a display board and having
9 a conversation with British Transport Police Officer
10 Stephen Corke, who asks:
11 "Is that what we're doing, taking them out as best
12 we can?"
13 To which you replied:
14 "I think so. I think the ambulances are coming in
15 and we are going to get them moving."
16 A. Yes, I believe that's correct.
17 Q. So can I ask you about that conversation that's
18 captured. As someone that was in the City Room,
19 what was it that you had seen about how casualties were
20 going to be extracted or evacuated from the City Room?
21 A. I think at that point, it was clear that we were going
22 to have to start bringing people outside ourselves.
23 Q. When you say, "It was clear we were going to have to
24 bring people out ourselves", why was that?
25 A. There was no other services in the City Room at that

1 point that could assist.
2 Q. So in terms of at that time, shortly after 23.17, was
3 there anyone organising how the evacuation of the
4 casualties would take place?
5 A. Not that I can recall, no.
6 SIR JOHN SAUNDERS: So you're making your own personal
7 decision or you're all making the decision together to
8 get people out?
9 A. It was a collective decision. There was no direction
10 from anyone in particular, it was very much: do
11 everything we could at that moment to take people out.
12 SIR JOHN SAUNDERS: Up until that time, had you been
13 expecting NWAS to come --
14 A. Yes.
15 SIR JOHN SAUNDERS: -- to where you were?
16 A. Yes.
17 SIR JOHN SAUNDERS: So that was the general expectation of
18 the police officers?
19 A. It was certainly my expectation, sir.
20 SIR JOHN SAUNDERS: That's fair enough. How long were you
21 there sort of waiting for NWAS to come, do you think,
22 before you actually made the decision, "We'd better move
23 them out ourselves"?
24 A. I ... I personally didn't ... I didn't want to wait. It
25 became clear that we needed to get people out as soon as

1 possible and certainly I was not willing to wait for any
2 period of time for people to come.
3 SIR JOHN SAUNDERS: Right, thank you.
4 MS CARTWRIGHT: It may seem an obvious question, but I think
5 it's important we have clarity: why was it clear that
6 you needed to get people out?
7 A. Due to the level of injuries that people had suffered.
8 Q. You are captured as replying:
9 "I think the ambulances are coming in and we're
10 going to get them moving."
11 So where had you got the information that you
12 thought the ambulances were coming in?
13 A. I assumed they would be coming. We had previously had
14 an interaction, moments before, with
15 Saffie-Rose Roussos, involving an ambulance. I just
16 assumed they would be coming up to the City Room.
17 Q. In terms of that interaction with an ambulance with
18 Saffie-Rose Roussos, that had been on the Trinity Way
19 side of the arena, hadn't it?
20 A. Yes, that's correct.
21 Q. And other than the ambulance that you'd seen in which
22 Saffie-Rose Roussos had been placed, had you observed
23 any other ambulances at that time?
24 A. I hadn't, no, not at that point.
25 Q. So then, before we come to deal with your interaction

1 with John Atkinson, having had that conversation with
2 PC Corke, what did you then observe about the system or
3 what was taking place around removing the casualties?
4 A. People were using whatever means they could find to
5 remove casualties, more specifically, advertising
6 boards, metal partition railings.
7 Q. Did you have any view about those advertising boards or
8 the partition railings that were being used at that
9 time?
10 A. Certainly no in-depth thoughts other than that they
11 could be used as a means to remove people from the
12 City Room.
13 Q. It's right, isn't it, that you came upon John as he was
14 being evacuated on the footbridge?
15 A. Yes, that's correct.
16 Q. And can you assist as to what you saw at that time,
17 please?
18 A. I can remember seeing John lay down on some sort of --
19 I don't know whether it was an advertising board or
20 a partition fence. My colleague, PC Emberton, was stood
21 round about his feet. He was clearly injured.
22 Q. When you say "clearly injured", what of his injuries did
23 you observe at that time?
24 A. I can't recall the specifics of his injuries other than
25 he was lay on a makeshift stretcher, advertising board,

1 and was obviously injured. That's probably the only way
2 I can directly put it.
3 Q. Can I ask you, in 2017 did you have any form of medical
4 qualification?
5 A. No.
6 Q. And had you received first aid training?
7 A. Yes.
8 Q. Can you give us an overview of what that level of
9 first aid training had been at that time, please?
10 A. I can't recall the exact training as it was some time
11 ago, but it's basic first aid.
12 Q. Had that basic first aid equipped you in how to apply
13 a tourniquet?
14 A. I don't believe it did, no.
15 Q. We've read yesterday that at 23.20.20, you approach
16 PC Emberton, who was with John, and that PC Emberton
17 said to you, "He won't get in the lift". And in terms
18 of what you saw at that time, what was the problem that
19 you encountered that those helping John were having?
20 A. It was simply moving him out of the area. His level of
21 injury clearly meant that he couldn't, under his own
22 steam, get out and he needed to be helped.
23 Q. You say that the level of injury -- and so what
24 assessment had you made about what those injuries were?
25 A. The assessment that -- it was very brief, it was that if

1 he'd been in the City Room, he must have awful injuries,
2 based on what we'd seen within the City Room.
3 PC Emberton clearly needed some kind of help, needed to
4 get him out.
5 Q. We know when you get downstairs, you make reference to
6 fractures. So can you just be clear about when you
7 describe fractures, what you'd seen that caused you to
8 believe there were fractures?
9 A. I can't remember.
10 Q. You are then captured turning to Special Police
11 Constable Dalton and saying, "Mike, go downstairs and
12 tell an ambulance we need either a trolley or
13 a stretcher". So why were you saying that at that time?
14 A. Clearly, whatever had been used to try and support John
15 was not going to be sufficient. I felt that we needed
16 something more appropriate.
17 Q. Did you observe at that time the member of the public,
18 Mr Blake, that was with John and what he was doing?
19 A. I can't recall, no.
20 Q. Having directed Special Constable Dalton to go
21 downstairs, you then effectively shout and say, "Hang
22 on, I'll go with you". So what was it that caused you
23 to think that you needed to go with Special
24 Constable Dalton at that time?
25 A. It was more because he's a special constable, he's

1 a volunteer, and gives up his ...
2 SIR JOHN SAUNDERS: Let's hang on for a minute. We'll find
3 a policeman to arrest the fly perhaps.
4 MS CARTWRIGHT: It has done the same to me all morning.
5 A. It's gone now.
6 As he's a volunteer, he has less operational
7 experience, less training, and I felt I personally would
8 be able to convey a message better. I felt that maybe
9 he would be overwhelmed and potentially not give across
10 the severity of the situation.
11 Q. Thank you. You then follow from the area near the lift
12 down the stairs on to the area where the station
13 platform is and into the casualty clearing station area
14 in the entrance to Victoria Station?
15 A. Yes.
16 Q. All of your movement down the stairs and outside is
17 captured on your body-worn video, isn't it?
18 A. Yes, that's correct.
19 Q. So before today have you had an opportunity to review
20 that footage?
21 A. I have, yes.
22 Q. So can you give us an idea from that footage what the
23 scene was at that time as you made your way down the
24 stairs? So on the main part of the station concourse,
25 were there any casualties there at that point?

1 A. I recall there was perhaps one or two casualties on the
2 concourse, yes.
3 Q. But in terms of maybe the images we've seen on a later
4 date of many people gathered in that area, is it
5 essentially that that area was broadly empty of people?
6 A. Yes, it was quite sparse.
7 Q. Then in terms of the area where we've been familiar
8 with, the entrance to the Victoria Station where the war
9 memorial is in the wall, how many people thereabouts
10 were there at the time as you passed through that area?
11 A. I can't recall a number, but certainly not very many at
12 all.
13 Q. So what did you do as you went down those stairs and
14 went outside on to Victoria Station Approach, please?
15 A. I approached ambulance staff and asked for some help,
16 some stretchers.
17 Q. It's right, isn't it, that you were in full uniform
18 at the time?
19 A. Yes, that's correct.
20 Q. You are captured on the footage first approaching NWAS
21 Derek Poland. In terms of that interaction -- again,
22 all of the conversations that you have with the NWAS
23 individuals that you approach are captured on the
24 footage. So we can see at 23.21.09, you say to NWAS
25 Derek Poland:

1 "I know you're busy, we've got someone stuck on the
2 first ..."
3 And Mr Poland is captured on your body-worn video
4 pointing you towards Daniel Smith, who's the gentleman
5 that was wearing the tabard.
6 So can you just perhaps explain what you were
7 intending to do as you had that interaction with
8 Mr Poland?
9 A. I wanted some help. I wanted someone who was medically
10 trained to help bring Mr Atkinson down.
11 Q. Did you get any verbal response from Mr Poland?
12 A. Not that I can recall. I think he directed me to
13 Mr Smith.
14 Q. If you then perhaps deal with what you then did.
15 A. I asked for some help. I was then told by, I think it
16 was Mr Smith, to "blanket him up", I think was the
17 phrase that was used.
18 Q. The inquiry read yesterday that at 23.21.17, you are
19 recorded as saying to Daniel Smith:
20 "Excuse me, I know you're busy, we've got someone
21 stuck on the first ground, two fractures to his legs, we
22 just can't move him."
23 So when you were saying that to Daniel Smith, what
24 were you intending to convey?
25 A. That we had someone that was gravely injured that needed

1 help.
2 Q. The response that's captured on the footage is:
3 "Just leave him there for now, blanket him up and
4 leave him there."
5 First of all, when you got that response, did you
6 understand what "blanket him up" meant?
7 A. Other than to put a blanket over him, no. It's not
8 a phrase that I've heard before.
9 Q. Did Mr Smith ask for any other information from you at
10 that time?
11 A. No.
12 Q. Were you surprised by that?
13 A. Yes. Yes, I was surprised. I felt that they were the
14 people that were in a best position to help and advise
15 me about what to do next.
16 Q. And did you get the help and advice that you were
17 looking for?
18 A. No.
19 SIR JOHN SAUNDERS: To an extent you got advice, blanket him
20 up, but you really didn't think that was very adequate
21 in the situation?
22 A. No, I didn't.
23 SIR JOHN SAUNDERS: Thank you.
24 MS CARTWRIGHT: Having been told to blanket him up, you go
25 on to say:

1 "Yes, no problem. Is there any blankets anywhere?"
2 Can you tell us about that, because it's seen that
3 there's no audible response from Mr Smith. You then
4 follow him as he goes into the entrance of the station
5 concourse.
6 A. Yes, I can't recall getting any response. I did turn
7 round and approached other ambulance staff that were
8 gathered on Hunts Bank and I asked for blankets, but
9 I didn't receive any response.
10 Q. So is it right that what's captured on the body-worn
11 video is you asking Mr Smith, "Are there any blankets?",
12 he makes his way into the casualty clearing station
13 area, you follow him in, he then leaves and goes back
14 out on to Station Approach, you follow him, but he then
15 is in a conversation with somebody else?
16 A. Yes, that's correct.
17 Q. So how did that response make you feel?
18 A. Frustrated. Obviously, they are busy and they have
19 their procedures, but I felt frustrated and I felt
20 ignored.
21 Q. You mentioned a moment ago that you then approached
22 another paramedic. So again, can you give an impression
23 about what's captured on your body-worn video? There's
24 then Mr Smith who's plainly in discussion with other men
25 present outside the station. Can you give an idea as to

1 how many other paramedics were outside on the street on
2 Station Approach at that time?
3 A. I can't give a number. It was very fleeting. There
4 were one or two ambulances and potentially three or four
5 members of ambulance staff in my -- directly in front of
6 me.
7 Q. But in terms of those other paramedics or ambulance
8 personnel that weren't in the huddle to your right, were
9 they doing anything?
10 A. Not that I could tell at the time, no.
11 Q. You are captured approaching a paramedic and asking for
12 blankets. What was the response you got?
13 A. I don't think I got a response.
14 Q. I think the response that seems to have been captured is
15 you're told, no, there weren't any.
16 A. If it's on the body camera then that must have been the
17 response.
18 Q. Did you expect that paramedics would able to provide you
19 with a blanket for the casualties?
20 A. Yes.
21 Q. So did it surprise you when you weren't provided with
22 a blanket?
23 A. Yes.
24 SIR JOHN SAUNDERS: I suppose having been told by Dan Smith
25 to blanket him up and then be told there were no

1 blankets, it wasn't very helpful.
2 A. No, it wasn't, no.
3 MS CARTWRIGHT: Having had that interaction with Mr Smith
4 and a further paramedic then, what did you decide to do?
5 A. I decided to go back upstairs.
6 Q. Why was that?
7 A. I felt that I wasn't going to get any further advice or
8 help. I was a spare part, essentially, there and I felt
9 I would be better use returning back upstairs.
10 Q. Again, it's captured, is it, that as you made then your
11 way back up the stairs, that the group that carried
12 John Atkinson off the footbridge were commencing their
13 journey down the stairs with him?
14 A. Yes, that's correct.
15 Q. On a makeshift stretcher?
16 A. Yes.
17 SIR JOHN SAUNDERS: So were you ever told: look, no
18 paramedics are coming up, you just get them out as
19 quickly as you can? Did you ever get that instruction
20 from anyone?
21 A. No.
22 SIR JOHN SAUNDERS: Okay, thank you.
23 MS CARTWRIGHT: In your witness statement you set out about
24 your encounter with the paramedics outside on Station
25 Approach:

1 "I felt frustrated but it was clear they were not
2 going to move from where they were on Hunts Bank and
3 provide me with any meaningful help."
4 So can you explain what you mean by:
5 "It was clear they weren't going to move from where
6 they were on Hunts Bank"?
7 SIR JOHN SAUNDERS: I think it's all fairly obvious: you'd
8 asked for help, there was just none forth coming.
9 A. Yes.
10 SIR JOHN SAUNDERS: There may be good reason for this. As
11 we all obviously realise, they're trying to work out how
12 to sort out a crisis, but from your point of view it
13 wasn't a great deal of help?
14 A. That's correct.
15 SIR JOHN SAUNDERS: In fact it was no help at all?
16 A. Yes.
17 SIR JOHN SAUNDERS: I'm sorry to answer the question for
18 him.
19 MS CARTWRIGHT: Sergeant McLaughlin, if you wait there,
20 there will be some other questions for you.
21 Questions from MR COOPER
22 MR COOPER: As you realise, I ask questions on behalf of
23 John's family.
24 I just want to start, if I can, PC McLaughlin, by
25 asking you a little about your position and yourself

1 at the time. Obviously this was in 2017; what rank were
2 you at the time?
3 A. I was a PC.
4 Q. How long had you been in the police force for?
5 A. I'd been in the police force for just over 10 years at
6 that point.
7 Q. At that time?
8 SIR JOHN SAUNDERS: You look too young.
9 A. Thank you, sir.
10 SIR JOHN SAUNDERS: It's always when policemen start looking
11 young...
12 MR COOPER: You heard of this developing tragedy when you
13 were on duty at the police station; that's right, isn't
14 it?
15 A. Yes, that's correct.
16 Q. And you knew from the start when you went to the arena
17 that there was a suspected explosion, so you knew what
18 you were going into?
19 A. Yes.
20 Q. You were given other details as you and your colleagues
21 were approaching the arena, about lots of smoke and
22 people running out and clearly there was a very serious
23 situation developing?
24 A. Yes.
25 Q. On the facts that you were getting, a very dangerous

1 situation that was developing. And yet -- and this is
2 far from a criticism, it couldn't be more opposite --
3 you went in.
4 A. (Witness nods).
5 SIR JOHN SAUNDERS: It's fair to say you're responding to an
6 instruction from Inspector Smith, who wanted people up
7 there. I'm not saying you wouldn't have gone in anyway.
8 A. Yes. I think the severity of the situation at first --
9 I didn't realise until Mr Smith made his transmission.
10 MR COOPER: And you went in because you felt it was the
11 right thing to do, no doubt?
12 A. Yes.
13 Q. Did you have any ballistic protection or any other form
14 of body protection when you went in?
15 A. I had my stab vest and body armour.
16 Q. And that's the anti-stab vest, that sort of thing?
17 A. Yes. It's the standard body armour that police officers
18 wear.
19 Q. The sort of things that we see officers very sadly
20 having to wear in the streets?
21 A. Yes.
22 Q. That sort of general sort of protection. Did you have
23 any first aid equipment with you of any type when you
24 went in?
25 A. No.

1 Q. And you went straight to the City Room?
2 A. No. When I initially arrived, I spent a short period of
3 time on Hunts Bank directly outside Victoria Station
4 before going up to the City Room.
5 Q. Try and keep your voice up if you can.
6 A. Sorry.
7 Q. But very shortly, you went straight into the City Room?
8 A. Yes, that's correct.
9 SIR JOHN SAUNDERS: Were you coming together on Hunts Bank,
10 a number of officers together, waiting to know what to
11 do next?
12 A. No. It wasn't as organised as that. It was more --
13 that was the natural route we would take from our police
14 station to the front of Victoria Station. That just
15 happened to be where we ended up when we arrived.
16 SIR JOHN SAUNDERS: Thank you.
17 MR COOPER: Did any thoughts cross your mind, again not
18 a criticism, far from it, did any thoughts cross your
19 mind as you were going to the City Room to help people
20 about secondary devices or other terrorists with guns or
21 weapons, or was your sole focus getting into the
22 City Room to help people?
23 A. I was aware that there was a possibility of further
24 risk, but just did what police officers do and went in.
25 Q. Your instincts kicked in, effectively, to help stricken

1 members of the public?
2 A. Yes, that's correct.
3 SIR JOHN SAUNDERS: It was clear to you that Inspector Smith
4 was up there?
5 A. Yes.
6 SIR JOHN SAUNDERS: So you knew other officers would have
7 been there as well?
8 A. Yes.
9 SIR JOHN SAUNDERS: And basically, the instruction was: we
10 want everybody here?
11 A. Yes.
12 SIR JOHN SAUNDERS: I'm well aware you knew of the risk and
13 took it, so don't think I'm ignoring that at all, but
14 that was the situation for the police at that stage?
15 A. Yes.
16 MR COOPER: And you were in the City Room, we can work out
17 the timings, for quite a period of time, relatively
18 speaking, weren't you?
19 A. Yes, sir.
20 Q. And during the course of time you were in the City Room
21 did you see any paramedics there?
22 A. I do recall seeing one paramedic.
23 Q. One paramedic?
24 A. At least.
25 Q. And did you see what he was doing?

1 A. He was attending to some injured people.
2 Q. You saw, as you later know, officer, didn't you,
3 Mr Atkinson --
4 A. Yes.
5 Q. -- when you were in the City Room?
6 And just taking this from your statement, you say
7 that you saw that he appeared to have bad leg injuries
8 and there was a trail of blood from the automatic doors
9 to where he was sat?
10 A. I think that was from my first statement.
11 Q. It is. If it helps the inquiry, {INQ004760/2}.
12 A. Yes, that was my recollection at the time. However,
13 since reviewing body cam footage, I don't think that was
14 entirely accurate.
15 Q. Well, you saw that he was --
16 A. I saw that he was injured, yes.
17 Q. And you saw blood around him?
18 A. I saw some blood around him, yes.
19 Q. And your evidence -- well, certainly your observation in
20 your statement was that there was a trail of blood from
21 the automatic doors to where he was sat. You stand by
22 that as well, I presume?
23 A. I can't recall the exact nature of the blood trail.
24 SIR JOHN SAUNDERS: I think we do have a fair amount of body
25 camera video which is inevitably going to be the most

1 reliable for me to rely on, I think.
2 MR COOPER: So be it, sir.
3 SIR JOHN SAUNDERS: I have certainly seen tracks of blood,
4 so there's no doubt about that there were trails.
5 MS CARTWRIGHT: The sequence of events for Mr Atkinson shows
6 both a visual trail of blood but it has also been
7 described in the summary of evidence as to the route out
8 of the City Room as well.
9 SIR JOHN SAUNDERS: Okay. I will obviously take it from
10 that.
11 MR COOPER: The statement I'm referring to is a statement
12 dated 21 August 2017, so I can lapse into the Criminal
13 Courts for a moment, reasonably contemporaneous.
14 SIR JOHN SAUNDERS: But also lapse into the Criminal Courts,
15 in these situations even the best witness gets things
16 wrong. So I think we will look at what the videos show
17 us. It's extraordinarily comprehensive, really.
18 MR COOPER: Let me go then, because there was a reason for
19 asking about any recollection of blood as far as it was
20 around Mr Atkinson, because as you've told us, you
21 ultimately went to the clearing station, didn't you?
22 A. Yes, that's correct.
23 Q. And you spoke to Dan Smith or you were directed to speak
24 to him and then went to speak to him?
25 A. Yes, that's correct.

1 Q. Was the impression given to you that Mr Smith was
2 someone who was in authority there?
3 A. Yes.
4 Q. And the impression given to you that Daniel Smith was
5 effectively, for any information required, the man to go
6 to?
7 A. Yes.
8 Q. What was he doing when you approached him?
9 A. I think he was possibly on a radio. I can't say for
10 certain.
11 Q. You described to the chair that when you were in the
12 casualty clearing station, you saw huddles of paramedics
13 talking to each other; would that be right?
14 A. I think that would be accurate.
15 Q. But not treating any patients?
16 A. No.
17 Q. When you approached Daniel Smith, did you tell him that
18 you'd been in the City Room?
19 A. No.
20 Q. Did he ask you about whether you'd been in the
21 City Room --
22 A. No.
23 Q. -- gathering what we've come to term any situational
24 awareness, for instance? He didn't ask you where you'd
25 come from, what information you had or what you could

1 give to assist them, nothing like that at all?
2 A. No.
3 Q. What was it you exactly said, please, officer, to
4 Mr Smith about John Atkinson's condition?
5 A. I believe I said that he had possible fractures to his
6 legs.
7 Q. The reason I asked you a short moment ago about whether
8 you noticed blood around him and that sort of thing was
9 leading to this question: did you tell Mr Smith at any
10 stage that you suspected he may be bleeding?
11 A. No.
12 Q. Why was that? Why didn't you mention that perhaps,
13 given the amount of blood that you saw, possibly saw
14 around him, that there might be a bleeding element to
15 his condition?
16 A. I don't know. It's difficult to separate whose blood
17 was whose due to the level of injuries sustained.
18 SIR JOHN SAUNDERS: But you were conveying that he was badly
19 injured?
20 A. Yes.
21 MR COOPER: All right. In any event, you've told the
22 inquiry that -- well, I'll use the expression,
23 you haven't used it -- Mr Smith didn't seem interested
24 in what you had to say? Would that be fair?
25 A. I wouldn't say he wasn't interested. I don't think that

1 would be fair to say.
2 Q. Well, certainly you felt, and I'm looking at your
3 statement, you felt you were ignored by paramedics
4 in the casualty clearing area.
5 A. Yes.
6 Q. And the logical follow-up to that, if you felt up being
7 ignored by paramedics, I'll just press it a little if
8 I can, does it not follow then that they didn't seem to
9 be taking an interest in what you had to say?
10 A. I think that they were busy engaged in the procedures
11 that they were engaged with.
12 Q. Well, as far as you're concerned they were busy in
13 huddles talking to themselves, not treating patients?
14 A. They were not treating patients, no.
15 SIR JOHN SAUNDERS: Okay, Mr Cooper, just let me give you,
16 I hope, helpfully, the sort of impressions that I am
17 getting from the evidence. I will clearly be persuaded
18 otherwise. We've got a number of police officers
19 upstairs with lots of very seriously injured people who
20 they are not equipped to deal with. They just don't
21 know what to do for the best and no one is saying that
22 no one is coming to help, they're waiting for
23 paramedics, as you'd expect, and then eventually, as
24 we have heard, they decide they have to get the people
25 out.

1 I'm going to take a lot of persuading that the
2 paramedics downstairs are simply disinterested in
3 injured people upstairs. They may make the wrong
4 decision not to go up and I'm going to have to look at
5 that extremely carefully, I readily understand. And the
6 lack of communication between paramedics as to what they
7 intended to do and what the police had to do seems to me
8 to be -- there is at least a suggestion of that at the
9 moment which should have been there.
10 So I hope I'm trying to get -- the idea they're
11 sitting around having a chat and not bothering to do
12 anything, I'm sure you're not try to convey that.
13 MR COOPER: That's not the impression I am trying to -- can
14 I say again, to allay any doubts, I'm not suggesting as
15 a unit and generally paramedics are disinterested in
16 what's going on. Far from it, I may add, far from it.
17 My questions are just designed, on this witness, as to
18 whether they were disinterested at the time as to what
19 this witness was saying at the time.
20 SIR JOHN SAUNDERS: Okay. But they've got lots of other
21 things to think about. So we understand, and it's
22 perfectly apparent, that the way he was dealt with, with
23 his very serious problem, was not the least bit helpful
24 to him from what we're hearing and we need to look at
25 the reasons for it. That does not mean to say that

1 wrong decisions were not made, please don't think that.
2 I am just trying to -- I will take a lot of persuading
3 that paramedics were deliberately just "we can't be
4 bothered".
5 MR COOPER: I'm not going to even go there.
6 SIR JOHN SAUNDERS: I am sure you're not.
7 MR COOPER: Our position is that would be contra to what we
8 think. There were a number of people who performed
9 splendidly at the time.
10 SIR JOHN SAUNDERS: Can someone help me with the timings?
11 By the time this witness goes downstairs, had the HART
12 team arrived?
13 MS CARTWRIGHT: Yes. So by 23.21, when PC McLaughlin was
14 outside Station Approach, we all know that Hargreaves
15 and Vaughan enter the City Room at 23.15 or thereabouts,
16 so you know at that point there was already the HART
17 team leader --
18 SIR JOHN SAUNDERS: So we've got two upstairs and there are
19 others around?
20 MS CARTWRIGHT: And then others arrived at 23.18 and, sir,
21 we can give you all the timings for the team. But
22 certainly by this time --
23 SIR JOHN SAUNDERS: It just helps me to get it in context
24 while we're having the question.
25 Thank you.

1 MR COOPER: Moving on to a very short and final topic. It's
2 the lift situation. Clearly, you saw there was
3 a difficulty in getting Mr Atkinson into the lift.
4 That's because of what he was being carried on,
5 I presume?
6 A. Yes. A lift is not an appropriate way to move an
7 injured person.
8 Q. I understand that as a general principle, but was the
9 problem with the lift the fact that they couldn't get
10 Mr Atkinson in it by virtue of what he was being carried
11 on?
12 A. I don't know.
13 SIR JOHN SAUNDERS: Well, it's two problems. If you had a
14 stretcher, it wouldn't be too difficult to take him down
15 the stairs. That's probably what you'd have done
16 automatically rather than trying the lift. But if
17 you have a bit of cardboard which is breaking, then you
18 get him into the lift because it's the easiest way to
19 take him downstairs, if you can. Is that fair?
20 A. Yes, I think that's fair to say, sir.
21 MR COOPER: Would another problem perhaps be the amount of
22 people needed to support John at the time around him,
23 perhaps all of they (sic) could not get in the lift as
24 well?
25 A. Yes, absolutely.

1 Q. That was another issue. So it wasn't just the size and
2 the cumbersome nature of the item he was being carried
3 on, but it was the number of people required because it
4 was so weak, to support him they couldn't all get in the
5 lift?
6 A. There wasn't enough people to be able to move him, no.
7 MR COOPER: Thank you.
8 SIR JOHN SAUNDERS: Mr Cooper, before you sit down, I want
9 to make it absolutely clear that I well understand the
10 upset and the frustration of the families whom you are
11 representing and asking questions on behalf of about the
12 fact that had more been done for Mr Atkinson, he would
13 have been here today. I well understand that. But
14 equally, I have to look at it realistically as a whole
15 and see where the areas are where we really need to look
16 at and say, where justified, criticism is made.
17 MR COOPER: There is no doubt about that, sir, at all. Let
18 me reassure the inquiry as far as that is concerned.
19 For our part, again let me make it clear, we ask the
20 questions just to clarify matters.
21 SIR JOHN SAUNDERS: You're trying to find out what went
22 wrong as well as I am.
23 MR COOPER: We're going the same way to assist you.
24 SIR JOHN SAUNDERS: Thank you.
25 MS CARTWRIGHT: Perhaps just to give you further detail to

1 answer your query, sir, you know the two HART paramedics
2 were in the City Room at 23.15. Mr Hargreaves had
3 arrived with a HART team leader. Additionally, the
4 other members of that HART team had -- we have...
5 SIR JOHN SAUNDERS: We can look it up. I've got the general
6 impression. Thank you very much.
7 MS CARTWRIGHT: Mr Devine had also arrived and Nick Priest
8 arrived at 23.18.10 and the vehicle Mr English was in
9 did not have any data to it, but he is then captured
10 walking up Hunts Bank with Mr Priest.
11 SIR JOHN SAUNDERS: Thank you.
12 MS CARTWRIGHT: Could I please ask Ms Roberts to ask her
13 questions.
14 Questions from MS ROBERTS
15 MS ROBERTS: Thank you very much.
16 Sergeant McLaughlin, can I preface my comments and
17 my questions to you with this: nobody doubts, and on
18 behalf of the North West Ambulance Service, I include
19 myself in that, nobody doubts what you did on the
20 evening in question for the many people who you helped.
21 So I preface my questions with that.
22 You were asked about going into the City Room and
23 asked questions by my learned friend Mr Cooper. In
24 effect, you had been given an order by Inspector Smith
25 to go into the City Room and into the City Room you

1 went; that's correct, isn't it?
2 A. Yes.
3 Q. So an order by a senior officer, in effect it was
4 a lawful order and you obeyed the lawful order?
5 A. Yes.
6 Q. And presumably, had Inspector Smith said to you and/or
7 others, "Do not go into the City Room", you would not
8 have gone into the City Room because that would be
9 disobeying a lawful order?
10 A. I don't know.
11 Q. Right, you don't know what you would have done?
12 A. I don't know what I would have done.
13 Q. But having been given that order, into the City Room you
14 went.
15 We know, Mr McLaughlin, that there was already
16 a plan in place to extricate, to move those patients out
17 of the City Room and that that was a plan that was in
18 place shortly after 11 o'clock that evening, a plan put
19 in place in part by Inspector Smith. Did you know that
20 at the time?
21 A. No.
22 Q. Is that something that you have heard for the first time
23 now or something you have learned during the course of
24 this inquiry?
25 A. That's something I'm hearing for the first time now.

1 Q. Right.
2 SIR JOHN SAUNDERS: And never conveyed to you or to the
3 other officers you were talking to?
4 A. I can't recall a plan.
5 SIR JOHN SAUNDERS: Thank you.
6 MS ROBERTS: All right. I think you told us that it was
7 shortly after about 11.15 -- 11.17 actually -- I'm going
8 to just remind you about a passage, an exchange, between
9 you and Stephen Corke, Officer Stephen Corke.
10 So as I am telling you now and you are learning now
11 that the plan had already been formed by Inspector Smith
12 to move those patients out of the City Room, did you see
13 Inspector Smith when you went into the City Room shortly
14 after 23.15?
15 A. Yes.
16 Q. Did you speak to Inspector Smith in the City Room?
17 A. No.
18 Q. Right. So nothing was said by him to you about the
19 plan?
20 A. Nothing was said personally to me.
21 Q. Was anything said by any of the other officers who were
22 already in the City Room when you got in there?
23 A. Not that I can recall, no.
24 Q. Right. So it was your understanding in effect that
25 you were having to decide and make a decision there and

1 then rather than falling in line with a plan that was
2 already pre-existing?
3 A. Yes, that's correct.
4 Q. All right. Did you get the impression from what was
5 being said by those around you that they also were
6 having to decide what to do themselves rather than it
7 being part of a plan that they knew about?
8 A. Yes.
9 Q. Right. Is that from things that were said to you by
10 other people or the way that they were acting or both?
11 A. It was the general impression of the circumstances. It
12 was very chaotic, there was no order.
13 Q. No order?
14 A. No order.
15 Q. Right. You're just dropping your voice a little bit.
16 A. There was no order to it, it was very chaotic.
17 Q. Thank you. And was the decision to move people out, the
18 decision that you made therefore because there was
19 nobody else telling you of that, the decision that you
20 made, was that something that was -- the confusion and
21 the chaos that you have told us about, was that confined
22 to police officers or was there confusion and chaos --
23 understandably so -- amongst other people who were in
24 the vicinity of where you were?
25 A. I don't know.

1 Q. Right. Did you speak to anybody else at that particular
2 point when you went into the City Room or were you just
3 speaking to fellow police officers?
4 A. No, I was speaking to multiple people, anyone who was
5 there. I did not confine myself to just speaking to
6 police officers.
7 Q. So from what you've told us, nobody had told you,
8 whether Inspector Smith or anybody else within the
9 police force or anybody else within that room, that
10 there was already a plan to move people out?
11 A. I was not aware of any plan to move people out.
12 Q. I see. So when you have the exchange, and I'm reading,
13 if I get it wrong I will be told so, we know from the
14 body-worn camera that you switched on before you went
15 into the -- I think before you went into the City Room
16 or had you already switched it on?
17 A. Yes. It was already on in the vehicle before we arrived
18 at the arena.
19 Q. Thank you. So we have, do we not, an accurate or as
20 accurate as we can have record of what you were saying
21 and what you were seeing?
22 A. Yes.
23 Q. Thank you. You have seen that footage, as I understand
24 it?
25 A. Yes, I have.

1 Q. And we know -- sir, if it assists, I'm at the summary
2 that was read in part yesterday and concluding today,
3 which we don't need to put on the screen, {INQ042045/29}
4 This is the exchange between you and Mr Corke,
5 Officer Corke.
6 At 23.17.58, you walked back with a display board
7 and you took -- just pausing there, who had told you to
8 get the display board or was that your idea?
9 A. That was my idea to bring it back.
10 Q. Back from where?
11 A. From Trinity Way.
12 Q. Right. So you brought that display board back up
13 through the tunnel?
14 A. Yes.
15 Q. Back into the City Room?
16 A. Yes.
17 Q. And Mr Corke (inaudible: no microphone) talks to Mr --
18 Officer Stephen Corke who asks that -- that's Mr Corke
19 who is asking you:
20 "Is that what we're doing? Taking them out as best
21 as we can?"
22 And you reply:
23 "I think so. I think the ambulances are coming in
24 and we're going to get them moving."
25 It appears from that, Mr McLaughlin, do you agree,

1 that Mr Corke didn't really know what the plan was
2 either?
3 A. Yes.
4 Q. So he's asking you, you are expressing some uncertainty
5 because you don't say, "This is the plan", or, "This is
6 what we're doing", your reply is:
7 "I think so. I think the ambulances are coming in
8 and we're going to get them moving."
9 By "get them moving", you presumably meant moved out
10 of the City Room?
11 A. Yes, that's correct.
12 Q. You did not mean that the ambulances were coming into
13 the City Room, surely?
14 A. I can't remember exactly what I meant, but what I do
15 remember is it was my intention to remove as many people
16 outside as possible.
17 Q. Right.
18 SIR JOHN SAUNDERS: We just need to remember Mr Corke is,
19 of course, BTP.
20 MS ROBERTS: He was, thank you.
21 Yes. So by "the ambulances coming in", did you mean
22 that the ambulances would be waiting outside to receive
23 the patients, which is why you needed to get the
24 patients out?
25 A. I don't know.

1 Q. You don't know what?
2 A. I don't know what I meant by in terms of the ambulances
3 coming in, whether it would mean paramedics coming into
4 the City Room or whether it would be ambulances
5 arriving.
6 Q. Right.
7 A. I think it was in more general terms as: we will be
8 getting help from the Ambulance Service.
9 Q. Right. You must have realised by then that nobody had
10 told you that the paramedics were not coming into the
11 City Room, had they?
12 A. No.
13 Q. Had you asked anybody, "Are they coming in"?
14 A. No.
15 Q. You told us when you went downstairs -- and I'm moving
16 forward in the sequence of events that we've been told
17 about and also that you have seen on your body-worn
18 footage and we're moving to a period at about 23.21 when
19 you have a conversation, I think, with the special, the
20 special constable, and you say that you are going to go
21 downstairs. I think what you told us was that the
22 reason that you had decided to go down was that you
23 wanted to convey, because you were a serving police
24 officer, he was a special constable, you wanted to
25 convey the seriousness of the situation that you saw

1 with Mr Atkinson?
2 A. Yes.
3 Q. What you said to us a moment ago was:
4 "I felt the special wouldn't be able to convey the
5 seriousness of the situation."
6 And you were asked when you went down to the
7 concourse, that's the area immediately at the bottom of
8 the staircase, what the situation was. I think you said
9 this:
10 "There were one or two casualties on the concourse.
11 That area was broadly empty."
12 In fact, at that time, at 23.21, there were in fact
13 three people on the concourse. Does that help jog your
14 memory at all or not?
15 A. No.
16 Q. All right. You were asked, I think, about whether you
17 saw beyond the concourse, so the war memorial
18 entrance -- you know where I'm talking about?
19 A. I do.
20 Q. Can you remember in any detail about whether there were
21 any patients within that area, the war memorial?
22 A. No.
23 Q. Would it surprise you to know, officer, that in fact at
24 that time --
25 SIR JOHN SAUNDERS: You can give me the information. Let's

1 forget about the surprise. Just tell me.
2 MS ROBERTS: Nine. There were nine in the war memorial
3 entrance, three on the concourse, so a total of 12 P1s
4 and P2s at that time.
5 SIR JOHN SAUNDERS: It's helpful just to tell me. It's not
6 a criminal trial.
7 MS ROBERTS: I shan't dress it up as a question, I shall
8 simply give you the information, thank you, sir.
9 I'm going to ask you about the conversations or the
10 short exchanges -- because they weren't really
11 conversations were they, not a criticism of you -- that
12 you had first of all with Mr Poland, Derek Poland, who
13 we know is the first gentleman, the paramedic you spoke
14 to briefly, and secondly the conversation or the short
15 exchange that you had with Dan Smith who was then the
16 operational commander and wearing a tabard to that
17 effect.
18 I think what you told us was that you had intended
19 to convey to them, the paramedics, that:
20 "We had someone gravely injured and we needed some
21 help."
22 I don't doubt for a moment that that is what you
23 intended to convey to them because that is what you had
24 seen with Mr Atkinson, isn't it?
25 A. Yes.

1 Q. Somebody gravely injured and someone who needed help;
2 correct?
3 A. Yes, that's correct.
4 Q. That was what you intended to convey, Mr McLaughlin, but
5 that is not in fact what you said.
6 A. Yes, that's correct.
7 Q. Thank you. What you said initially, and again to dispel
8 if I may, please, the suggestion that there wasn't much
9 activity or much meaningful activity in that area, the
10 first thing in fact you say to Mr Poland, the first
11 paramedic to whom you spoke:
12 "I know you're busy..."
13 Your very first words. And in fact, when he
14 directed you to Dan Smith, your very first words to
15 Dan Smith:
16 "Excuse me, I know you're busy..."
17 And then you go on to say what it is you want to
18 say.
19 But what captures the sound, in other words what
20 captures the dialogue between you, such as it was, is
21 your body-worn video, isn't it?
22 A. Yes, that's correct.
23 Q. And having watched that body-worn video, do you agree
24 that although what you say is captured on the video,
25 there are parts that are inaudible and those are the

1 parts that are said by other people, not you?
2 A. It's certainly possible.
3 Q. What you said in fact to Mr Poland, the first gentleman
4 the paramedic to whom you spoke, was this:
5 "I know you're busy. We've got someone stuck on the
6 first --"
7 And he has gestured towards Dan Smith, hasn't he,
8 pointed to another member of staff:
9 "If you just ..."
10 And PC McLaughlin turns and said:
11 "This one here."
12 Pointing to Dan Smith and then you approached
13 Operational Commander Dan Smith.
14 You approached Dan Smith, you managed to get his
15 attention as he was communicating via his radio, and
16 you have seen the footage and that's something that you
17 recall, is it, from seeing the footage --
18 A. Yes, that's right.
19 Q. -- that he was on his radio?
20 This is what you said to Dan Smith and it's recorded
21 on your body-worn footage:
22 "Excuse me, I know you're busy, we've got someone
23 stuck on the first ground, two fractures to his legs, we
24 just can't move him."
25 And up asked by Mr Cooper a moment ago about whether

1 you had told either Derek Poland or Dan Smith or the
2 other paramedic to whom you spoke that the person was
3 bleeding and your evidence, as I recall, was that you
4 didn't say that. It's not a criticism, Mr --
5 A. I didn't say that.
6 Q. Thank you. You told us, I think in answer to questions
7 from my learned friend Ms Cartwright Queen's Counsel,
8 that you had mentioned stretchers, and I just want to
9 ask you, having seen that body-worn footage, having been
10 reminded by me of what is captured being said by you on
11 your body-worn footage, whether you ever used the word
12 "stretcher" to Mr Poland, to Mr Smith, or to the other
13 paramedic from whom we've heard?
14 A. No. I expected the experts, the medical experts, to
15 give me some direction on how best to proceed.
16 Q. Right. So you didn't mention -- again it's not
17 a criticism, but you didn't mention stretchers to them?
18 A. No.
19 Q. Thank you. And having been told, therefore, "We've got
20 somebody with two fractures, we just can't move him",
21 you were told to "blanket him up" by Mr Smith?
22 A. Yes.
23 Q. And I think what we were also told yesterday when the
24 summary was read to us -- I'm at {INQ042045/34} of
25 that -- you then went to another paramedic and that

1 third paramedic, that footage is also captured, and I'll
2 remind you, Mr McLaughlin, what you said was -- asking
3 if there was a stash of blankets. So having been told
4 to blanket him up, off to the other paramedic you went,
5 asked for a stash of blankets, and we know when you went
6 back upstairs -- and back upstairs to help, may I add --
7 you didn't have any blankets with you because you
8 weren't given any.
9 A. That's right.
10 MS ROBERTS: Thank you very much.
11 MS CARTWRIGHT: Mr Ladenburg has no questions, so sir, that
12 would conclude --
13 SIR JOHN SAUNDERS: Thank you.
14 I could tell you were slightly frustrated. It's
15 perfectly apparent to me that you did absolutely
16 everything you possibly could and for whatever reason
17 you didn't get the assistance that you expected and no
18 doubt deserved and we will obviously look into that.
19 But no one actually is really criticising you at all and
20 no one is going to look at precise words and say why
21 didn't you say this or that. And you've accepted, they
22 were busy, these people, at the time, as you'd expect
23 them to be. So there is absolutely no criticism of you
24 or anything you've done, all right?
25 A. Yes, thank you, sir.

1 SIR JOHN SAUNDERS: And you were perfectly entitled to
2 expect help which you didn't get. Thank you. I think
3 you're free to go now.
4 MS CARTWRIGHT: That does conclude the officer's evidence.
5 Thank you.
6 Sir, I understand that the next witnesses will be
7 here. I wonder if I could be allowed 5 minutes to step
8 outside and check that they are, and then we will
9 continue with the evidence of Daniel Smith.
10 SIR JOHN SAUNDERS: Thank you.
11 (11.54 am)
12 (A short break)
13 (12.05 pm)
14 SIR JOHN SAUNDERS: Ms Cartwright, we have two more
15 witnesses to do today. If we sit a bit later than
16 lunchtime, are we likely to get through these witnesses
17 do you think?
18 MS CARTWRIGHT: My prediction would be that we would. I can
19 see that Mr Cooper is about to --
20 MR COOPER: I don't want to be pedantic about it, but it may
21 be what "a bit later" means. It'll need to be
22 a reasonably substantive overrun.
23 SIR JOHN SAUNDERS: Are we likely to finish if we go on to
24 1.30, for example?
25 MR COOPER: It really depends on my learned friend. I can

1 certainly give an indication once my learned friend
2 finishes and, if you can remind me, sir, I'll be in
3 a better position --
4 SIR JOHN SAUNDERS: If you can't say, you can't say, so
5 don't worry.
6 MS CARTWRIGHT: Sir, certainly I have already spoken to
7 Dr Daley and the intention would be to move straightaway
8 to his evidence after we've concluded Mr Smith.
9 Obviously his interaction with John was for a very
10 limited period of time.
11 SIR JOHN SAUNDERS: Thank you.
12 MR DANIEL SMITH (recalled)
13 Questions from MS CARTWRIGHT
14 MS CARTWRIGHT: We know that you are Daniel Smith and
15 you have previously given evidence to the inquiry on
16 a number of occasions. Perhaps it's right to identify,
17 before we deal with the specifics relating to
18 John Atkinson, that you entered the station at 22.59.57.
19 A. That's correct.
20 Q. And that you were at that time with Dr Daley?
21 A. That's correct.
22 Q. And you went on to perform the role of the operational
23 commander?
24 A. Yes.
25 Q. Can I make it plain, so that everyone appreciates this

1 at the outset, it is well appreciated that you were very
2 busy from the first moment you arrived in discharging
3 your duties as the operational commander. But as you'll
4 appreciate, Mr Smith, we need to now examine with care
5 the interaction that took place with you at 23.21.17,
6 when a serving police officer asked you for help with
7 a casualty.
8 A. Yes, ma'am.
9 Q. In terms of the preparation for today, it's right, isn't
10 it, you've had an opportunity to review the sequence of
11 events relating to this interaction?
12 A. Yes, that's correct.
13 Q. And so you are already aware of the conversation that
14 took place between you and, as he then was,
15 PC McLaughlin?
16 A. Yes, ma'am.
17 Q. So if we perhaps gain a picture of what was taking place
18 at that time at 23.21. It's right, isn't it, that by
19 that time, there were just six P1 patients in the
20 casualty clearing area?
21 A. I wouldn't be clear at that exact time on how many P1s,
22 but there were patients downstairs, yes.
23 Q. We're using the data from documents prepared from NWAS
24 and so if any of this is incorrect, I'm sure it will be
25 corrected. There were six P1 patients in the casualty

1 clearing station. There were a further six P2 patients
2 and a patient that had been assessed as a P2/P3. So
3 a total of 13 patients at that time in the casualty
4 clearing station?
5 A. I'm sure that will be correct, yes.
6 Q. In addition from the data that had been prepared from
7 NWAS, by 23.20 there were 14 ambulances that were at the
8 scene?
9 A. Yes.
10 Q. As well other response vehicles that had deployed
11 various NWAS personnel and also members of the HART team
12 present at the scene?
13 A. Yes.
14 Q. In terms of the interaction that took place with
15 Officer McLaughlin, it is right, isn't it, that he
16 approached you indicating:
17 "We've got someone stuck on the first ground, two
18 fractures to his legs. We just can't move him."
19 And your response was:
20 "Just leave him there."
21 So can I ask you why, when an officer was asking you
22 for help with a patient, your advice was just to leave
23 him there?
24 SIR JOHN SAUNDERS: Sorry, just before you answer this, can
25 I just know whether you are now going to reconstruct, as

1 it were, why you would have done it or are you actually
2 relying on your memory? Apart from seeing it and
3 refreshing your memory from it, have you actually any
4 independent memory of this happening?
5 A. No.
6 SIR JOHN SAUNDERS: Okay. Just so we understand, you are
7 now going to tell us why you said it, which is what
8 you've worked out by looking at the video and thinking
9 how you would have been responding at the time?
10 A. Yes. I think obviously with a degree of hindsight and
11 with a degree of video -- but I don't recall at all this
12 interaction unfortunately.
13 SIR JOHN SAUNDERS: That's fine. Would you like to repeat
14 the question now and then we'll know the basis on which
15 it is being answered.
16 MS CARTWRIGHT: The conversation is captured, and I'll just
17 repeat it bearing in mind it's very brief:
18 "Excuse me, I know you're busy. We've got someone
19 stuck on the first ground, two fractures to his legs.
20 We just can't move him."
21 And your response was:
22 "Just leave him there for now. Blanket him up and
23 leave him there."
24 So why was it your advice to:
25 "Just leave him there for now and blanket him up"?

1 A. Yes, so we were approximately 23 minutes after I've
2 arrived on the scene. As you have already acknowledged.
3 it was busy. I don't have a recollection of this
4 interaction, unfortunately, so obviously my response
5 will be a generalisation of what I may have been
6 thinking. I think it's important to note that obviously
7 what actions I then took afterwards aren't captured on
8 camera because myself and the officer do move away from
9 each other. So I have then gone on to do other things
10 and I don't know, because I can't recall at all, whether
11 any of those things were anything to do with a response
12 to what the officer had asked me.
13 I think the only conclusion I can give you in terms
14 of why that was my response was because at that point
15 I think I was becoming comfortable, albeit again in
16 hindsight evidence to this inquiry has been slightly
17 different, but at that point in that moment I was fairly
18 comfortable that a system had been created in terms of
19 moving patients and that if a patient had become stuck,
20 as they were described, that they would be stuck in
21 between the City Room or the concourse or the casualty
22 clearing station, and so there were systems in place to
23 assist that.
24 My only -- and it's very difficult because, as
25 I say, I just do not recall this interaction, but the

1 only logical reasoning that I can give is that I was
2 comfortable that Mr Atkinson, as we now know him to have
3 been, would have been picked up through that system --
4 I don't mean picked up physically, but help would have
5 come or help would have been arranged.
6 I completely accept that that officer was asking for
7 help and completely accept that my response to him was
8 something that he regards as unhelpful, but I was fairly
9 confident, I think, at the time that we were moving
10 patients and that if someone was stuck, that would be
11 dealt with.
12 What I can't say with any degree of certainty, but
13 neither has the CCTV or the body-worn camera been able
14 to show us, was what I then did, and I've tried to
15 recall it. In other statements I've discussed an
16 interaction around a stretcher, but I'm very clear that
17 that was not this interaction because that interaction
18 I remember quite vividly for whatever reason, that
19 we were stood with a stretcher while we had that
20 conversation and we discussed lifts at the end of that
21 conversation.
22 So I know this isn't the conversation around
23 stretchers. I can't give any other explanation than
24 that.
25 Q. Can I ask you, when the detail was given to you about

1 a patient who had two fractures to his leg that couldn't
2 move, was it really essential that you should have asked
3 what priority of patient is this?
4 A. I could have asked that, but I think at the time the
5 movement of patients, yes, obviously, was based on the
6 priorities given to them, but everybody was coming down.
7 So actually, at that moment, in my role -- and again,
8 obviously, it was not going to be me that went to deal
9 with that situation: it was me to instruct somebody or
10 to get somebody to take whatever was needed.
11 So at that moment, it may have enhanced my
12 decision-making, I guess, in terms of how quickly
13 I needed to move somebody, but what we can't -- what
14 I can't and have been unable to see in anything that's
15 been presented back to me is what I then did.
16 Q. Let's look at what you didn't do. You told
17 PC McLaughlin to blanket the patient up. He then
18 follows you as if he's going to get a blanket, but you
19 do not provide him with an answer about blankets or
20 provide him with a blanket, do you?
21 A. No, and I've looked at that because I recall being asked
22 for blankets and I can't, again, with any certainty say
23 that this was -- that was the interaction where I recall
24 being asked for blankets. But I do recall being asked
25 for blankets by a police officer, but whether it was

1 this interaction or not, I don't know. But I've then
2 directed someone to go and collect blankets off
3 ambulances. Again, because of the movement away, we
4 can't see on the CCTV whether that is that interaction.
5 But obviously, the officer didn't get blankets.
6 Q. You'd agree, having watched the body-worn footage, that
7 he follows you into the casualty clearing station,
8 follows you out of the casualty clearing station, and
9 then you appear to move off to deal with something else
10 rather than helping him to find blankets?
11 A. Well, I went to speak to ambulance personnel, yes.
12 Obviously, at that time, other things were happening as
13 well and I don't want to labour the point in terms of --
14 there were a number of patients, so obviously, yes,
15 he was, in my mind, on the list in terms of blankets for
16 that officer, but there were other jobs that I needed or
17 other actions I needed to take. So you know, in
18 a situation like that, and it's still fairly early for
19 me, I know it isn't for the patients but it's still
20 fairly early for me, there are multiple things that
21 I will get done during an interaction. So that
22 interaction with that police officer, I'm actually on
23 the radio also discussing where the tactical command is
24 and where the tactical command's got up to with the
25 tactical adviser, because you can hear that interaction

1 on the radio at the beginning of it.
2 So there's multiple things happening. So yes, I do
3 move away to other personnel, but as I've said, I can't
4 say what I then did because I just do not remember this
5 interaction.
6 SIR JOHN SAUNDERS: In a way, the most obvious thing, just
7 from a layman's perspective, would be you at this time,
8 because there aren't that many patients downstairs --
9 there are a number of paramedics, we're told, around.
10 It might have been easier for you to just to say -- get
11 two to come to you and say, "Would you help this man?"
12 Because it's not getting someone from the City Room,
13 it's getting somebody from the outside of the City Room.
14 A. I may well have done that, sir, I just can't remember
15 the interaction.
16 SIR JOHN SAUNDERS: If you did, it didn't happen. The
17 policemen didn't know that two people had been sent.
18 I mean, none went up there.
19 A. Yes, but I think Mr Atkinson was on his way back down,
20 wasn't he, as the police officer went back up? From our
21 interaction, Mr Atkinson was then on his way back down.
22 So -- but I -- because I don't remember the interaction,
23 and you know, I know that sounds bizarre because clearly
24 I should remember this interaction, I don't remember it,
25 I think the difficulty for me is what did I then do

1 afterwards. I may well have directed somebody to go and
2 collect blankets, I certainly remember doing that at
3 some point --
4 SIR JOHN SAUNDERS: I wasn't thinking of blankets, I was
5 thinking of going --
6 A. Assisting the officer?
7 SIR JOHN SAUNDERS: -- and collecting Mr Atkinson and
8 helping the guy do it.
9 MS CARTWRIGHT: I'm going to explore that in a minute.
10 SIR JOHN SAUNDERS: Sorry.
11 MS CARTWRIGHT: We can see that after PC McLaughlin doesn't
12 get help from you with blankets, he approaches another
13 paramedic, stood very proximate to where you are, asking
14 if there's a stash of blankets and he's told, "No,
15 there isn't any". So can I ask you, when that appears
16 to be the situation on the ground from paramedics that
17 are there under your command at that time, as to whether
18 there was an issue with blankets at that time?
19 A. I remember interactions, not just one -- I certainly
20 remember one interaction with a police officer and
21 interactions with my own staff around blankets. I also
22 remember, after the Fire Service had arrived, one of the
23 tasks that I did with one of those was collecting
24 blankets. Blankets will be arriving on ambulances, so
25 obviously those resources that arrive, those ambulances

1 that arrive will have blankets on them, but they're not
2 always clear and obvious, they are stashed away because
3 they have to be kept clean, so there were blankets
4 around. Was I made aware of an issue with blankets
5 through the night? On a couple of occasions, yes, but
6 it's not an issue, it was just asking for more blankets
7 and they were then collected off vehicles, the same as
8 you'd ask for lots of different equipment: they will be
9 collected then and moved to where they were needed.
10 Q. Blankets were asked for of two paramedics and the
11 officer left with no blanket for the patient despite
12 that being the advice for what you believed the patient
13 needed at that time. So can I ask you, in terms of what
14 you're saying about blankets being taken off ambulances,
15 was this not an opportunity for you to consider the fact
16 that you had not appointed an equipment officer who
17 could be the person that could be gone to with issues
18 such as logistics around blankets?
19 A. Yes.
20 Q. Going back to the position that you were being told that
21 a patient was stuck on the first ground that couldn't be
22 moved, it was very important to understand the nature of
23 that injury and the patient, particularly if your advice
24 was for them to remain where they are and be blanketed
25 because that could be very dangerous advice, couldn't

1 it, Mr Smith?
2 A. No. I think it was -- all patients that were being
3 carried that were unable to help themselves were in
4 a degree of serious illness. So for me to intimately
5 understand the condition of each patient wasn't
6 really -- wouldn't have assisted me. What I needed to
7 know was how many patients were there, how many patients
8 were present and what their severity was. But to
9 intimately know the details of every interaction -- if
10 I had stopped and asked every single time the condition
11 of every patient that I had an engagement about, because
12 I was asked, my rough guess would be hundreds of
13 questions that night about certain things or certain
14 interactions happened and that would take too long.
15 So I understand the theory of did I ask intimate
16 details about his injuries, but honestly, from what the
17 officer told me, that man was seriously injured and
18 needed to be in the CCS and that was obviously the
19 officer's intent and would have been my intent because
20 that was the plan at the time and we were moving all
21 patients down from the City Room to the CCS.
22 So his condition, obviously, you know, very serious
23 and, obviously, we now know, extremely serious, but at
24 that point most patients had a degree of seriousness to
25 them, so moving them was a priority of the operation and

1 that was the operational plan in place: they all needed
2 to be moved.
3 So I don't think it would have assisted me --
4 obviously, again, we apply hindsight a lot because,
5 obviously, at that point what the officer knew, I assume
6 he obviously knew there were fractures to his legs.
7 Would that have assisted me in understanding how quickly
8 I needed to deal with that? Potentially, but the
9 reality is every patient needed to be dealt with as
10 quickly as we possibly could.
11 Q. But Mr Smith, you've just indicated in answering that
12 question that you'd need to know the severity of that
13 patient. And if the system that was to be operated by
14 NWAS was operating effectively, all you needed to ask
15 that officer is: what's he been triaged as? And that
16 would have given you the answer as to the severity of
17 the patient stuck on the first floor.
18 SIR JOHN SAUNDERS: Well, it wouldn't actually because he
19 hadn't been triaged.
20 MS CARTWRIGHT: No, I know that, which comes on to another
21 point.
22 A. Potentially. If I'm honest, perhaps if I think about it
23 now, would I have -- if a paramedic or if somebody from
24 NWAS had been asking me that, maybe I would have asked
25 that question. I don't know if I was aware at the time

1 as to whether officers -- obviously they did because of
2 the situation they were in, but I don't know if I would
3 have spoken to officers around priorities at the time
4 because, if I'm honest, I don't think they would have --
5 I didn't have an appreciation that they may understand
6 what I was asking.
7 SIR JOHN SAUNDERS: Ms Cartwright, at the risk of cutting
8 through things and going to bits that you are going to
9 come to, let me just say this, please: we know, as you
10 know, that it's at least a strong possibility that had
11 Mr Atkinson got the right treatment sooner, he would
12 have survived. So a person has died unnecessarily and
13 at a time when NWAS were at least at the scene.
14 A. Yes.
15 SIR JOHN SAUNDERS: So had he got that treatment early
16 enough when NWAS were at the scene and you were capable
17 of giving it, then he probably would have survived.
18 That is not a situation which should happen, is it?
19 A. No, sir.
20 SIR JOHN SAUNDERS: So why did it happen in this case and
21 why did it go wrong and what was the problem with the
22 system you were operating? Because I have no doubt
23 you have given this quite a lot of thought.
24 A. I have, sir, and I... My... My response, obviously,
25 you know... Can I just start with -- I think all the

1 paramedics, all emergency responders that went to that
2 scene wanted to do their very best (overspeaking) --
3 SIR JOHN SAUNDERS: I don't think anyone is doubting it.
4 A. I know. Nobody didn't try and do that that night.
5 Mr Atkinson's death will remain with his family for
6 a very long time and I am truly sorry if any decision
7 that I made, any decision, impacted on his
8 survivability.
9 If I'm going to suggest that -- I believed at the
10 time, and the whole point of this inquiry is to test
11 that belief, but I believed genuinely at the time that
12 the right response was to move those patients quickly as
13 possible away from that City Room, accepting, obviously,
14 all the evidence that has gone before me in terms of
15 should more paramedics have been in that room.
16 My view was that the system actually worked fairly
17 well in terms of the movement of patients. As in my
18 previous evidence, my... As in my previous evidence,
19 sorry, my understanding of the dignity that those
20 patients experienced whilst they were being moved
21 clearly wasn't there and we should have had something
22 different to move those patients.
23 Had an assessment of Mr Atkinson taken place on
24 that -- you know, at the top of the stairs where he --
25 where the challenge was experienced in moving him, would

1 it have changed anything from that point? Potentially
2 not. I think the assessment made in the City Room was
3 key. The assessment then made in the CCS was key.
4 There was clearly a movement issue in the middle of
5 that -- well, just at the end of the bridge and at the
6 top of the stairs.
7 Had we -- you know, I have applied really as to what
8 -- if I'd have moved paramedics to that position to
9 assist Mr Atkinson, my honest view is we would have just
10 done what did happen, which was he was moved on to the
11 CCS.
12 I don't think, as much as that interaction is
13 difficult to watch and obviously difficult for that
14 police officer and those police officers dealing with
15 Mr Atkinson at the time, I don't think my movement of
16 paramedics to him would have sped up that process.
17 I think he would have still moved down the staircase as
18 quickly as he did.
19 SIR JOHN SAUNDERS: Okay. We've been over this a lot with
20 you, Mr Smith, about the HART paramedics and I am not
21 proposing we go into this because I have already formed
22 a fairly firm view about that. But the reality is
23 getting sufficient HART medics up there quick enough,
24 they would have been able to put on the bilateral
25 tourniquets, which he needed to survive?

1 A. Yes, sir.
2 MS CARTWRIGHT: Mr Smith, in terms of your advice,
3 I appreciate you now know that then helpers, members of
4 the public and the police, took it upon themselves to
5 carry Mr Atkinson down the stairs, but your advice to
6 blanket the patient where he was, if it had been
7 followed on your direction, would have been
8 a catastrophic advice for John Atkinson.
9 A. No, because that wasn't the end point of -- that
10 wasn't -- and I know it sounds like it on a recording,
11 but that wasn't an end point. I didn't expect, as we
12 now know, Mr Atkinson to just be left with blankets on
13 him where he was. What I expected was that if someone
14 is genuinely stuck, keep them warm, we will get or
15 something will then come. What I can't -- it would be
16 much easier for me to say I did instruct paramedics but
17 I can't say that because I honestly don't remember. But
18 there's -- you know, I'm very comfortable that something
19 followed that interaction with that police officer,
20 I just can't right now tell you what it is because
21 I genuinely don't remember the interaction.
22 Q. And again, just going back, Mr Smith, to the need to
23 know the severity or how he'd been categorised, for a P1
24 patient that requires him to have immediate life-saving
25 treatment rather than leave them where they are for now

1 and blanket them?
2 A. No, again, because I don't -- that interpretation, that
3 snapshot of that interaction almost makes it sound like
4 I expected Mr Atkinson to just stay where he was.
5 I didn't. I expected Mr Atkinson, as with the other P1s
6 and P2 patients that night, to be moved from the
7 City Room to the CCS. I was fairly comfortable --
8 again, I've probably said this already, but I was fairly
9 comfortable that that system was working as well as
10 possible and my instruction to that police officer
11 wasn't about -- and then leave and then, you know, never
12 go back to Mr Atkinson, who will be safe where he was.
13 My instruction was: if you've got somebody stuck, keep
14 them warm and we will -- you know, the system, ie the
15 response that was downstairs or the response that was
16 upstairs, depending on where Mr Atkinson was, would then
17 come and help.
18 As I have said repeatedly, I guess, what I can't
19 tell you is who I then or what I then instructed
20 afterwards because I just do not recall it.
21 Q. Mr Smith, in your statement you indicated:
22 "Had issues been identified regarding the movement
23 of casualties, steps would have been taken to ensure
24 that those issues were dealt with and that the movement
25 of patients continued down from the City Room to the

1 casualty clearing station as expeditiously as possible."
2 But isn't the very thing that Officer McLaughlin was
3 doing to you at 23.21 identifying very clearly that
4 there was an issue with the movement of John Atkinson?
5 A. Yes.
6 Q. So to that extent this offered a real opportunity for
7 you to ask the question: why is a patient stuck and how
8 are these patients being brought down? Because of the
9 six P1 patients that were in the casualty clearing
10 station at that time, and number of those had managed to
11 walk down with assistance and it was in the early stage
12 of makeshift stretchers being used, so this interaction
13 with PC McLaughlin offered a real opportunity for you to
14 consider how in fact patients were being moved down to
15 the casualty clearing station and for proper
16 consideration to be given to appropriate stretchers for
17 these patients.
18 A. Yes, but I think it's already been my evidence that
19 I was comfortable on the night with the system that we
20 had, appreciating the criticism that has obviously come
21 since. But on the night, I was comfortable. So
22 it isn't a matter of not thinking about that --
23 SIR JOHN SAUNDERS: Let's just cut through this for
24 a moment. The point being made is you may have believed
25 up until then the system was working properly, but if

1 someone's actually getting stuck, that means the system
2 ain't working properly and you need to reconsider it.
3 I think that's the point being made.
4 A. I guess -- as has been pointed out, we're still very
5 early into the use of those stretchers, so I understood
6 the question was more around should I have taken the
7 opportunity to then think: actually, the stretcher
8 system they've got, albeit makeshift stretchers, isn't
9 working? Because obviously when Mr Atkinson became
10 stuck in the manner that he did, actually that did
11 become resolved and so I couldn't -- I then didn't see
12 or wasn't made aware of any other movement issues.
13 Again, accepting, obviously, what has come since, but
14 at the time I wasn't aware of any other movement issues.
15 MS CARTWRIGHT: But again, in terms of saying that the
16 stretcher system they were operating --
17 SIR JOHN SAUNDERS: Okay, I think we're going round in
18 circles, if you don't mind. I think you have made the
19 points in questions and Mr Smith has given his answers.
20 If there's a new point, by all means --
21 MS CARTWRIGHT: It is just, in terms those operating the
22 system, they were not NWAS personnel and it was NWAS who
23 had the statutory duty, once the major incident was
24 declared, for all the casualties and for the movement of
25 casualties. So to say the system was working, it was

1 working without any input from NWAS personnel to remove
2 and evacuate those patients.
3 A. Well, not no input. I guess the movement -- but the
4 movement, as we've already discussed, could be by Fire
5 Service personnel, which wouldn't be NWAS personnel
6 either.
7 Q. But they weren't there.
8 A. Well, no, but I guess my point is we do have a statutory
9 duty, obviously, for those patients, but that means
10 employing a system at scene. And if the system we
11 employ utilises other responders, whether that would be
12 the Fire Service or was on this night GMP officers --
13 sorry, police officers -- then that is a system that
14 I employed. I have previously said in evidence, and
15 I do understand the criticism, on the night, at that
16 moment, I felt that the system was working.
17 Q. Then can I ask you, as well as then the issue that was
18 being identified and the question I've asked you around
19 blankets, when there was information about patients
20 being stuck, a patient being stuck, was again this not
21 an opportunity for you to consider the availability of
22 the mass casualty vehicles and the patient support
23 vehicles to ensure that all necessary stretchers were
24 brought up when this issue was brought to your attention
25 at 23.21?

1 A. Honestly, I think -- I don't think that would have
2 entered my mind or it didn't. I can't imagine that that
3 would have -- you know, the... A logistical issue with
4 a patient, I don't -- and this is again all with
5 hindsight because I don't remember the interaction --
6 but a logistical issue with a patient, I honestly don't
7 think would, at that time on that night, have made me
8 immediately think of the mass casualty vehicle. That's
9 my honest response.
10 Q. You direct PC McLaughlin to go back to the patient. Why
11 did you not give consideration to deploying one of your
12 paramedics that were present at that time to go to check
13 the issue with the patient?
14 A. Well, I think I've already kind of expressed that I may
15 well have done that, I just do not remember the
16 interaction.
17 SIR JOHN SAUNDERS: Okay. Let's again cut through this and
18 then we are moving on. So do you think you should have
19 said to somebody?
20 A. There's --
21 SIR JOHN SAUNDERS: If you're able to say yes or no that
22 would be quite good, but it may not be possible, I well
23 understand.
24 A. Do I think I should? Yes. But I will qualify that with
25 I am not saying I didn't.

1 SIR JOHN SAUNDERS: I understand that, I am just saying
2 that --
3 A. Just blanketing Mr Atkinson up was never the end of that
4 story. It's the end of the captured CCTV, but in my
5 view would not have been the end of that interaction for
6 me. What I can't tell you, though, because
7 unfortunately I wasn't wearing a body cam, what I can't
8 tell you though is what I did next, because I genuinely
9 don't remember the interaction.
10 MS CARTWRIGHT: Mr Smith, I think it's fair to say that the
11 only NWAS personnel who went up the stairs other than
12 the HART paramedics and Mr Ennis was Mr English to take
13 the death cards. So there's no evidence that any other
14 NWAS personnel was dispatched up those stairs.
15 A. No, not at all, but obviously, at the time Mr Atkinson
16 was moved minutes later so -- because you would see...
17 Where Mr Atkinson is stuck, you can see from the
18 concourse visually, so whether someone was sent or not,
19 I honestly -- it's not my evidence that I did send
20 somebody because I genuinely can't remember, but
21 Mr Atkinson obviously did move relatively quickly
22 afterwards.
23 Q. When Mr Atkinson then came down into the casualty
24 clearing station and he was placed by the doorway,
25 effectively practically naked, and the evidence supports

1 that you directed Paramedic Keogh to go to Mr Atkinson,
2 did you observe at that time that in fact it wasn't just
3 police officers that had brought him down, but there was
4 a member of the public, plainly, who was assisting
5 Mr Atkinson?
6 A. No, I'm sorry, I don't recall that. I don't recall
7 Mr Atkinson arriving in the casualty clearing station,
8 but -- I can't then specifically recall a member of the
9 public.
10 Q. But if you'd appreciated that the system that was
11 operating for the extraction of casualties included
12 putting upon members of the public to do that task,
13 would that have affected your thought process around
14 whether this system of evacuation was working for the
15 patients?
16 SIR JOHN SAUNDERS: I think that's conflating two different
17 things in a way.
18 You were not aware that any members of the public
19 helped John Atkinson down?
20 A. No, sir.
21 SIR JOHN SAUNDERS: Did you realise members of the public
22 were helping any people down, were they part of the
23 evacuation process? Were you aware of that at the time?
24 A. I think that's quite... I don't think I was, but I was
25 definitely aware that members of the public were

1 certainly within the casualty clearing station
2 assisting, and a number of those individuals were
3 off-duty personnel. So members of the public obviously,
4 what we're talking about there is non-uniformed
5 individuals within the casualty clearing station. I was
6 definitely aware -- but I was also aware there were
7 people in the casualty clearing station who were
8 obviously friends and family of the patients who were
9 there. So the whole area, whilst cordoned, there were
10 a number of non-uniformed people in that area at the
11 time.
12 SIR JOHN SAUNDERS: Thank you.
13 MS CARTWRIGHT: Can I ask you again about the blankets at
14 this stage because John Atkinson is in the doorway with
15 effectively no clothes on for a period of time until up
16 to midnight when he goes on the ambulance, but there is
17 no evidence that anyone sought to provide him with the
18 warmth of a blanket and to try and protect him against
19 the risk of hypothermia and so at that time were there
20 blankets available in the casualty clearing station?
21 A. There will have been. I wouldn't know the detail, the
22 intimate detail of how Mr Atkinson was being cared for
23 or managed at that point. But -- and this is going to
24 sound backwards to everything I've said so far, but
25 actually usually when we are managing a trauma patient,

1 certainly in the first opening minutes of managing any
2 interventions or assessment, we would want them exposed
3 at first . They should be blanketed fairly early on
4 though.
5 Q. Then can I ask, going back to questions you've been
6 asked previously about —— you talk about moving to the
7 transportation phase. But for patients who have had
8 traumatic and catastrophic bleeds there should have been
9 a system for timely dispatch to hospital where they
10 could get the blood transfusions and other treatments
11 that just could not be provided in the casualty clearing
12 station . So what thought process were you giving to
13 those patients with catastrophic bleeds and getting them
14 quickly to hospital?
15 A. My response to that —— I think the whole response was
16 about making —— was about managing patients on that
17 onward journey, if they needed it, to an emergency
18 department or a to major trauma centre. So the whole
19 response is focused upon getting those patients to care
20 or getting care to those patients . So the whole plan
21 was about that, the whole evening was about that.
22 We follow a system. That system is priority 1,
23 priority 2, priority 3. My instructions, and certainly
24 the action cards of the casualty clearing officer and
25 the loading officer , are around the management of

1 priority 1, 2 and 3 patients and, as far as I —— to the
2 best of my knowledge and understanding, that is, in the
3 main, how things moved through the night.
4 MS CARTWRIGHT: Sir, I can explore that further with the
5 paramedics who actually treated John.
6 SIR JOHN SAUNDERS: I think so, and actually my
7 understanding of the medical evidence at the moment
8 is that really it's the bilateral tourniquets which were
9 absolutely critical and if the bleeding—out, which has
10 occurred by the time he got to the casualty clearing
11 station —— we will hear from the experts, but I'm not
12 convinced at the moment that however quickly he would
13 have got to hospital that would have actually saved his
14 life but we'll see with the expert.
15 MS CARTWRIGHT: Certainly, sir, Dr Rees comments upon the
16 need for replacement blood products which obviously ——
17 SIR JOHN SAUNDERS: I understand that, but even so, if
18 he hadn't had the bilateral tourniquet —— anyway we will
19 see.
20 MS CARTWRIGHT: Sir, can I then, please, ask Mr Cooper to
21 ask his questions?
22 SIR JOHN SAUNDERS: Mr Cooper, I was unduly optimistic, so
23 we will break off at 1 o'clock at the normal time and
24 have an hour's lunch break. I'm not trying to rush you
25 in any way.

1 Questions from MR COOPER
2 MR COOPER: I ask questions on behalf of John Atkinson's
3 family and can I begin by reassuring you that no
4 paramedics saw John Atkinson —— do you understand
5 that? —— in the City Room.
6 A. In the City Room?
7 Q. In the City Room. You're saying that you may have sent
8 someone or you might not have sent someone. Let me put
9 your mind at rest ——
10 SIR JOHN SAUNDERS: I don't think he was in the City Room
11 at the time. It was —— when he was stuck he was outside
12 the City Room, I think, so I don't think he was
13 suggesting that anyone ——
14 MR COOPER: All right, let's be clear —— I just want to
15 clarify if I can and I want to ask you first , please,
16 about a conversation you had with Paddy Ennis. This
17 appears in {INQ025656/1}, paragraphs 17 and 18 of your
18 statement. It's just so we can understand what your
19 state of knowledge was of the safety or otherwise of the
20 City Room and whether others could have been sent in to
21 assist Mr Ennis.
22 Was it your decision at the time as to who goes into
23 the City Room, that is paramedic—wise, and who didn't?
24 A. Yes.
25 Q. In your paragraphs 17 and 18 of your statement you say:

1 "I cannot recall the exact sequence of events in
2 terms of whether I spoke with Derek or Paddy first, but
3 I recall meeting Paddy on the stairs leading down from
4 the City Room, at which time he informed me that there
5 were a large number of patients injured upstairs,
6 including a number of deceased."
7 And further detail is given by Mr Ennis, and you
8 say:
9 "I advised Paddy that we needed to get the injured
10 patients out of that area, using whatever means
11 possible, to which he agreed. I recall that on my
12 arrival at the scene, patients were already being
13 assisted down the stairs: some were walking fairly well,
14 but with support; others needed more support. The
15 individuals helping were members of the public, security
16 staff , and I assumed some to be relatives of the
17 patients. They were helping."
18 And I go on, paragraph 18:
19 "My conversation with Paddy lasted no longer than
20 a minute, following which Paddy advised me that he was
21 going back in. I asked him whether he was safe to
22 return to the City Room, to which he replied that he was
23 'as safe as he would ever be' or words to that effect.
24 I was concerned about further harm, but based on my
25 professional judgement of the scene, my intuition from

1 what I could see, I was satisfied that Paddy was making
2 a reasonable decision. In part, my feeling was that
3 there was no running, no shouting, I heard no shots
4 being fired and I was aware that this was a suicide
5 bomber who was now deceased as advised firstly by
6 a police officer outside and subsequently confirmed by
7 Paddy. Based on my risk assessment at the time I was
8 satisfied we were as safe as we could be at the time.
9 "These discussions and considerations formed part of
10 my dynamic operational risk assessment and whilst
11 I accept best practice would be that we documented those
12 decisions at the time, our priority was to respond to
13 patients and therefore we continued with our decision to
14 remain inside.
15 "I did consider telling Paddy not to re-enter the
16 City Room but I suspect he would have ignored me and
17 I was fairly satisfied he knew the risks being taken."
18 SIR JOHN SAUNDERS: Mr Cooper, I will allow you to ask
19 a question about it. We have actually been round this
20 particular bit.
21 MR COOPER: It's very short, the question. It's simply
22 resources and personnel for John Atkinson.
23 SIR JOHN SAUNDERS: I'm not trying to stop you, it's just
24 that this particular issue has been considered quite
25 a lot. By all means relate it to Mr Atkinson.

1 MR COOPER: That's all I'm doing, relating it to
2 Mr Atkinson.
3 Let me understand, if I can, very shortly from you,
4 if I can, please, Mr Smith on this: having spoken to
5 Mr Ennis, were you of the view that it was safe to send
6 some paramedics into the City Room?
7 A. No.
8 Q. Well, when you say, "I was satisfied Paddy was making
9 a reasonable decision", would it not have been
10 a reasonable decision to send paramedics into the
11 City Room, some of whom may have been able to apply
12 tourniquets to John Atkinson?
13 A. I think ... I think I've answered this in evidence on
14 a number of occasions, but my understanding at the time
15 is that ...
16 Q. Your voice is very low. Could you keep your voice up?
17 A. Sorry. My understanding is that normal paramedics --
18 normal, that's an incorrect terminology, but
19 non-specialist, non-HART paramedics should not be
20 in that City Room. My view remains the same as it was
21 when I gave evidence in May that actually the rules, the
22 policies and procedures available to me at the time
23 didn't allow me to send or allow Paddy back in that
24 room, we took a risk on the night in terms of that
25 policy and procedure. I completely accept that, you

1 know, that there are criticisms of that, but at the time
2 that was my decision.
3 The reality is, as I think I said again in evidence,
4 is that actually my understanding when I walked away
5 from that incident that night is that I would be
6 criticised for that decision of allowing Paddy into that
7 room.
8 SIR JOHN SAUNDERS: Okay. So Mr Cooper, I think that's very
9 much what he said before. If we can move on. It's just
10 we discuss it and you in particular asked a lot of
11 questions --
12 MR COOPER: I was simply trying to join the two sections and
13 I have done that, I will move on.
14 SIR JOHN SAUNDERS: Thank you very much.
15 MR COOPER: I want to move on to something you said today,
16 please, Mr Smith. You said that you were comfortable
17 that, I paraphrase you, that the extraction systems from
18 the City Room were in place and working well. You said
19 that on a number of occasions today. What was it that
20 made you comfortable, your words, that they were working
21 well?
22 A. In the main the speed at which patients were arriving
23 with me. When we look at the timeline of this, I'm
24 always very clear that I arrived at 22.58, the speed
25 then at which we did -- not we, but the individuals that

1 were doing it managed to move those patients into the
2 CCS, to me, gave me confidence again at the time that
3 patients were being moved in a timely manner down the
4 stairs.
5 SIR JOHN SAUNDERS: Suppose you hadn't been satisfied about
6 that. Suppose I come to the conclusion, actually, it
7 wasn't working that well. Would you then have sent
8 paramedics in?
9 A. Well, I don't know if I'd have sent paramedics in.
10 I think that would have been more about if it wasn't
11 working well -- I think there's multiple variations to
12 that. If it wasn't working well because there was
13 a problem within the room that meant that patients
14 couldn't be moved out as quickly as I wanted, then
15 we would have had to have discussed: do I take more risk
16 in terms of other paramedics in the room?
17 SIR JOHN SAUNDERS: So you would have considered it might be
18 justifiable to send paramedics other than HART people in
19 there?
20 A. Well, I would have had more HART at that point, so it
21 might be that I would have said: are you definitely
22 satisfied that you are -- that things inside the room
23 are working well? Because I think we've mentioned
24 before, if people were trapped inside that room, that
25 would have meant a different dynamic to the situation.

1 So for me at the time I felt that that room -- or I was
2 comfortable that room was being managed as well as it
3 could and that the movement downstairs was being
4 managed.
5 If it was the movement, the physical movement
6 aspect, then of course I could have considered other
7 alternatives, but the reality on the night is that the
8 next alternative really was the scoop stretchers which
9 obviously we have discussed before in terms of the
10 reality of whether they would have sped anything up or
11 actually slowed it down.
12 SIR JOHN SAUNDERS: Thank you.
13 MR COOPER: Did it strike you perhaps that some people
14 weren't being moved because they were in too severe
15 a state to be moved?
16 A. I don't know if that's striking. I think that is this
17 incident, unfortunately, so --
18 Q. That is the what, sorry?
19 A. This incident is -- the very nature of this incident
20 meant that a lot of patients were severely injured. The
21 movement of those patients was about the fact that they
22 were in what we deemed at the time as a dangerous area
23 and they needed to be moved quickly.
24 You would do the same for many patients if they were
25 in a dangerous area, severely injured, if you had time

1 to not move -- if you didn't have to move those patients
2 quickly and actually there was a lot of time to
3 stabilise them and move them, then you would do things
4 differently. But in the incident we were dealing with,
5 they were in the middle of what had been a dreadful
6 incident and a bomb site and, as a result of that, they
7 needed to be moved as quickly as possible.
8 Q. How did you know that there weren't people, perhaps just
9 like John Atkinson, lying in the City Room, needing
10 urgent attention with tourniquets, perhaps before they
11 were moved, and were simply lying there, waiting for
12 urgent attention? Not transportation initially but
13 urgent attention such as tourniquets. You didn't know
14 that one way or the other, did you? Simply judging it
15 on the flow of people coming out wouldn't help you with
16 that, would it?
17 A. No, but I think the question before about the flow was
18 how did I know that the movement of patients was
19 working. That movement was because of the flow. Again,
20 I think in my evidence in May I discussed -- and this is
21 not a criticism of the paramedics within that room, but
22 if there had been in-room issues, I would have expected
23 to have heard about them.
24 Q. Well, there weren't that many people in that room,
25 paramedic-wise, working who could pass that information

1 on. For all my firm questioning of Mr Ennis, credit
2 where Mr Ennis is due (sic), he's up there getting stuck
3 in, as I have used the expression, but apart from
4 a couple of others, it's a lone effort by him. Are you
5 really saying you're relying on that to provide you with
6 information such as that might have assisted?
7 A. Yes.
8 Q. Yes? Did it not strike you that perhaps: well, they
9 need support, there may be people up there lying on the
10 floor like Mr Atkinson, I'm not getting the information,
11 let me send some more paramedics up? Did that cross
12 your mind?
13 A. No, because I was getting information and I was aware of
14 what was happening and again, as I've said previously,
15 at no point -- and again I want to reiterate, not
16 a criticism of the paramedics -- but at no point was
17 I informed that actually we needed more help.
18 I accepted in my earlier evidence that I could have
19 made a proactive effort to ask those questions but
20 I would have expected, certainly from Paddy but
21 definitely from the HART team, the conversations to be
22 occurring and if further assistance was required in the
23 room, I would have expected that to have come to me or,
24 in the case of HART, actually probably to the HART team
25 leader for (overspeaking) --

1 SIR JOHN SAUNDERS: Sorry, let's just look at a few basic
2 things really as to whether it should have occurred to
3 you to get other people in there. Paddy Ennis is the
4 only one there to start with. He has a responsibility
5 of triaging, organising who gets out of there first,
6 trying to organise the safe removal of those people and
7 get round a whole load of injured people at the same
8 time. How could he ever, ever, have done that on his
9 own and how could you ever have thought he could?
10 A. Which is why the deployment of HART occurred.
11 SIR JOHN SAUNDERS: Okay, but they're three-quarters of
12 an hour afterwards, aren't they? Sorry, I'm probably
13 getting the wrong times.
14 So we're talking about the first time to start with
15 when Mr Ennis is there on his own, which is
16 a substantial period of time. How could he ever have
17 done it on his own?
18 A. I guess that goes back to, unfortunately, my earlier
19 evidence that on that night, at that time, my view was
20 and is that I had limited -- well, I had no choice in
21 terms of who should be in that room.
22 SIR JOHN SAUNDERS: There are two different things. There
23 is: I thought it was all going fine and I didn't need
24 anybody else; that's one possibility. The second
25 possibility is: well, it can't conceivably be going fine

1 with just one guy in there but I really am not allowed
2 to get anyone else in there. Which is it?
3 A. I think -- no, sorry, so the movement out, I thought,
4 was working as well as it could. Inside the room, yes,
5 Paddy was on his own. We did have interactions and
6 I know they've not been captured, but we did have
7 interactions. As soon as the HART team obviously
8 arrived, they were sent up in support of him.
9 I guess that action alone suggests that I was
10 conscious he was on his own in there and did require
11 further support, but I did feel, unfortunately, that my
12 hands were tied.
13 SIR JOHN SAUNDERS: You couldn't (inaudible)? Okay.
14 MR COOPER: So your evidence is, let me understand this,
15 there were interactions but it has not been captured?
16 Yes? That is first thing you say, is it?
17 A. Yes. So myself -- and there were radio messages but
18 unfortunately they've not been captured because it was
19 an open channel --
20 Q. Not been captured? Well, we can only deal with the
21 evidence we've got, Mr Smith. And HART came in
22 44 minutes later. That's your evidence, is it, on your
23 knowledge and comfort -- your word, your comfort
24 (sic) -- as to the treatment being given to people in
25 the City Room, John Atkinson in particular, that made

1 you comfortable, did it?
2 A. No, I don't think I responded that I was comfortable
3 around the treatment. I think I said I was comfortable
4 around the movement of patients (overspeaking) in the
5 City Room.
6 Q. All right, so you if weren't comfortable then about the
7 treatment that they were getting, you didn't have
8 a comfort zone there, you must have been concerned about
9 what the people in the City Room -- some people like
10 John Atkinson were lying stricken, they couldn't be
11 moved, that obviously crossed your mind?
12 A. Those patients obviously crossed my mind. I have never
13 said that I was -- that I'd been comfortable. What
14 I said, or what I believe I said, and certainly my
15 thoughts now are that my job that night was to set up
16 a system of triage and I believe I did that, accepting
17 that he was on his own and accepting that I moved the
18 HART team as quickly as possible in there.
19 The question has been put to me a number of times,
20 should I have sent more paramedics into that room, and
21 my response has been quite clear that I did not feel
22 able to do that.
23 Q. So you're -- which is bold of you and I commend you for
24 it -- you're accepting responsibility for the triage
25 that was taking place in the City Room? You're

1 accepting responsibility for that?
2 A. I have to accept responsibility for the entire
3 operation. That was my role on the night.
4 Q. And part and parcel, the responsibility that you're
5 accepting, is for the triage that was given to patients
6 in the City Room?
7 A. Yes.
8 Q. So therefore, the fact that John Atkinson was lying
9 in the City Room, some might say initially unable to be
10 moved and needed immediate attention with a tourniquet
11 and didn't get it because there weren't people there to
12 triage him properly, is down to you, is it?
13 A. Yes.
14 Q. And would you say with hindsight that you should have
15 sent more paramedics up there to make sure things like
16 that shouldn't happen?
17 A. I wouldn't say with hindsight that I should have because
18 I am still clear that on that night that option was not
19 provided to me. In hindsight -- and I'm sure the
20 purpose of the inquiry is to make recommendations, and,
21 you know, the system of zoning something to the point of
22 excluding paramedics has obviously already at a national
23 level been reviewed and changed and probably as a result
24 of numerous incidents --
25 SIR JOHN SAUNDERS: We are now going back over things which

1 we've looked at in quite a lot of detail. So thank you.
2 MR COOPER: Would that be a convenient moment, sir?
3 SIR JOHN SAUNDERS: Just give me some idea of how much
4 longer you think you might be.
5 MR COOPER: I would have though with this witness about
6 20 minutes and again with the next witness I would have
7 thought about 20 minutes again.
8 SIR JOHN SAUNDERS: Thank you.
9 (1.00 pm)
10 (The lunch adjournment)
11 (2.00 pm)
12 SIR JOHN SAUNDERS: Mr Cooper.
13 MR COOPER: Many months ago, sir, you observed the benefits
14 of maybe reflection over lunch. That reflection has
15 taken place and I have no further questions in fact, but
16 I would just like to raise one issue in terms of the
17 evidence in case there's any other issues you, sir, wish
18 to take with this witness.
19 We presently wish to continue examining with you
20 whether anything could have been done in the casualty
21 clearing station, such as the swift extrication from it,
22 so that blood products could have been infused into
23 Mr Atkinson. So we are just highlighting that we heard
24 your preliminary approach --
25 SIR JOHN SAUNDERS: That's perfectly fair enough and I have

1 reflected over it as well. We will obviously go into
2 this with the experts, who will be the best people to
3 give that. So although it appears to me that the
4 critical time at the moment is in the City Room or just
5 outside the City Room and getting the bilateral
6 tourniquets on as soon as possible, I do understand that
7 we will examine -- and I certainly haven't a closed mind
8 about it --
9 MR COOPER: I understand that.
10 SIR JOHN SAUNDERS: -- what else could have been done, even
11 if the tourniquets had not been put on.
12 MR COOPER: The only reason I mention it now was in case
13 there was anything you wanted to develop with this
14 witness whilst he is here, that's all.
15 SIR JOHN SAUNDERS: No, that's fine. I understand the point
16 and if it appears that I have a closed mind or anything
17 else, my mind is now re-opened, Mr Cooper.
18 MR COOPER: I have no further questions, sir.
19 MS CARTWRIGHT: Sir, there are no questions from GMP. Could
20 I ask Ms Roberts to ask her questions?
21 (Pause)
22 SIR JOHN SAUNDERS: Well, that was quicker than it was going
23 to be!
24 Further questions from MS CARTWRIGHT
25 MS CARTWRIGHT: Perhaps then just one matter that I could

1 just address very briefly with Mr Smith.
2 Mr Smith, in answering questions from my learned
3 friend Mr Cooper you were talking again about zoning and
4 considerations around the City Room and I don't want to
5 go over that evidence or the evidence you gave on the
6 previous occasion. But it's clear from the interaction
7 you had with PC McLaughlin that you are very happy to
8 dispatch him, as a serving police officer, back up on to
9 the area where the patient was. I just want to
10 consider, insofar as you were directing him to go and
11 blanket the patient in that area, to that extent why you
12 felt able to do that but not then deploy your own
13 paramedics to the same area?
14 A. Yes, so I suppose, again, not from memory, but I suppose
15 thinking about it, I guess he has come from that area
16 because he's not in the City Room, my zoning was of the
17 City Room and then the bridge, really, and certainly the
18 staircase down were areas where we could deploy, but
19 actually that would be an unrealistic place to provide
20 care.
21 So I think -- actually, I'm applying hindsight
22 there, apologies, because I'm not sure that I was on the
23 night completely... So if I start my answer again,
24 apologies.
25 I think it's a reasonable question. I guess my

1 responsibilities are within the Ambulance Service and
2 the patients, et cetera, that we are responsible for.
3 The zoning, as far as I was concerned, stopped me from
4 dispatching my own personnel. The fact that a police
5 officer had been permitted by their own command
6 structure to work in different areas, whilst not my
7 responsibility -- obviously they are not my
8 responsibility -- that decision really is with the
9 commander for the police, which was obviously
10 Inspector Smith on the night.
11 Q. Then perhaps to complete that answer then, at this time
12 at 23.21, when you are of the belief that there's been
13 a command decision dispatching PC McLaughlin, should
14 that not have been an opportunity to remind you of the
15 need for a JESIP huddle to have proper understanding of
16 the situational position and risk?
17 A. And I completely -- and I have throughout completely
18 accepted that I should have done better in making sure
19 that a JESIP huddle happened. That and other
20 opportunities existed.
21 Q. Because if it was safe enough for serving police
22 officers, arguably it was equally safe for serving
23 paramedics?
24 SIR JOHN SAUNDERS: Well, that was subject to the huddle and
25 what was discussed and what could be said. So

1 a decision hadn't been made properly on the information.
2 I actually just want to clarify something. We know
3 that where we're concerned with is on the upper floor,
4 but before the City Room. That is where John was stuck.
5 Are you saying that you regarded that as a warm zone
6 where you couldn't go to, so you were proscribed, as it
7 were, by your instructions that you simply couldn't go
8 there, or are you saying that wasn't part of the
9 warm zone or it was and you could have sent them there?
10 A. I think after I'd initially -- again, applying
11 hindsight, when I initially arrived, the bottom of the
12 stairs was almost the... I was happy with the zone in
13 terms of the station concourse to the bottom of the
14 stairs, so the very bottom of the staircase. I guess up
15 the stairs and across then entered into the warm zone.
16 So for me, I'd have been comfortable, I think,
17 at the top of the staircase. I think the closer you got
18 to the City Room would be when I would start to become
19 more uncomfortable with the zoning. And I think where
20 Mr Atkinson was was at the top of the staircase.
21 SIR JOHN SAUNDERS: Thank you very much. There's nothing
22 you want to ask as a result of that? No?
23 So that concludes this witness's evidence?
24 MS CARTWRIGHT: Yes. And, as I have already headlined, the
25 next witness is Dr Daley and so with thanks to

1 Mr Smith --
2 (Pause)
3 SIR JOHN SAUNDERS: You have come a number of times, so
4 thank you very much for coming. We will think very
5 carefully about your evidence and the findings and
6 recommendations that I make. Thank you.
7 (The witness withdrew)
8 DR MICHAEL DALEY (recalled)
9 Questions from MS CARTWRIGHT
10 MS CARTWRIGHT: Dr Daley, you've been called today to give
11 evidence in respect of chapter 12 for John Atkinson.
12 Can I identify the times that we have from when you were
13 present and seen assisting Mr Atkinson? It's right,
14 isn't it, that you came upon Mr Atkinson at a time when
15 he'd gone into cardiac arrest?
16 A. Yes.
17 Q. And that the CCTV captures that you essentially assist
18 those taking John towards the ambulance at 23.49.02?
19 A. Yes.
20 Q. And that you assist as John is pushed down towards the
21 ambulance, arriving and being placed into the ambulance
22 at 23.50.21, and then you go into the back of the
23 ambulance and are seen to leave the ambulance at
24 23.51.15?
25 A. Yes.

1 Q. So in total, we're dealing with a period of time of just
2 over 2 minutes and 13 seconds?
3 A. A bit longer than that: 23.47 --
4 Q. Well, 23.49 to 23.51.15 is just over 2 minutes.
5 A. Okay.
6 Q. Certainly in terms of the time period when you're in the
7 back of the ambulance, it's a period of 54 seconds.
8 A. Yes.
9 Q. If I can detail then -- it's right, isn't it, that you
10 go on to perform a bilateral needle decompression in the
11 back of the ambulance?
12 A. That's correct.
13 Q. And up until you coming upon John at 23.49, you had not
14 been informed in any form of clinical care for John?
15 A. No, I had no knowledge of him.
16 Q. So can you assist us as to, when you joined the
17 paramedics that had been with him, the information that
18 you'd been provided with? Because I think you indicate
19 you would have had some information but you can't
20 recollect it now.
21 A. They gave some sort of handover as to what had happened
22 to him and what had happened up until that point, but
23 I couldn't remember the specifics of it. There was
24 certainly no mention of him having had a massive
25 haemorrhage prior to that event.

1 Q. In terms of the significance of that, because you set
2 out in your witness statement that you had had no
3 information or did not see that John had had
4 a significant bleed?
5 A. No.
6 Q. But that was relevant information that would have
7 affected your decision as to whether or not a needle
8 decompression would have been required?
9 A. No. It still would have proceeded like that.
10 Q. Then let's deal with why you performed a bilateral
11 needle decompression with the assistance of the
12 paramedic. You did that because you believed that there
13 may have been a pneumothorax; is that correct?
14 A. A tension pneumothorax, yes.
15 Q. Yes. To that extent, there's already been evidence that
16 has been read of the analysis of Paramedic Ruffles, who
17 been with John for a period from 23.31, who had actually
18 considered and done a full clinical assessment on John
19 and arrived at a decision that there was no evidence of
20 a pneumothorax. So can you recall Mr Ruffles indicating
21 to you from his assessment there was no evidence of
22 a pneumothorax?
23 A. No, I don't remember that. But also, with trauma
24 patients, things evolve, so there may not be a very
25 reliable clinical sign of a pneumothorax, but over time,

1 the pneumothorax expands and then becomes a tension
2 pneumothorax, so it's a process of reassessing the
3 patient.
4 SIR JOHN SAUNDERS: Is it standard treatment or why did you
5 particularly do it in this case? Just explain to us why
6 you do it.
7 A. When a patient goes into cardiac arrest we normally
8 think of someone who, say, has had a heart attack. That
9 is more of a medical cause of cardiac arrest. This
10 patient has suffered a significant trauma and we follow
11 a different treatment algorithm with those patients
12 (inaudible) consideration of the oxygenation, blood
13 loss, which may be external or internal, and then
14 also tension pneumothoraces.
15 MS CARTWRIGHT: You indicated that your analysis as to why
16 you did perform the bilateral needle decompression is
17 you considered two factors: one, that the cardiac arrest
18 could have been caused by a tension pneumothorax.
19 A. Yes.
20 Q. Or secondly there may have been some internal bleeding?
21 A. Yes.
22 Q. But you didn't factor in evidence of external bleeding,
23 did you?
24 A. I think I have mentioned in the statement that there was
25 no real direct evidence of blood. So if a patient's

1 lost a lot of blood, even with him being transferred
2 around, there's usually a lot of smearing of blood,
3 there's still dry blood, and there wasn't really much
4 for me to suggest that he had had a significant bleed at
5 that point. It wasn't handed over to me and I believe
6 the paramedics hadn't received that information either
7 about the bleed which he'd had up in the City Room.
8 I've only learnt of that knowledge subsequently.
9 Q. But in terms of a cause of cardiac arrest, hypovolaemia,
10 so significant blood loss, is one of the key indicators
11 for a patient going into cardiac arrest?
12 A. It is.
13 Q. So to that extent, in terms of when you are doing your
14 analysis of what the available information is either
15 orally or visually, what consideration did you give to
16 hypovolaemia?
17 A. Quite considerable consideration because of the wounds
18 that I'd seen on other patients and on Mr Atkinson,
19 there was a high risk of bleeding from anywhere within
20 the body from the way the shrapnel has passed through
21 the body. Regardless of whether it was from the leg
22 wounds, which I subsequently found out it was, or
23 internally, there was very little I could actually do
24 besides give some fluids to that patient. What he
25 needed was blood if he'd lost a significant amount and

1 that was not available at the scene.
2 Q. So is it your position that you did not see the
3 tourniquet that was on his legs at that time?
4 A. I don't recall.
5 Q. Is it your evidence that you were not told by Paramedic
6 Ruffles or Paramedic Keogh or EMT -- any of those, the
7 EMT, that their assessment had been that John had had
8 a significant blood loss?
9 A. I knew he'd bled, but I didn't understand the extent to
10 which he'd bled.
11 Q. If you had known the extent to which John had bled,
12 would you have still gone on to perform the bilateral
13 needle decompression?
14 A. Yes.
15 Q. Can I ask then, why you would have gone to still to
16 perform it even if you'd known those factors?
17 A. Because with the way the shrapnel wounds were and the
18 way he'd gone into cardiac arrest from previously being
19 alert and talking to the paramedics -- that's what they
20 had said to me -- you have to consider all aspects of
21 the patient and then the reversible causes. So by
22 treating the tension pneumothorax you could then
23 actually get the heart to start going. So although
24 he had bled, that might not necessarily have been the
25 true cause of the cardiac arrest. So you have to think

1 of the whole patient, not just one isolated injury.
2 Q. So then can you assist us, because we can see as John
3 was wheeled along the road that there is no physical
4 clinical examination by you of him.
5 A. He was in a cardiac arrest, so I was going by an
6 external visualisation and at that point it was
7 recognised that we needed to get him to hospital
8 quickly.
9 Q. So what was it that made you think there was a potential
10 tension pneumothorax?
11 A. The wounds that were over his body.
12 Q. Can I ask, because it's right, isn't it, if there isn't
13 a tension pneumothorax and you go on to perform
14 a bilateral needle decompression, you can actually cause
15 a pneumothorax in a patient?
16 A. You can. That's a risk that we always take with doing
17 these things. But that was the information that then
18 the hospital would then act upon further down the line.
19 Q. So can I just explore that a little further. If you
20 already have a patient, as John was at that time, in
21 extremis, actually by doing a tension pneumothorax --
22 a bilateral needle decompression you could actually be
23 making the situation worse for a patient already
24 struggling by -- if there's no pneumothorax you then
25 cause a collapsed lung?

1 A. You are not going to know that at the time.
2 Q. But was there other available information and more care
3 that could have been taken before you did the needle
4 decompression to properly evaluate what was causing the
5 cardiac arrest?
6 A. It's difficult to fully examine a patient who's in
7 cardiac arrest because they have no -- there's no
8 cardiac output, so there's no pulse to assess, there's
9 no breathing to assess. So you have to base your
10 findings on what's in front of you, which is a patient
11 who had lots of puncture marks from high-velocity
12 shrapnel, which could have passed through any organ in
13 the body, including the chest, so you have to treat each
14 of those factors.
15 SIR JOHN SAUNDERS: So you do a pneumothorax (sic) because
16 it may be that that was necessary in order -- because
17 that was causing a heart attack?
18 A. Yes.
19 SIR JOHN SAUNDERS: And we've heard that there can be risks
20 attached to that if it's not actually a pneumothorax?
21 A. Yes.
22 SIR JOHN SAUNDERS: Would those risks -- could they be dealt
23 with by getting to hospital or is it something that
24 which could actually make things a lot worse?
25 A. If he then goes on to develop pneumothoraces as a result

1 of what I have done, those could be dealt with in
2 hospital --
3 SIR JOHN SAUNDERS: There would be time for that to happen?
4 A. It wouldn't happen instantly, not with a needle
5 decompression.
6 SIR JOHN SAUNDERS: Would it be obvious when they got to
7 hospital when they got to a proper examination that that
8 was so?
9 A. I did specifically hand over to the paramedics to tell
10 them what had been done and I believe they did so. And
11 also the cannulas would be in position on the chest.
12 SIR JOHN SAUNDERS: Okay. So we know now, with the benefit
13 of post-mortem and things like that, that actually the
14 cardiac arrest is caused by the massive blood loss.
15 A. Mm-hm.
16 SIR JOHN SAUNDERS: If you'd known that, and I'm not
17 suggesting you should have done, but if you had known
18 that, you wouldn't have done the pneumothoraces (sic),
19 but that's not going to affect the matter in the long
20 run, as I understand what you are saying?
21 A. It's part of the standard treatment algorithm for
22 traumatic cardiac arrest to deal with all of those
23 issues at the same time.
24 SIR JOHN SAUNDERS: But if you had known about the massive
25 bleed, is there any other treatment you could have given

1 in the ambulance to help?
2 A. What he needed was blood, which we didn't have. If you
3 give normal IV intravenous fluids that could actually
4 make the situation worse. It would have perhaps led to
5 a return of circulation, so a cardiac output, but it
6 wouldn't have helped any ongoing bleeding because you
7 just are diluting the blood further still and diluting
8 the clotting factors, so what he needed was blood.
9 SIR JOHN SAUNDERS: And the effect of having blood would be
10 what? I know that may sound obvious, but it would get
11 him going again, hopefully?
12 A. Yes.
13 SIR JOHN SAUNDERS: Why then in these circumstances don't
14 ambulances carry blood when going to this sort of
15 incident?
16 A. I think I touched on this last time I gave evidence --
17 SIR JOHN SAUNDERS: Well, I am very sorry. I have
18 momentarily forgotten it then.
19 A. The logistics of carrying blood is very difficult. So
20 it's -- we as a service in the north-west, it's only the
21 air ambulance that carries it --
22 SIR JOHN SAUNDERS: I do remember you saying that.
23 A. -- because it's quite hard to keep, convey, transport
24 back to hospital and keep a track of everything.
25 There's a rigid clinical governance structure attached

1 to it.
2 SIR JOHN SAUNDERS: Everyone knew when they were going to
3 this they were going to an explosion.
4 A. Yes.
5 SIR JOHN SAUNDERS: That is a sort of situation where you
6 might well need blood really urgently at the scene. Is
7 it not possible, and maybe I need to ask somebody else
8 this, that for that sort of emergency, you have blood
9 ready which can be put on to ambulances straightaway?
10 A. We don't have that -- we didn't have that then and we
11 do not have that now.
12 SIR JOHN SAUNDERS: Is it not possible?
13 A. It may well be possible but that would take some
14 considerable doing to get that in place. Also, it's the
15 training of the staff to administer blood as well.
16 Giving blood is not the safest thing to do --
17 SIR JOHN SAUNDERS: No, but you were there, there were
18 a number of other doctors there, you could have given
19 John Atkinson blood, had there been blood there,
20 couldn't you?
21 A. Yes.
22 SIR JOHN SAUNDERS: I am just looking, exploring what things
23 may help. You say it would be logistically difficult
24 and I have no doubt it would be and I'm probably
25 simplifying and being simplistic about everything, but

1 if you have stocks of blood at the hospital, which you
2 undoubtedly would have, in containers --
3 A. Actually, the hospitals only keep a limited supply of
4 blood on site. The rest would be with the transfusion
5 service.
6 SIR JOHN SAUNDERS: But they had the blood to deal with
7 patients when they came into the hospital. It's really
8 whether we can move it up one step?
9 A. Yes.
10 SIR JOHN SAUNDERS: Possible but difficult?
11 A. Yes.
12 SIR JOHN SAUNDERS: Perhaps NWAS can help about that in due
13 course as something we can look at. Thank you.
14 MS CARTWRIGHT: Can we then explore with you that 54 seconds
15 when you're in the ambulance with John Atkinson and what
16 you actually did in terms of information you obtained
17 and also the procedure itself, please.
18 A. So I'd already obtained a handover of information as
19 we were moving Mr Atkinson from the concourse to the
20 back of the ambulance.
21 We then got on to ambulance. I asked if -- I can't
22 remember whether I asked just before getting on to the
23 ambulance or in the ambulance whether the crew had
24 a scalpel. Normally, for this sort of procedure, the
25 best way of doing it is to do a bilateral finger

1 thoracostomy, which is where we make an incision in the
2 lateral chest wall on each side and open that. That
3 more reliably lets us decompress a tension pneumothorax.
4 Q. Just pausing there, if you use a scalpel rather than
5 a needle, does that reduce the risk, if there's no
6 tension pneumothorax, of then actually creating
7 a pneumothorax?
8 A. You still create one but it then allows a bigger hole
9 for the air to escape back out.
10 Q. So ideally you would have preferred to have performed
11 the procedure on John using a scalpel rather than
12 a needle?
13 A. Yes.
14 Q. Because inevitably the needle has to go far deeper
15 into the area between the rib and the lung?
16 A. You go into the same depth: the idea is to get through
17 the chest wall with either mechanism.
18 SIR JOHN SAUNDERS: You just have a bigger gap?
19 A. A bigger hole.
20 MS CARTWRIGHT: And so then you indicated that you asked if
21 there was a scalpel.
22 A. And I was told there wasn't. It's standard for
23 paramedics, regular paramedics, to not carry one because
24 of the training involved for the procedure, it's quite
25 high. So the best next best thing was to do a needle

1 decompression.
2 Q. Can I ask then, in terms of a scalpel, would there have
3 been any available kit at the scene that would have
4 contained scalpels for use by doctors?
5 A. Advanced paramedics carry them.
6 Q. So was any consideration given to asking for --
7 contacting maybe one of the advanced paramedics to
8 obtaining a scalpel from them?
9 A. At that point I believe that the time wasted trying to
10 get a scalpel -- find an advanced paramedic, find him
11 with the kit, and then get it back to the ambulance
12 would have been too long. He needed to get to the
13 hospital and that's what I didn't want to waste any time
14 doing --
15 Q. Perhaps if you can continue describing what you were
16 doing over those 54 seconds, please.
17 A. I performed the needle decompression on each side.
18 Sometimes if there is a tension pneumothorax there you
19 can hear a hiss of air as is it comes out. That's not
20 as reliable with the needle as it is with an open -- a
21 finger thoracostomy. Also because of the noise in the
22 background at the incident, it made it more unlikely to
23 actually hear anything. So you then are assessing,
24 looking for -- if there's an improvement in the
25 patient's clinical condition. I think in retrospect

1 I probably didn't give it long enough because I now
2 know -- it felt like I was in the back of an ambulance
3 for longer than a minute. But I then recognised that
4 the patient then needed to get to hospital and to give
5 the paramedics instructions what to do and what to say
6 on arrival at Manchester Royal.
7 Q. Just to look at what's in your witness statement as
8 well, when the needle was placed into John, if there's
9 a pneumothorax, there was no evidence of that classical
10 hiss that would have indicated air was being released?
11 A. No, but like I said there's not always that hiss with
12 the needle decompression.
13 Q. So can I just be clear: having performed the procedure,
14 my understanding is that you had identified that there
15 wasn't a tension pneumothorax?
16 A. (Overspeaking).
17 Q. (Overspeaking).
18 A. -- there was no hiss, there was no release, but that
19 doesn't necessarily mean that there isn't
20 a pneumothorax.
21 Q. So what was it that you then communicated to the
22 paramedics needed to be passed on to the
23 Manchester Royal Infirmary?
24 A. My thoughts were then more that he could still well have
25 a problem with his chest, but then he also could be

1 bleeding internally as to which there was no one on
2 scene who could do anything about that and he needed to
3 get to a hospital with a full resuscitation team and
4 theatre team.
5 Q. So there was nothing as part of your handover that you
6 wanted to be conveying to the hospital around traumatic
7 bleed?
8 A. Bleeding is always a consideration with these patients
9 and that's what I did hand over.
10 Q. You indicated you wanted -- you performed that procedure
11 and wanted John to get to hospital as soon as possible.
12 But we know after you left the ambulance that the
13 ambulance didn't go for a further 9 minutes. Can you
14 assist us as to what you were saying about the real
15 urgency to get John to hospital at that point?
16 A. Sorry, I don't understand.
17 Q. You come off the ambulance at 23.51.15.
18 A. Yes.
19 Q. You're indicating that you couldn't wait for a scalpel
20 because time was of the essence and John needed to get
21 to hospital. But there is a further 9 minutes after you
22 get off the ambulance before the ambulance departs with
23 John and reverses away from Station Approach.
24 A. So I think at that point I thought they were going to
25 head off straightaway and then that's when I've returned

1 back into the station.
2 Q. Can I ask you was any part of what you passed on to the
3 paramedics the fact that you had performed the needle
4 decompression, there had been no evidence of air
5 release, and so the hospital had to be looking for
6 whether there was a possibility that that had caused
7 a pneumothorax and there would be a need to inflate the
8 lungs when John got to hospital?
9 A. No. The information I handed over was that the needle
10 decompression may not have worked, even if there was
11 a tension pneumothorax there, and what then needed to be
12 done immediately on arrival at hospital was finger
13 thoracostomies.
14 Q. Can I then just be clear, because we have evidence from
15 Mr Ruffles that he had observed equal rise and fall in
16 John and no evidence of pneumothorax from his assessment
17 of him. So at any point was that passed on and given to
18 you in the back of the ambulance or as you went to the
19 ambulance?
20 A. At what time is that assessment?
21 Q. Mr Ruffles was with John from 23.31 right up to the
22 period of him going into the ambulance.
23 A. Okay. It might well have been, I can't remember.
24 However, patients deteriorate quite rapidly.
25 Pneumothoraces can evolve, can become a lot bigger,

1 particularly if the shrapnel has migrated and that's
2 created a bigger injury internally.
3 Q. In terms of the consideration of a patient deteriorating
4 rapidly, you have indicated in your witness statement
5 that you didn't travel with John to hospital because you
6 were the only doctor on scene.
7 A. I think I need to -- I've been advised to clarify that.
8 I was the only officially responding doctor on scene
9 working with NWAS. The other doctors who were on scene
10 were volunteers who had responded and they did not have
11 any training in major incidents.
12 Q. But that's not what you said in your witness statement.
13 You evidence was --
14 A. That's not -- I apologise for the confusion.
15 Q. But in terms of those other doctors that were present at
16 scene, you'd had interactions with them prior to this
17 time in the casualty clearing area.
18 A. I had done, yes.
19 Q. So to that extent, even if your analysis was that you
20 couldn't leave the scene, what thought process did you
21 give to seeking to identify that one of those doctors
22 travelled with John?
23 A. Those doctors were in civilian clothing. Trying to find
24 them quickly would have been difficult and, as I've
25 already said, the patient needs to get to hospital ASAP.

1 Q. Then it's Paramedic Keogh's position and I think you --
2 that he asked you also if he could go with the
3 paramedics to hospital, so John would have had the
4 availability of two paramedics assisting him as he made
5 his journey to hospital. I think you also say that
6 he was not to go with John to hospital but to stay
7 at the scene.
8 A. I don't remember that conversation.
9 Q. But if there was -- if Paramedic Keogh is correct, why
10 would you be saying he couldn't travel with John to
11 hospital?
12 A. I might have said that he was more needed on scene.
13 SIR JOHN SAUNDERS: How long would it take to get to
14 hospital?
15 A. I don't know.
16 MS CARTWRIGHT: Six minutes, sir.
17 SIR JOHN SAUNDERS: So in practical terms, why would you go?
18 What could you do in that 6 minutes?
19 A. I think rather the thing is to say why I didn't go. My
20 main role was there as the MERIT doctor, so my job was
21 to stay on scene and look after the other casualties
22 there. Also there was little I could actually add to
23 his care on that short journey back to the hospital.
24 What he needed was to be -- for (sic) a surgical team
25 and for blood products. There were no further

1 interventions that I could add in the back of that
2 ambulance.
3 MS CARTWRIGHT: Dr Daley, just to complete that point, you
4 have plainly indicated you weren't made aware of the
5 massive blood loss that John had had.
6 A. No.
7 Q. But bearing in mind you are a doctor with experience, if
8 you had been made aware at any point as part of the
9 handover of John at an earlier stage that he had had
10 a catastrophic bleed in the City Room, would you have
11 ensured that he had a rapid transfer to hospital?
12 A. Yes.
13 Q. Because is it fair to say that when a patient has had
14 a catastrophic bleed, the reason why they are
15 prioritised as a P1 is because it is known there's
16 a window of opportunity before a patient goes into
17 cardiac arrest?
18 A. Yes.
19 MS CARTWRIGHT: If you just wait there, Dr Daley --
20 SIR JOHN SAUNDERS: And the only way that can be stopped is
21 by getting blood products?
22 A. We say the first thing to do is turn off the tap, so
23 that's an application of tourniquets, and then start to
24 resuscitate the patient with blood products.
25 SIR JOHN SAUNDERS: Okay, thank you.

1 MS CARTWRIGHT: Mr Cooper, please.
2 Questions from MR COOPER
3 MR COOPER: I was going to deal with this later but I'll
4 follow on from the chair's question on blood products.
5 It's not just blood that might have helped John in the
6 short-term, is it, there are certain products that could
7 have been used?
8 A. So when we talk about blood, to the layperson that's
9 just what we call packed red cells, that's the red blood
10 cells that carry oxygen around the body. Blood, when it
11 goes for donation, is then separated into its different
12 constituents. The only one that we carry on the air
13 ambulance is fresh frozen plasma, which is the
14 pre-thawed -- and that is very rich in clotting factors
15 and that's what the patient also needs. So when we are
16 talking about blood, it's blood and the other clotting
17 products that go with it.
18 Q. So in terms of a product being supplied potentially for
19 an atrocity like this, to the severity that was
20 happening, it's not just pure blood that might be
21 supplied to the scene it's this, if I can call it, the
22 blood product --
23 A. Yes.
24 Q. -- or the blood fluid? What's the problem with that
25 being readily available for people helping at the scene?

1 A. So the fresh frozen plasma -- we carry it as pre-thawed
2 on the air ambulance, but ordinarily it has to be
3 thawed, so there's a time lag with that. The other
4 thing is platelets have a very short shelf life.
5 There's a very, very limited supply of those and they
6 are one of the others things that will assist with
7 stopping bleeding. Even in a hospital, they can take
8 well over an hour to get to a patient.
9 Q. We've heard, for instance, in relation to the Fire
10 Service there are specialist vehicles, for instance,
11 which have specialist equipment on them. Is there not
12 a case, for instance, that there be similar specialist
13 vehicles as far as NWAS is concerned that contain this
14 blood product or blood that can be called upon to attend
15 at such catastrophic situations?
16 A. I'm sorry, are you suggesting that blood products should
17 be stored on these vehicles continuously?
18 Q. You've already explained that's impossible. I've taken
19 that from you, that you're telling us that would be
20 impossible. But at the very least having vehicles
21 available to be immediately deployed and supplied with
22 blood product to urgently get to the scene?
23 A. Blood is transported urgently by blue light response
24 cars, yes.
25 Q. All I'm really driving at here literally is: is there

1 a quicker way that blood or blood product can be got to
2 the scene of an incident such as that was happening
3 at the arena that might have, for instance, saved John
4 or at least bought him time?
5 A. By the time he deteriorated, that point would have been
6 too late because you would have been quicker getting him
7 to hospital than waiting for blood to arrive.
8 Q. If blood or a blood product had been supplied to John
9 for instance in the casualty clearing station, that
10 would have given him a chance, wouldn't it?
11 A. It might well have done.
12 SIR JOHN SAUNDERS: So you're saying, sorry, just taking it
13 up, that blood products are driven round the country
14 and --
15 A. They're driven rapidly from the blood bank, the
16 transfusion service, to various hospitals. So for
17 instance, platelets, most hospitals will only keep one
18 bag of platelets in stock, so then they have to be
19 blue-lighted from the transfusion centre to --
20 SIR JOHN SAUNDERS: So is there an argument, if you have
21 some sort of an emergency like this, that you get blood
22 there from a blood bank?
23 A. You could well do, yes.
24 SIR JOHN SAUNDERS: In a way, if the air ambulance can do
25 it, why can't ambulances -- I know that the air

1 ambulance is private or it's not part of the National
2 Health --
3 A. It is not part of the NHS but we do use NWAS as
4 supplying paramedics and certain things.
5 SIR JOHN SAUNDERS: Okay so if they can do it -- I'm aware
6 you're going to further and more remote districts if
7 you're using the air ambulance. If they can do it, why
8 can't ordinary -- in this sort of rare occasion?
9 A. Because the governance structure behind the
10 administration of blood is extremely tight. You have to
11 ensure traceability throughout the entire thing from
12 donation to its end point, either use on a patient or if
13 it wasted, and I don't think you'd be able to guarantee
14 that in a mass casualty incident.
15 SIR JOHN SAUNDERS: Okay. Well, we'll seek further
16 information, Mr Cooper, I think.
17 MR COOPER: Yes, thank you, sir.
18 Because we're not just putting to you pure blood, we
19 are putting to you the blood product as well. And that
20 sort of administration perhaps wouldn't apply to the
21 blood product, would it?
22 A. No, it does.
23 Q. It would?
24 A. Yes.
25 Q. So effectively we've got a bureaucratic problem here,

1 would that be right?
2 A. No I would say -- I wouldn't say it's a bureaucratic
3 problem. It's a clinical governance issue: blood has to
4 be, by law, traceable from start to finish.
5 Q. I shall get my learned junior to look that up.
6 SIR JOHN SAUNDERS: You might need to go and look at the
7 other inquiry which is going on at the moment actually,
8 who may be able to tell you rather more about that,
9 I suspect. You may find we are going in different
10 directions if we are not careful.
11 MR COOPER: I have taken this thing as far as I can on that
12 particular aspect.
13 Going back to right to the start, if I may, please,
14 Dr Daley. Clearly there was a lack of information about
15 the catastrophic bleeding that John had undergone in the
16 City Room. That hadn't been communicated at all, had
17 it, to you?
18 A. I think it's -- I understand that various people had
19 looked after him along the way and, as with any multiple
20 handovers, information does get lost. I know this is
21 a critical point of information, but at some point it
22 has been lost.
23 Q. Yes, and had paramedics attended upon John in the
24 City Room, by virtue of their training they would
25 automatically have passed this information on, wouldn't

1 they?
2 A. If they knew about it, yes.
3 Q. If a man or a woman has catastrophically bled or even
4 significantly bled, that's the sort of thing a paramedic
5 -- just the sort of thing a paramedic would pass on to
6 someone like you?
7 A. Yes.
8 SIR JOHN SAUNDERS: If you're having them all -- having
9 cards put on them like P1, P2, P3, I gather there are
10 now areas for notes on these cards that can be filled
11 in. If there's a catastrophic bleed which is causing
12 P1, it might be something you would actually put on the
13 card?
14 A. Yes.
15 MR COOPER: In terms of your identification of John as
16 someone who may have lost a lot of blood, did you look
17 at his pallor, his skin colour, the feel of his skin,
18 that sort of thing?
19 A. When I saw him he was in cardiac arrest, so he looked
20 like a patient in cardiac arrest: pale, dilated
21 pupils --
22 Q. I do understand that. So therefore it was difficult for
23 you, in fairness to you, to assess whether catastrophic
24 blood loss had caused that appearance? You just
25 couldn't tell? I see.

1 Had he appeared like that before he was in cardiac
2 arrest, that is his pallor, his colour, the feel and
3 touch of his skin and that sort of thing, as a trained
4 doctor, would that have indicated to you potential
5 catastrophic blood loss?
6 A. Yes.
7 Q. So I understand what you say that when you were
8 attending on John he was in cardiac arrest. But there
9 were others perhaps who could have seen John, trained
10 medical people, not yourself, but trained medical people
11 who might have seen John, seen his colour, his pallor,
12 the touch of his skin, pre cardiac arrest, and if they
13 had a degree of medical training, should have spotted
14 this man has catastrophically bled?
15 A. Not necessarily catastrophically bled, but just severely
16 unwell, yes.
17 Q. What's that last word?
18 A. Severely unwell.
19 Q. Severely bled, yeah?
20 A. Unwell.
21 Q. Severely unwell, all right. But potentially the
22 severity of that condition, one reason might be
23 catastrophic bleeding?
24 A. One reason would be, yes.
25 Q. And a reason to be explored?

1 A. Yes.
2 Q. Particularly in the context of an explosion such as
3 we're tragically dealing with here. So again, if John
4 had had any form of trained medical intervention in the
5 City Room, whether or not they'd have seen the blood
6 around him, his very appearance -- and take it from us,
7 we've seen the photographs -- his very appearance would
8 have triggered an enquiry as to whether he'd lost a lot
9 of blood?
10 A. Yes.
11 Q. Thank you.
12 I want to ask you, please, a little now about
13 communications and communications between you and the
14 paramedics.
15 SIR JOHN SAUNDERS: While we're on that, and before you
16 carry on, I want to check something with Ms Cartwright.
17 One of the things you read was from a paramedic who
18 had served in Helmand --
19 MS CARTWRIGHT: Yes, Paramedic Keogh.
20 SIR JOHN SAUNDERS: -- thank you -- and I think he was
21 indicating that it was massive blood loss that he saw.
22 MS CARTWRIGHT: Yes.
23 SIR JOHN SAUNDERS: Thank you. It's just making sure I can
24 bring these things up.
25 MR COOPER: Before we move on to communication, I wanted to

1 check on something that you said in your statement.
2 Again, it might be mean you looking at this page
3 because I just want some clarification. The statement
4 is {INQ005690/2} towards the bottom.
5 Our query is whether the last paragraph -- yes,
6 please, if he can see it, thank you.
7 (Handed)
8 Bear with me, in fact it's {INQ005690/5}, 5 of 11 of
9 that statement.
10 There's a straightforward answer to it but I didn't
11 want to leave it uncertain as to whether the individual
12 that you refer to in that last paragraph is
13 John Atkinson or someone else. Just have a look at it
14 carefully. You deal with a substantive paragraph on
15 page 5 of 11 relating to John Atkinson. Then you say:
16 "I returned to the station area and I recall
17 examining an injury to the leg of a white male who was
18 in his late 20s/early 30s."
19 My question is this: is that also John Atkinson that
20 you are referring to there?
21 A. I couldn't say.
22 SIR JOHN SAUNDERS: It doesn't look like it, does it,
23 because in the previous paragraph you're talking about
24 John Atkinson going off to hospital?
25 A. Yes.

1 MR COOPER: Yes. So this is not you returning to the
2 subject. Then if that's the case, it's not
3 a question -- a line I'm going to take with you.
4 SIR JOHN SAUNDERS: It was just the logic of the statement.
5 MS CARTWRIGHT: On the sequence of events, the interactions
6 with John are those that have been dealt with in the
7 timings whilst Dr Daley is in the background on other
8 occasions. There's no evidence of any other interaction
9 with John.
10 MR COOPER: I'm grateful. I didn't want that left
11 uncertain, as far as we were concerned, in any event.
12 Whilst you've got your statement with you, can I ask
13 you, please, to look at page 2 of 11. It refers to the
14 casualty clearing station, the penultimate paragraph,
15 please, of that page, the third line down:
16 "The station area was initially very quiet. There
17 were not yet any casualties brought down and those able
18 to walk/run had already passed through on their way to
19 outside."
20 When you say "the station area", do you mean the
21 casualty clearing station area?
22 A. The concourse, yes.
23 Q. Yes. So how long was the CCS station area, as you refer
24 to it here, initially very quiet?
25 A. I don't know.

1 Q. Well, certainly if one looks at this statement from you,
2 you're dealing before that with meeting Mr Ennis, saying
3 the time was now 22.55. So certainly, the casualty
4 clearing station, on your evidence, was still very quiet
5 after 11 o'clock?
6 A. I'd need to find out the times of when the first
7 patients were brought down, which I don't have.
8 MS CARTWRIGHT: We have that detail as well. We've got the
9 details of the casualty clearing station and certainly
10 that evidence is the first patient at 23.07 --
11 MR COOPER: Thank you. I'm grateful again to Ms Cartwright.
12 A. Based upon that, I think I'm talking about those minutes
13 after 11 o'clock until 7 minutes past.
14 Q. So up to 23.07, the casualty clearing station, as far as
15 patients was concerned, was empty?
16 A. Yes.
17 Q. Was there any thought or were you involved in any
18 discussion with anyone as to whether anyone should go to
19 the City Room?
20 A. We've already -- I've already mentioned this in my
21 previous evidence, but there were a few things which
22 prevented us from doing so. One was I wasn't trained to
23 go up there, I didn't have the correct PPE to go up
24 there, and I've also stated, and I think it's in this
25 paragraph, that we went to go over, but the police

1 prevented us from doing so.
2 Q. You said the police prevented you from doing so. I know
3 that Mr Jamieson took you to this and I'm not going to
4 repeat the good work he undertook on that. But if you'd
5 wanted to go in, you'd have gone in, wouldn't you?
6 Would that be fair?
7 A. I think, yes, hand on heart I probably would have gone
8 in, but the safety aspects of it were preventing me from
9 doing so.
10 Q. All right. Communications with the paramedics. When
11 paramedics started -- and others -- bringing people down
12 to the casualty clearing station, no doubt it was
13 important for you to speak with them and learn
14 information from them?
15 A. Yes.
16 Q. And when Mr Atkinson was brought down, did you speak to
17 Mr Keogh, for instance?
18 A. I had no interaction with Mr Atkinson, or anyone with
19 him, until the time of his cardiac arrest.
20 Q. Have you got a copy of the document relating to
21 Mr Atkinson with you where you sit?
22 A. No.
23 Q. Let me hand this to you. It's a spare copy. (Handed).
24 We're just going to go through certain parts of this
25 document -- it's open at the correct page where we're

1 going to start -- as to what Mr Keogh would have told
2 you, one presumes, had you spoken with him, and then I'm
3 going to ask you about whether it would have affected
4 any decisions you made. So let's look at it together
5 just to get a familiarisation with the document.
6 Page 34, which is before you, we have 23.29.44.
7 A. Which section is this?
8 Q. Page 34 of the document.
9 A. And which paragraph?
10 Q. I'll take you to it in a moment, I'm just orientating
11 you. Then we turn the page, please, to paragraph 173.
12 Paragraph 173:
13 "Philip Keogh tried to get the pulse oximeter on
14 John to measure his heart rate. In his statement he
15 said he knew that he would have no circulating volume
16 due to the blood loss."
17 "He would have no circulating volume due to the
18 blood loss."
19 Then other information Mr Keogh had at the bottom of
20 that page:
21 "The assessment I was conducting was also captured
22 in an image timed at 23.25.45. It was evident to me at
23 an early stage that there had been a loss of blood and
24 I would have looked for external haemorrhaging. I could
25 see blood staining on John but I did not identify any

1 active haemorrhaging. I do recall feeling for a pulse
2 but could not find one. There was what I would describe
3 as little circulating volume due to the loss of blood
4 and my assessment had included checking and feeling
5 around John's body, his chest and legs, for injuries.
6 As part of my assessment, at some point I had gone into
7 my pocket to get a pulse oximeter to try and obtain some
8 observations from John. I would have placed the pulse
9 oximeter on John's finger but I recall that it did not
10 return a reading, again indicating to me that John had
11 limited circulating volume as a result of blood loss."
12 Over the page, please, paragraph 82. We have
13 Michael Ruffles here in his statement, dated 2 May 2018.
14 He recalls Philip Keogh informing him that John had --
15 and he says -- two CAT tourniquets above both knees and
16 dressings covering severe injuries to both legs. He
17 also had multiple puncture wounds to his abdomen, chest
18 and back. I just pause for a moment there, doctor. Did
19 you see those tourniquets on Mr Atkinson when you
20 examined him?
21 A. I can't remember.
22 Q. You can't remember?
23 A. No.
24 Q. Well, try and remember.
25 SIR JOHN SAUNDERS: I think he has. Sorry, that's

1 a criminal type question.
2 MR COOPER: Let's move on. John Ruffles (sic) explains that
3 John was pale and clammy -- sorry, Michael Ruffles
4 explains that John was pale and clammy.
5 "John was assessed and monitored using Lifepak15
6 equipment and the coma scales were assessed. His
7 respiratory rate was 26, pulse 54, and his blood
8 pressure was so low it was unrecordable, as was his
9 oxygen saturation levels. John was conscious and spoke
10 to Michael Ruffles, showing no confusion. John stated
11 he felt like he was going to die."
12 Paragraph 103:
13 "Michael Ruffles could detect no distal pulse and
14 only a very weak brachial pulse that was palpated...
15 bradycardic..."
16 And sets out that, as a result, it was assumed that
17 John was in hypovolaemic shock.
18 "Michael Ruffles described he could not visibly see
19 the injuries to John's legs but there was no active
20 haemorrhage, possibly due to tourniquet and dressings.
21 All the dressings were left in place. EMT Laura Worrall
22 was asked to perform observations on John and, after two
23 attempts, the automatic blood pressure cuff did not
24 register so she tried manual BP."
25 I've nearly finished, but paragraph 186, third line:

1 "Laura Worrall hooked John up to the Lifepak to
2 monitor his observations and recalls John had
3 obviously [-- obviously --] lost a lot of blood. 'His
4 blood pressure was so low I couldn't detect a reading on
5 the equipment'. She also recalls that his heart rate
6 changed very quickly from fast to slow and they knew
7 they had to get John to hospital urgently. She explains
8 in her statement, because his blood pressure was so low
9 it was impossible to find a vein, and Michael Ruffles
10 could not get a cannula into John's arm to give fluids
11 and drugs. As John was being placed on the stretcher,
12 he went into cardiac arrest."
13 Did you receive any of that information from any of
14 those individuals on the handover of John to you?
15 A. I said in my statement that I don't remember the
16 specifics of the handover, but --
17 Q. I can't hear you, I'm sorry.
18 A. I said in my statement that I don't remember the
19 specifics of the handover, but this information may well
20 have been passed on to me.
21 Q. So -- I think I heard you. Did you receive the
22 information I've just read to you on the handover?
23 A. Possibly.
24 Q. Possibly?
25 SIR JOHN SAUNDERS: He says he doesn't know, but he could

1 have done. He can't remember is what he --
2 A. Those minutes were very, very time pressured, and trying
3 to remember all the information that was --
4 MR COOPER: All right.
5 A. -- conveyed to me in the short period of time was
6 difficult.
7 Q. But did you receive any of that information? It's quite
8 graphic information and I understand we're dealing here
9 with a catastrophic situation. But does any of that,
10 any of that information -- as a matter of custom and
11 practice, would you expect it to have been passed on to
12 you?
13 A. Yes.
14 Q. Yes. And had it been passed on to you in accordance
15 with proper custom and practice, you would have known,
16 wouldn't you, this man had suffered catastrophic blood
17 loss?
18 A. As one of the possible causes of the cardiac --
19 Q. Yes.
20 A. -- arrest.
21 Q. So let's assume --
22 A. And that --
23 Q. -- custom and practice was used. Let's assume you were
24 told this. Let's assume what you just said is correct,
25 that catastrophic blood loss would therefore be one of

1 the situations that had occurred here. Is the procedure
2 that you undertook, and I know Ms Cartwright has touched
3 upon this -- is the procedure that you undertook with
4 him, of effectively puncturing his body and getting, as
5 you referred to it, the hiss sound coming out of it,
6 that procedure -- was that the best procedure to
7 undertake when someone had received catastrophic blood
8 loss?
9 A. Yes, because, as I've already said, he may well have had
10 other injuries which had progressed and caused rapid
11 deterioration other than the bleeding. I think he may
12 well have bled, but up until that point he'd been
13 reasonably stable. I'm not saying he wasn't unwell from
14 the bleeding or blood loss, but his chest injuries may
15 have developed over time. You have to -- these
16 patients -- it's a dynamic process, you have to keep
17 re-evaluating when things change and you can't blindly
18 rule things out just because there was no evidence of it
19 earlier on.
20 SIR JOHN SAUNDERS: Mr Cooper, would it assist if I invited
21 the hospital expert to consider this evidence and tell
22 us whether he agrees with it or not?
23 MR COOPER: Thank you, sir.
24 SIR JOHN SAUNDERS: If he thinks Dr Daley is wrong, then
25 I would obviously give you and Dr Daley the opportunity

1 to deal with that in writing or in some way like that.
2 But it seems to me that -- I understand you're not an
3 expert, it may be you're not either.
4 MR COOPER: No.
5 SIR JOHN SAUNDERS: So let's get a definitive answer from --
6 MR COOPER: Then I shall move on and --
7 SIR JOHN SAUNDERS: That seems to me to be the best way of
8 dealing with it.
9 MR COOPER: Going to the ambulance and you choosing not to
10 travel with Mr Atkinson in the ambulance, you initially
11 told us that that one of the reasons was because you
12 felt that you were the only doctor at the scene -- on
13 the scene.
14 A. The only doctor officially responding, yes.
15 Q. Yes, and you told us this afternoon, very helpfully,
16 that the other doctors who were there were in plain
17 clothes, effectively?
18 A. Yes, that's right.
19 Q. Not wearing any tabards or any identification?
20 A. I don't think so.
21 Q. Would it have helped for any doctors on the scene to
22 wear some form of identifying clothing so that
23 paramedics could see they were doctors rather than, for
24 instance, right-minded members of the public?
25 A. Yes. This was brought up in our MERIT debrief and

1 tabards were issued to the MERIT doctors to identify us
2 more readily on scene.
3 Q. But for all people who are medically -- doctors, for
4 instance, who may be attending, very properly,
5 voluntarily, simply hearing of a callout, would it be
6 perhaps, given that there's quite a few references in
7 the documents we've read of people being confused and
8 paramedics asking people to identify themselves before
9 they intervene with patients, would it be safe to say
10 that all doctors attending on scene such as this in the
11 future should be clearly identified and be issued with
12 tabards straightaway so that there's no such confusion
13 and people can call to them if needs be?
14 A. Yes, that would be helpful.
15 MR COOPER: Just bear with me. I don't think there's
16 anything else. No, sir. Thank you.
17 MS CARTWRIGHT: Can I ask Ms Roberts to ask her questions,
18 please.
19 Questions from MS ROBERTS
20 MS ROBERTS: Thank you very much.
21 The bilateral chest decompression. Are there
22 guidelines issued to doctors such as yourself as to when
23 or when not to conduct that particular procedure?
24 A. Yes. Part of my response to traumatic cardiac arrest is
25 -- the acronym is "HOT", so it's hypovolaemia, oxygen

1 and tension pneumothorax. You treat all three.
2 Q. Right. You're aware of those guidelines now, plainly.
3 Were you aware of those guidelines at the time?
4 A. The guidelines have evolved over time, but based upon
5 the training that I'd had previously in Sydney when
6 I worked for Sydney HEMS, that's when I developed that
7 skill.
8 MS ROBERTS: Thank you very much.
9 SIR JOHN SAUNDERS: Just finally this. It might seem on the
10 face of it slightly odd if the fact of this catastrophic
11 bleed, which was known by a number of people, wasn't
12 passed on to you as the doctor in the ambulance.
13 A. I knew he'd bled, but I didn't know exactly --
14 SIR JOHN SAUNDERS: How much.
15 A. -- the extent of it, and, as I've said, there wasn't
16 really much external evidence of ongoing bleeding to
17 suggest that it had progressed, hadn't been stopped.
18 SIR JOHN SAUNDERS: Okay. I know you saw a lot of people,
19 so we understand that, but we've certainly heard
20 evidence about there being a tourniquet round one leg
21 and also a strapping which went round both legs.
22 A. I don't recall that strapping.
23 SIR JOHN SAUNDERS: Was he covered when he was on the -- or
24 would he have been?
25 A. No, he was partly exposed.

1 SIR JOHN SAUNDERS: Right, okay. Thank you.
2 MS CARTWRIGHT: Sir, I have no further questions. That
3 concludes Dr Daley's evidence.
4 SIR JOHN SAUNDERS: Thank you very much. I don't know
5 whether you're coming again. Thank you for your
6 evidence and for what you did.
7 MS CARTWRIGHT: Sir, that concludes the evidence for today.
8 We will reconvene at 9.30 on Monday, please.
9 SIR JOHN SAUNDERS: Thank you.
10 (3.02 pm)
11 (The inquiry adjourned until 9.30 am
12 on Monday, 11 October 2021)
13
14
15
16
17
18
19
20
21
22
23
24
25

1 I N D E X
2
3 Evidence summary for JOHN ATKINSON 2
4 (continued)
5
6 SERGEANT LEON MCLAUGHLIN (sworn) 43
7 Questions from MS CARTWRIGHT 43
8 Questions from MR COOPER 59
9 Questions from MS ROBERTS 73
10
11 MR DANIEL SMITH (recalled) 88
12 Questions from MS CARTWRIGHT 88
13 Questions from MR COOPER 115
14 Further questions from MS CARTWRIGHT 129
15
16 DR MICHAEL DALEY (recalled) 133
17 Questions from MS CARTWRIGHT 133
18 Questions from MR COOPER 153
19 Questions from MS ROBERTS 172
20
21
22
23
24
25

A

a368 (3) 20:5 28:20 29:11
abdomen (5) 7:13 35:8,13,15 166:17
abdominal (5) 35:3,6,8,16 42:3
ability (1) 25:20
able (14) 42:23 52:8 57:18 72:6 81:4 93:13 103:24 109:21 118:11 126:22 130:12 156:13 157:8 162:17
above (3) 7:11 39:12 166:15
absolutely (5) 71:25 72:9 86:15,23 114:9
accept (5) 93:6,7 117:11 118:25 127:2
accepted (3) 86:21 123:18 131:18
accepting (7) 102:13 107:13 126:16,17,24 127:1,5
access (2) 33:4 38:8
accident (1) 32:11
accord (1) 36:4
accordance (1) 169:14
according (1) 29:22
account (2) 1:17 37:6
accurate (4) 64:14 66:14 77:19,20
achieved (2) 33:4 41:14
acid (2) 8:22 32:24
acknowledged (1) 92:2
acknowledges (1) 6:19
acronym (1) 172:25
across (2) 52:9 132:15
acted (1) 20:1
acting (2) 10:18 76:10
action (3) 27:25 113:24 125:9
actions (3) 25:22 92:7 95:17
activated (1) 44:15
active (4) 5:12 8:13 166:1 167:19
activity (7) 20:24 21:3 28:23 36:6,8 83:9,9
actually (46) 2:15 14:18 47:22 75:7 86:19 91:1,3 94:7 95:22 100:18 102:16 107:1,7,10 112:25 114:5,6,13 117:19 118:21 119:4 120:6 121:11 122:2 123:17,24 130:19,21 132:2 135:17 137:23 138:23 139:14,21,22 140:20,24 141:13 142:3 144:3,16 145:6 146:23 151:22 157:7 158:12
add (4) 69:16 86:6 151:22 152:1
addendum (4) 39:4,21 40:1,15
addition (1) 90:6
additional (3) 14:17 31:23 39:25
additionally (1) 73:3
address (1) 130:1
adds (1) 27:19
adequate (1) 55:20
adjacent (1) 25:18
adjourned (1) 174:11
adjournment (1) 128:10
admin (1) 44:8
administer (2) 33:21 143:15
administered (7) 8:21 21:21 30:2,5 32:23 33:5 34:3
administration (2) 156:10,20
admission (1) 43:3
adrenaline (4) 21:21 32:24 33:5 34:3
advanced (7) 33:22 34:10 38:24 41:15 146:5,7,10
adversely (1) 37:19
advertising (4) 49:5,7,19,25
advice (11) 55:16,19 58:7 90:22 91:24 98:12,23,25 104:2,5,8
advise (1) 55:14
advised (5) 32:18 116:9,20 117:5 150:7
adviser (1) 95:25
advocates (2) 1:9,21
ae (1) 32:5
affect (1) 141:19
affected (4) 37:19 111:13 135:7 165:3
afghanistan (1) 3:8
after (27) 3:2,15 8:17,25 17:2 23:7 29:13,16 40:25 41:1 46:3 47:2 74:18 75:7,14 88:8 92:1 97:11,22 132:10 148:12,21 151:21 157:19 163:5,13 167:22
afternoon (1) 171:15
afterwards (6) 43:2 92:7 97:1 105:20 110:22 124:12
again (41) 5:21 13:19 53:21 56:22 58:10 62:17 69:14 72:19 83:7 85:16 92:15 94:7,22 95:3 100:4 104:22 105:2,8 107:13,15 108:20 109:4,17 112:13 119:3 120:2 122:19 123:14,15 128:6,7 130:3,14,23 132:10 142:11 160:3 161:2 163:11 166:10 174:5
against (2) 1:18 112:18
age (2) 29:1,2
ago (6) 50:11 56:21 67:7 81:3 84:25 128:13
agree (3) 78:25 83:23 95:6
agreed (1) 116:11
agreement (1) 34:13
agrees (1) 170:22
aid (5) 50:6,9,11,12 61:23
aint (1) 107:2
air (18) 8:4 21:18 23:11,14 26:6,19,24,25 142:21 145:9 146:19 147:10 149:4 153:12 154:2 155:24,25 156:7
airway (3) 8:2 21:21 33:2
albeit (2) 92:15 107:8
alert (5) 6:8 9:2 18:9 24:18 138:19
alerting (1) 31:12
algorithm (2) 136:11 141:21
alistair (1) 34:4
alive (2) 36:4 42:22
allay (1) 69:14
allow (4) 23:11 117:18 118:23,23
allowed (2) 87:7 125:1
allowing (1) 119:6
allows (2) 1:24 145:8
almost (4) 11:24 28:16 105:3 132:12
alone (2) 29:20 125:9
along (4) 7:25 18:16 139:3 157:19
alpha (2) 18:3 20:3
already (31) 1:24 19:18 70:16 74:15 75:11,22 76:2 77:10,16,17 88:6 89:13 92:2 103:21 105:8 106:18 108:4 109:14 116:12 127:22 132:24 135:15 139:20,23 144:18 150:25 154:18 162:18 163:20,20 170:9
also (46) 5:7 7:12,14 10:1 23:20 24:3,23,23 25:17,22 32:5 33:17,19 35:3 36:10 41:2,5 42:22 65:6,14 73:7 76:5 80:17 85:23 86:1 90:11 95:23 97:21 112:6 135:23 136:14 141:11 143:14 144:17 146:21 147:25 151:2,5,22 153:15 161:19 163:24 165:21 166:17 168:5 173:21
alternative (2) 37:23 121:8
alternatives (1) 121:7
although (5) 35:4,8 83:24 129:3 138:23
always (6) 60:10 98:2 119:24 139:16 147:11 148:8
ambulance (95) 9:5,11 13:3,13,15,22 15:9 16:9,22 17:21,25 18:2,16,20 19:8,11,13,14,18,21,23 20:2,19 21:12,12 22:5,9 23:8 24:5 25:1,18,21,23 27:12 28:10,14,15,17,18,20 29:4,7,8,11,15,21 30:18 36:5 46:4 48:15,17,21 51:12 53:15 56:7 57:5,7 73:18 80:8 95:11 112:16 131:1 133:18,21,21,23,23 134:7,11 142:1,21 144:15,20,21,23,23 146:11 147:2 148:12,13,17,22,22 149:18,19,22 152:2 153:13 154:2 155:24 156:1,7 171:9,10 173:12
ambulances (24) 6:13 13:12 15:5 26:14 46:14 48:9,12,23 57:4 78:23 79:7,12,21,22 80:2,4 90:7 95:3 97:24,25 98:14 142:14 143:9 155:25
amenable (1) 39:10
amongst (2) 6:18 76:23
amount (6) 8:23 25:4 64:24 67:13 71:21 137:25
anaesthetic (1) 31:18
anaesthetist (1) 31:18
analysis (5) 40:2 135:16 136:15 137:14 150:19
andor (1) 74:6
announce (1) 1:12
another (11) 3:4 11:18 13:19 31:11 56:22 71:21 72:1 84:8 85:25 97:12 100:20
answer (10) 59:17 73:1 85:6 90:24 94:19 100:16 130:23 131:11 161:10 171:5
answered (2) 91:15 118:13
answering (3) 18:10 100:11 130:2
answers (1) 107:19
antecubital (1) 8:21
antistab (1) 61:16
anybody (5) 77:1,8,9 80:13 124:24
anyone (12) 45:10 47:3,10 58:20 77:4 102:3 112:17 115:13 125:2 163:18,18 164:18
anything (14) 57:9 69:12 75:21 86:24 92:11 94:14 103:1 121:10 128:20 129:13,16 146:23 148:2 172:16
anyway (3) 10:18 61:7 114:18
anywhere (2) 56:1 137:19
aorta (1) 38:3
apart (2) 91:2 123:3
apologies (2) 130:22,24
apologise (1) 150:14
apparatus (2) 12:22 13:5
apparent (2) 69:22 86:15
appear (4) 12:1 16:6,18 95:9
appearance (4) 3:21 158:24 160:6,7
appeared (6) 3:23 5:25 14:14,21 64:7 159:1
appearing (1) 6:13
appears (10) 6:15 12:16 13:13 17:9 39:10 78:25 97:15 115:17 129:3,16
application (8) 1:8 11:8 37:25 39:14 40:17,23 41:4 152:23
applied (3) 8:6 11:4 103:7
apply (5) 6:20 50:12 100:4 118:11 156:20
applying (2) 130:21 132:10
appointed (1) 98:16
appreciate (2) 89:4 104:3
appreciated (2) 89:1 111:10
appreciates (1) 88:25
appreciating (1) 106:20
appreciation (1) 101:5
approach (15) 13:2,10,19 17:22 29:9 30:9 50:15 53:14,23 56:14 57:2 58:25 70:14 128:24 148:23
approached (8) 53:15 56:7,21 66:8,17 84:12,14 90:16
approaches (4) 11:23 13:16 16:20 97:12
approaching (4) 7:8 53:20 57:11 60:21
appropriate (6) 40:11 42:14 43:9 51:16 71:6 106:16
approximately (6) 8:25 15:7 16:25 29:22 30:3 92:1
arching (1) 16:7
area (41) 12:19 13:19 23:2,16 29:9 31:5,15,15,24,24 50:20 52:11,12,13 53:4,5,7,10 56:13 68:4 81:7,11,21 83:9 89:20 112:9,10 116:10 121:22,25 130:9,11,13,15 145:15 150:17 161:16 162:16,20,21,23
areas (4) 72:15 130:18 131:6 158:10
arena (11) 29:12 44:2,5,13,16,19 48:19 60:16,21 77:18 155:3
arent (3) 92:7 96:8 124:12
arguably (1) 131:22
argument (1) 155:20
arguments (2) 1:15,18
arm (12) 10:7 11:12,15 12:20 15:5,17,24 18:18 25:11,13,19 168:10
armour (2) 61:15,17
army (1) 3:8
around (36) 5:16 10:17 13:25 14:24 31:21 33:16 42:25 49:3 64:17,18 65:20 67:8,14 69:11 70:19 71:22 76:5 93:16,22 96:9 97:21 98:4,18 101:3 107:6 108:18 111:13 113:25 126:3,4 130:4 137:2 148:6 153:10 160:6 166:5
arranged (1) 93:5
arrest (53) 2:25 10:9 16:25 20:6,24 21:1,2 22:3,21 23:3,15 24:22,24 25:14 26:4 27:3 32:15,21 33:3 34:1 36:2,6 37:14,18 38:9,15 42:14,25 43:3 52:3 133:15 136:7,9,17 137:9,11 138:18,25 139:5 140:5,7 141:14,22 152:17 158:19,20 159:2,8,12 164:19 168:12 169:20 172:24
arrival (9) 27:22 30:7,11,20 33:1 44:22 116:12 147:6 149:12
arrive (5) 32:3,6 97:25 98:1 155:7
arrived (20) 7:5 17:2 32:13 45:9,14 62:2,15 70:12,20 73:3,7,8 77:17 89:2 92:2 97:22 119:24 125:8 132:11 135:19
arriving (6) 44:25 80:5 97:24 111:7 119:22 133:21
artery (1) 37:11
asap (1) 150:25
ask (44) 3:1 43:16 45:8 46:17 50:3 55:9 59:22 66:20,24 72:19 73:12,12 82:9 85:9 90:21 93:25 97:15 98:8,13 99:15 100:14 106:7 108:17 112:13 113:5 114:20,21 115:2,15 117:18 123:19 129:20,20 132:22 138:15 139:12 143:7 146:2 149:2 160:12 162:12 165:3 172:17,17
asked (45) 6:10 8:16 9:4,9 12:4 14:18 18:14 21:13 22:5,10 24:15 27:16 31:16 53:15 54:15 56:8 59:8 67:7 73:22,23 80:13 81:6,16 84:25 86:5 89:6 92:12 94:2,4,21,24,24 98:10 99:10,12 100:24 108:18 113:6 116:21 119:10 144:21,22 145:20 151:2 167:22
asking (18) 9:18 24:10 56:11 57:11 59:25 65:19 72:11 78:19 79:4 86:2 90:21 93:6 97:13 98:6 100:24 101:6 146:6 172:8
asks (3) 17:13 46:10 78:18
aspect (2) 121:6 157:12
aspects (2) 138:20 164:8
assess (4) 5:1 140:8,9 158:23
assessed (6) 7:17 8:2 34:6 90:2 167:5,6
assessing (1) 146:23
assessment (27) 4:17,19,21 5:1,7,15,17 6:4 10:25 11:7 28:1 50:24,25 102:23 103:2,3 113:2 117:7,10 135:18,21 138:7 149:16,20 165:21 166:4,6
assist (25) 3:17 4:15 8:22 9:14 14:21 17:14 23:22,24 32:25 44:3 46:4 47:1 49:16 67:1 72:23 92:23 103:9 115:21 133:17,20 134:16 139:2 148:14 154:6 170:20
assistance (8) 9:6 14:17,19 24:4 86:17 106:11 123:22 135:11
assisted (9) 44:23 45:4,24 46:2 99:6 100:3,7 116:13 123:6
assisting (10) 9:17 17:19 18:8,15 45:16 97:6 111:4 112:2 133:13 151:4
assists (1) 78:1
associated (2) 39:8 41:25
assume (4) 100:5 169:21,23,24
assumed (6) 2:16 8:11 48:13,16 116:16 167:16
asystolic (1) 33:3
atkinson (82) 1:15 2:9,11 10:21 11:22 12:5 27:1,20 28:2 39:13,24 41:20 44:21 49:1 54:10 58:12 64:3 65:5,20 71:3,10 72:12 81:1 82:24 88:18 93:2 96:19,21 97:7 101:11 102:23 103:9,15 104:5,8,12 105:4,5,12,16 106:4 107:9 110:3,15,17,21,23 111:1,5,7,19 112:14,22 115:4 117:22,25 118:2,12 122:9 123:10 125:25 126:10 127:8 128:23 132:20 133:11,13,14 137:18 143:19 144:15,19 161:13,15,19,24 164:16,18,21 166:19 171:10 175:3
atkinsons (6) 24:12 26:21 42:16 67:4 102:5 115:2
atrocity (1) 153:19
atropine (2) 30:2 32:24
attached (4) 8:7 13:7 140:20 142:25
attaching (1) 12:12
attack (2) 136:8 140:17
attempt (1) 6:9
attempted (1) 8:1
attempting (1) 11:13
attempts (2) 8:17 167:23
attend (1) 154:14
attended (3) 31:8 44:2 157:23
attending (4) 64:1 159:8 172:4,10
attention (9) 6:16 14:10 44:12 84:15 108:24 122:10,12,13 127:10
audible (1) 56:3
august (7) 7:4 12:8 14:9 22:25 25:24 37:3 65:12
authority (1) 66:2
automatic (4) 8:17 64:8,21 167:23
automatically (2) 71:16 157:25
availability (2) 108:21 151:4
available (15) 14:20 24:1 26:16,22 27:9 41:6,8 112:20 118:22 137:14 138:1 140:2 146:3 153:25 154:21
aware (20) 62:23 63:12 77:11 89:13 98:4 100:25 107:12,14 111:18,23,25 112:6,6 117:4 123:13 152:4,8 156:5 173:2,3
awareness (1) 66:24
away (14) 3:3 12:2 22:6 27:11 31:4,24 35:17 92:8 95:3 96:3 98:2 102:13 119:4 148:23
awful (2) 22:11 51:1

B

back (57) 7:13 13:22 14:24 15:5,8 18:16,19 20:19 28:13,24 29:5,6,9,20 31:1 35:23,25 46:7 56:13 58:5,9,11 78:6,9,10,12,15 86:6,6 94:15 96:19,20,21 98:20 104:22 105:12 109:10 113:5 116:21 118:23 124:18 127:25 130:8 133:22 134:7,11 142:24 144:20 145:9 146:11 147:2 149:1,18 151:23 152:1 157:13 166:18
background (2) 146:22 162:7
backwards (1) 112:24
bad (1) 64:7
badly (1) 67:18
bag (1) 155:18
balance (2) 38:12 42:8
ballistic (2) 37:6 61:13
balloon (1) 38:3
bank (8) 56:8 59:2,6 62:3,9 73:10 155:15,22
base (1) 140:9
based (12) 3:9 26:21 27:14 28:2 38:11 39:11 51:2 94:5 116:24 117:7 163:12 173:4
basic (4) 21:10 50:11,12 124:1
basically (1) 63:9
basis (3) 20:14 42:10 91:14
bear (2) 161:8 172:15
bearing (2) 91:17 152:7
beats (1) 30:3
became (2) 47:25 107:9
become (5) 9:1 92:19 107:11 132:18 149:25
becomes (1) 136:1
becoming (2) 14:13 92:15
bed (2) 19:2,21
beds (1) 31:21
before (34) 1:6 13:16,18 19:23 38:8 47:22 48:14,25 52:19 55:8 62:4 72:8 77:14,15,17 88:17 90:24 102:14 119:9 120:24 121:9 122:10,17 132:4 140:3 144:22 148:22 152:16 159:1 160:15,25 163:2 165:6 172:8
beforehand (2) 14:4 15:7
began (1) 14:21
begin (2) 17:5 115:3
beginning (1) 96:1
begins (1) 17:14
behalf (4) 59:22 72:11 73:18 115:2
behind (3) 4:8 13:12 156:9
being (56) 3:16 4:24 10:8 13:5 15:1 18:9 19:20 20:7 21:16 23:2 31:22 49:8,14 68:6 71:4,10 72:2 76:5,7 85:10 91:15 94:21,24,24 98:12,14,20 99:2 102:20 106:8,12,14,24 107:3 108:18,20,20 112:22 116:12 117:4,17 120:3 121:2,3,14 125:24 133:21 137:1 138:18 143:25 147:10 153:18,25 168:11 172:7 173:20
belief (2) 102:11 131:12
believe (10) 39:12 46:16 50:14 51:8 67:5 126:14,16 137:5 141:10 146:9
believed (12) 11:17,19 14:3 15:21 17:12 23:4 28:7 98:12 102:9,11 106:24 135:12
believes (3) 12:10 14:11 25:12
belt (1) 10:16
benefit (1) 141:12
benefits (1) 128:13
besides (1) 137:24
best (15) 46:11 55:14 65:15 68:21 78:20 85:15 102:2 114:2 117:11 129:2 144:25 145:25,25 170:6 171:7
better (5) 47:22 52:8 58:9 88:3 131:18
between (13) 13:21 23:12 33:24 39:25 40:14 69:6 75:8 78:4 83:20 89:14 92:21 145:15 160:13
beyond (1) 81:17
bigger (5) 145:8,18,19 149:25 150:2
biggest (1) 3:14
bilateral (25) 21:15 23:8 25:25 26:11,17,22 33:7 34:10 37:25 39:15 40:18,23 41:4 103:24 114:8,18 129:5 134:10 135:10 136:16 138:12 139:14,22 144:25 172:21
bit (8) 44:9 69:23 71:17 76:15 87:15,21 117:20 134:3
bits (1) 101:8
bizarre (1) 96:23
blake (4) 2:12,22 10:15 51:18
blanket (21) 54:16 55:3,6,7,19,24 57:19,22,25 85:21 86:4 91:22,25 94:17,18,20 98:11 104:6 105:1 112:18 130:11
blanketed (2) 98:24 113:3
blanketing (1) 110:3
blankets (35) 56:1,8,11 57:12 58:1 86:3,5,7 94:19,22,24,25 95:2,5,10,15 97:2,4,12,14,18,21,24,24 98:1,3,4,6,10,14,18 104:12 108:19 112:13,20
blast (8) 38:18,19,21 39:21 40:5,13 41:9 43:6
bled (12) 25:2 138:9,10,11,24 158:3,4

159:14,15,19 170:12 173:13
bleed (9) 135:4 137:4,7 141:25 148:7 152:10,14 158:11 173:11
bleeding (24) 25:2 27:6 33:8,14,18 37:5 39:8,10 41:3 67:10,14 85:3 136:20,22 137:19 142:6 148:1,8 154:7 157:15 159:23 170:11,14 173:16
bleedingout (1) 114:9
bleeds (2) 113:8,13
blindly (1) 170:17
blood (134) 3:15 4:1,6 5:9,11,14,22 6:3 7:21 8:17,19,22,23 9:23,23 10:5 21:8 22:13,13 25:4 27:8 30:4,21 32:25 33:6 34:2,9,25 35:2,7,12,13,16,17,21 36:3 38:1,8,13 42:2,5,24 64:8,17,18,20,23 65:3,6,19 67:8,13,16 113:10 114:16 128:22 136:12,25 137:1,2,3,10,25 138:8 141:14 142:2,7,8,9,14,19 143:6,8,15,16,19,19 144:1,4,6 151:25 152:5,21,24 153:4,5,8,9,10,16,16,20,22,24 154:14,14,16,22,23 155:1,1,7,8,8,13,15,21,22 156:10,18,19,21 157:3 158:16,24 159:5 160:5,9,21 165:16,18,23,25 166:3,11 167:7,23 168:3,4,8 169:16,25 170:7,14
bloodstream (1) 30:6
blue (1) 154:23
bluelighted (1) 155:19
board (12) 15:9,11,14,14,23 16:6 46:8 49:19,25 78:6,8,12
boards (2) 49:6,7
body (17) 5:16 24:20 34:21 57:16 61:14,15,17 64:13,24 110:7 137:20,21 139:11 140:13 153:10 166:5 170:4
bodyworn (16) 15:1 17:16 44:16 52:17 54:3 56:10,23 77:14 80:17 83:21,23 84:21 85:9,11 93:13 95:6
bold (1) 126:23
bomb (1) 122:6
bomber (1) 117:5
bones (1) 34:25
both (13) 7:11,12 11:4 21:17 22:22 26:19 34:8 41:4 65:6 76:10 166:15,16 173:21
bothered (1) 70:4
bothering (1) 69:11
bottom (6) 81:7 132:11,13,14 161:4 165:19
bought (1) 155:4
bowel (3) 35:5,5,17
box (2) 43:15 45:22
bp (1) 167:24
brachial (2) 8:9 167:14
bradycardia (1) 30:2
bradycardic (2) 8:10 167:15
brain (1) 35:18
break (5) 43:10,13 87:12 114:23,24
breaking (1) 71:17
breathing (7) 3:20 8:3 9:1 12:22 13:5 30:1 140:9
bridge (2) 103:5 130:17
brief (5) 1:19 12:1 28:2 50:25 91:17
briefly (5) 1:12 12:16 13:17 82:14 130:1
bring (5) 14:6 46:24 54:10 78:9 160:24
bringing (4) 13:22 32:25 46:22 164:11
british (1) 46:9
broadly (2) 53:5 81:11
brought (12) 16:10 32:14 44:12 78:12 106:8 108:24,24 111:3 162:17 163:7 164:16 171:25
btp (1) 79:19
burden (3) 38:22 39:2,18
bureaucratic (2) 156:25 157:2
busy (13) 54:1,20 56:18 68:10,12 83:12,16 84:5,22 86:22 89:2 91:18 92:3
bystander (1) 37:21

C

ca (2) 20:3,5
calderbank (3) 20:1,4,9
call (3) 153:9,21 172:13
called (4) 32:10 36:11 133:10 154:14
callout (1) 172:5
cam (2) 64:13 110:7
came (11) 9:13 21:12 22:8 44:8 45:4,19 49:13 110:23 125:21 133:14 144:7
camera (5) 57:16 64:25 77:14 92:8 93:13
cannot (4) 14:17 19:24 24:15 116:1
cannula (4) 10:7 23:10 26:18 168:10
cannulas (2) 21:16 141:11
cannulated (1) 8:20
cant (49) 6:7 49:24 50:10 51:9,19 53:11 54:22 56:6 57:3 64:23 66:9 70:3 75:4 79:14 84:24 85:20 88:4,4 90:18 91:20 92:10 93:12,23 94:13,14,22 95:4 96:3,14 104:15,17,20 105:18 109:2 110:6,7,20 111:8 124:25 134:19 144:21 149:23 155:25 156:8 166:21,22 168:17 169:1 170:17
capable (1) 101:16
captured (31) 5:7 16:14 17:7 24:11 45:8 46:7,18 48:8 51:10 52:17 53:20,23 54:3 55:2 56:10,23 57:11,14 58:10 73:9 83:24 85:10 86:1 91:16 92:7 110:4 125:6,15,18,20 165:21
captures (5) 15:1 17:16 83:19,20 133:17
card (1) 158:13
cardboard (1) 71:17
cardiac (61) 2:25 10:9 16:25 20:6,24 21:1,2 22:3,21 23:3,15,18 24:22,24 25:13 26:3,8 27:3 32:15,20 33:3 34:1,8,9 36:2,6,9 37:14,18 38:9,15 39:1,16,19 42:14 43:2 133:15 136:7,9,17 137:9,11 138:18,25 139:5 140:5,7,8 141:14,22 142:5 152:17 158:19,20 159:1,8,12 164:19 168:12 169:18 172:24
cardiologist (1) 20:25
cardiology (1) 36:23
cardiopulmonary (3) 32:16 42:25 43:1
cardiothoracic (2) 27:15 32:1
cards (4) 110:13 113:24 158:9,10
care (12) 1:14,25 7:8 23:22 37:7 89:4 113:19,20 130:20 134:14 140:2 151:23
cared (1) 112:22
careful (1) 157:10
carefully (3) 69:5 133:5 161:14
carotid (4) 22:18 25:15 29:24 30:24
carried (10) 3:16 4:16 26:10 33:7 34:17 58:11 71:4,10 72:2 99:3
carries (1) 142:21
carry (12) 2:14 11:11 16:16 26:14 104:5 142:14 145:23 146:5 153:10,12 154:1 160:16
carrying (8) 17:17 18:22 26:23 28:12 29:8,11,16 142:19
cars (1) 154:24
carter (9) 34:18,20,22 35:12,22 36:1,12,18,20
carters (2) 35:10,20
cartwright (83) 1:3,4 2:10,17,19,21 3:5 7:3 10:24 11:6 12:3 14:8 16:24 18:7 20:21 28:19 29:11 30:17,20 43:15,19,20 45:24 48:4 52:4 55:24 58:3,23 59:19 65:5 70:13,20 72:25 73:7,12 85:7 86:11 87:4,14,18 88:6,13,14 91:16 97:9,11 100:20 101:7 104:2 107:15,21 110:10 112:13 114:4,15,20 129:19,24,25 132:24 133:9,10 136:15 144:14 145:20 151:16 152:3,19 153:1 160:16,19,22 162:5 163:8,11 170:2 172:17 174:2,7 175:7,12,14,17
cases (1) 37:15
casualties (20) 5:4 23:25 44:24 45:4,24 46:4,19 47:4 49:3,5 52:25 53:1 57:19 81:10 105:23 107:24,25 111:11 151:21 162:17
casualty (49) 2:12,22,24 3:4 9:17,20 10:20 14:7 17:2,20 18:8 23:1 29:5,13 52:13 56:12 66:12 68:4 89:7,20,25 90:3 92:21 95:7,8 106:1,9,15 108:22 109:8 110:23 111:7 112:1,5,7,20 113:11,24 114:10 128:20 150:17 155:9 156:14 162:14,21 163:3,9,14 164:12
cat (4) 7:11 10:21 11:1 166:15
catastrophic (18) 35:14 39:9 104:8 113:8,13 152:10,14 154:15 157:15 158:11,23 159:5,23 169:9,16,25 170:7 173:10
catastrophically (3) 158:3 159:14,15
categorisation (1) 4:25
categorised (1) 104:23
category (3) 40:8,10,15
cause (13) 27:3 36:18,22 37:14,17 42:11,13,15 136:9 137:9 138:25 139:14,25
caused (9) 27:6 41:22 51:7,22 136:18 141:14 149:6 158:24 170:10
causes (3) 21:7 138:21 169:18
causing (3) 140:4,17 158:11
cavity (5) 23:12 26:7,20,24 35:6
ccs (7) 99:18,21 103:3,11 105:7 120:2 162:23
cctv (4) 93:13 95:4 110:4 133:17
cells (2) 153:9,10
centre (2) 113:18 155:19
certain (6) 66:10 99:13,13 153:6 156:4 164:24
certainty (2) 93:12 94:22
cetera (1) 131:2
chain (1) 37:6
chair (1) 66:11
chairs (1) 153:4
challenge (1) 102:25
chance (1) 155:10
chances (5) 36:16 37:12 39:2,17,18
change (5) 23:18 27:2 40:14,15 170:17
changed (4) 10:1 103:1 127:23 168:6
changing (1) 40:3
channel (1) 125:19
chaos (2) 76:21,22
chaotic (2) 76:12,16
chapter (1) 133:11
characterised (1) 36:8
characterises (1) 37:20
chat (1) 69:11
check (7) 25:10,14 33:22 87:8 109:12 160:16 161:1
checked (1) 22:18
checking (3) 5:15 6:1 166:4
checks (1) 16:16
chest (46) 5:16 7:13 8:4 15:6 16:7 17:8,9,17,23 21:10,13,15,17 22:4,9 23:5,8,11,11,16,19 25:25 26:7,13,19,20,23,24 28:24 33:8,15,16,21,22,24 34:1,10 140:13 141:11 145:2,17 147:25 166:5,17 170:14 172:21
chloride (1) 30:5
choice (1) 124:20
choosing (1) 171:9
circles (1) 107:18
circulating (8) 4:5 5:14,22 22:14 165:15,17 166:3,11
circulation (5) 19:23 21:7 29:23 36:3 142:5
circumstances (2) 76:11 142:13
city (89) 25:4 45:6,10,12,15,16,22 46:3,8,18,20,25 48:16 49:12 51:1,2 62:1,4,7,19,22 63:16,20 64:5 65:8 66:18,21 70:15 73:2,22,25,25 74:7,8,13,17 75:12,13,16,22 77:2,15 78:15 79:10,13 80:4,11 92:21 96:12,13 99:21 102:13 103:2 105:7,25 115:5,6,7,10,12,20,23 116:4,22 117:16 118:6,11,20 119:18 122:9 125:25 126:5,9,25 127:6,9 129:4,5 130:4,16,17 132:4,18 137:7 152:10 157:16,24 160:5 163:19
civilian (1) 150:23
clammy (3) 7:17 167:3,4
clarification (1) 161:3
clarify (5) 40:13 72:20 115:15 132:2 150:7
clarity (1) 48:5
classical (1) 147:9
clean (1) 98:3
clear (22) 3:25 12:14 46:21,23 47:25 48:5 51:6 59:1,5 63:3 72:9,19 89:21 93:16 98:2 115:14 119:24 126:21 127:18 130:6 147:13 149:14
clearing (43) 2:13,23,24 9:17,20 10:20 14:7 17:2,21 29:5,14 52:13 56:12 65:21 66:12 68:4 89:20 90:1,4 92:22 95:7,8 106:1,9,15 110:24 111:7 112:1,5,7,20 113:11,24 114:10 128:21 150:17 155:9 162:14,21 163:4,9,14 164:12
clearly (16) 13:4 23:21 49:21,22 50:21 51:3,14 60:22 68:17 71:2 96:23 102:21 103:4 106:3 157:14 172:11
clegg (6) 17:13,14,20 18:7,18,20
cleggs (1) 15:1
clinical (7) 134:14 135:18,25 139:4 142:25 146:25 157:3
clinician (1) 22:20
closed (6) 1:10,23 33:16,19 129:7,16
closer (1) 132:17
clothes (2) 112:15 171:17
clothing (2) 150:23 171:22
clotting (4) 8:22 142:8 153:14,16
coining (1) 41:15
collapse (1) 36:1
collapsed (2) 8:5 139:25
colleague (2) 7:1 49:20
colleagues (5) 6:18 14:25 31:12 45:15 60:20
collect (3) 13:10 95:2 97:2
collected (2) 98:7,9
collecting (2) 97:7,23
collective (1) 47:9
colour (6) 3:25 4:22,23 158:17 159:2,11
coma (3) 7:18 32:19 167:6
combat (1) 11:7
come (20) 41:3 44:6 47:13,21 48:2,25 66:23,25 93:5 96:11 101:9 104:15 105:17 106:20 107:13 120:6 123:23 130:15 133:3 148:17
comes (2) 100:20 146:19
comfort (3) 125:23,23 126:8
comfortable (17) 92:15,18 93:2 104:18 105:7,9 106:19,21 119:16,20 121:2 126:1,2,3,6,13 132:16
coming (23) 46:14 48:9,12,13,16 58:18 59:8 62:9 68:22 78:23 79:7,12,21 80:3,3,10,13 94:6 122:15 133:4 134:13 170:5 174:5
command (4) 95:23 97:17 131:5,13
commander (5) 82:16 84:13 88:23 89:3 131:9
commands (1) 95:24
commence (1) 17:6
commenced (4) 21:10 29:14 30:25 43:1
commencing (2) 22:18 58:12
commend (1) 126:23
comment (5) 39:5 40:20 41:2,5 42:22
comments (5) 3:11 37:23 38:5 73:16 114:15
commercially (1) 41:6
common (1) 36:7
communicated (2) 147:21 157:16
communicating (1) 84:15
communication (2) 69:6 160:25
communications (3) 160:13,13 164:10
company (1) 7:6
complete (3) 31:1 131:11 152:3
completed (1) 31:2
completely (7) 33:21 93:6,7 118:25 130:23 131:17,17
complexion (1) 24:23
complication (1) 36:7
comprehensive (1) 65:17
compressible (2) 39:8 40:21
compression (1) 33:25
compressions (7) 17:9,17,24 21:10 22:4 23:6 34:2
conceivably (1) 124:25
concern (1) 27:5
concerned (9) 68:12 72:18 116:24 126:8 131:3 132:3 154:13 162:11 163:15
conclude (3) 43:4 86:12 87:4
concluded (2) 34:22 88:8
concludes (5) 28:1 38:22 132:23 174:3,7
concluding (1) 78:2
conclusion (3) 42:12 92:13 120:6
conclusions (2) 1:12,20
concourse (13) 52:24 53:2 56:5 81:7,10,13,17 82:3 92:21 110:18 132:13 144:19 162:22
condition (21) 5:2 20:11,16 24:13 26:21 27:2 28:5 36:11,14,21 39:1,16,19 42:17 67:4,15 99:5,10,22 146:25 159:22
conduct (1) 172:23
conducted (2) 4:21 5:1
conducting (4) 5:7 18:17 44:7 165:21
conducts (1) 17:23
confidence (1) 120:2
confident (1) 93:9
confine (1) 77:5
confined (1) 76:21
confirm (1) 40:6
confirmed (2) 40:2 117:6
confirms (11) 3:5 4:14 7:5 12:6 20:5 31:8 32:14 33:17,23 34:6 40:3
conflating (1) 111:16
confused (1) 172:7
confusion (6) 7:24 76:20,22 150:14 167:10 172:12
connect (1) 19:13
connected (2) 19:16,19
conscious (8) 3:13,20 7:23 14:12 42:22 43:8 125:10 167:9
consciousness (2) 6:5 22:23
consider (10) 1:19,22 42:6 98:15 106:14 108:21 117:15 130:10 138:20 170:21
considerable (4) 35:2 42:1 137:17 143:14
consideration (8) 106:16 109:11 136:12 137:15,17 146:6 148:8 150:3
considerations (3) 26:5 117:9 130:4
considered (11) 1:14,25 36:12,20 39:25 42:16 117:24 120:17 121:6 135:18 136:17
consistent (2) 24:22,24
constable (7) 43:24 51:11,20,24,25 80:20,24
constituents (1) 153:12
consultant (6) 31:6,10,11,17 32:7 34:4
contacting (1) 146:7
contain (1) 154:13
contained (1) 146:4
containers (1) 144:2
contemporaneous (1) 65:13
content (1) 35:6
context (2) 70:23 160:2
continually (1) 17:23
continue (6) 3:1 19:15,20 87:9 128:19 146:15
continued (6) 2:9 23:6 46:4 105:25 117:13 175:4
continues (3) 12:24 14:6 21:9
continuing (2) 16:12 39:9
continuously (1) 154:17
contra (1) 70:7
contract (1) 35:17
contracting (1) 21:6
contribute (7) 35:11 37:18,21 38:13,15,16 42:13
contributed (3) 36:22 37:2,10
contributory (1) 36:13
control (2) 38:4 41:14
convenient (1) 128:2
conversation (17) 12:2,17 18:12 46:9,17 49:1 56:15 80:19 82:14 89:13 91:16 93:20,21,22 115:16 116:19 151:8
conversations (4) 53:22 82:9,11 123:21
convey (10) 52:8 54:24 69:12 80:23,25 81:4 82:19,23 83:4 142:23
conveyed (3) 20:12 75:2 169:5
conveying (2) 67:18 148:6
convinced (1) 114:12
cooper (71) 1:7 2:6 59:21,22 60:12 61:10 62:17 63:16 65:2,11,18 67:21 68:15 69:13 70:5,7 71:1,21 72:7,8,17,23 73:23 84:25 87:19,20,25 114:20,22 115:1,2,14 117:18,21 118:1 119:8,12,15 121:13 125:14 128:2,5,12,13 129:9,12,17,18 130:3 153:1,2,3 156:16,17 157:11 158:15 160:25 162:1,10 163:11 167:2 169:4 170:20,23 171:4,6,9 172:15 175:8,13,18
copy (4) 2:15,17 164:20,23
cordoned (1) 112:9
core (1) 1:7
corke (11) 46:10 49:2 75:9,9 78:4,5,17,18,18 79:1,18
coronary (1) 37:11
corporation (1) 29:10
correct (37) 44:1,17,20 45:3,7,17 46:5,16 48:20 49:15 52:18 53:19 56:16 58:14 59:14 60:15 62:8 63:2 65:22,25 74:1 76:3 79:11 83:2,3,6,22 88:19,21 89:12 90:5 134:12 135:13 151:9 163:23 164:25 169:24
corrected (1) 89:25
couldnt (24) 9:24 32:4 45:11 50:21 61:2 71:9 72:4 94:1 98:21,25 107:11 120:14 125:13 126:10 132:6,7 134:23 143:20 148:19 150:20 151:10 158:25 161:21 168:4
counsel (1) 85:7
country (1) 155:13
couple (2) 98:5 123:4
course (7) 2:6 5:3 63:20 74:23 79:19 121:6 144:13
courtesy (1) 2:5
courts (2) 65:13,14
covered (1) 173:23
covering (2) 7:12 166:16
cpr (7) 17:6 18:17,22 19:1 22:18 23:19 30:25
craig (1) 31:6
crane (6) 41:18,19,21 42:8,19 43:4
create (1) 145:8
created (2) 92:18 150:2
creating (1) 145:6
credit (1) 123:1
crew (7) 4:8,9,11 22:1 23:5 27:12 144:23
criminal (4) 65:12,14 82:6 167:1
crisis (1) 59:12
critical (4) 37:13 114:9

129:4 157:21
criticised (1) 119:6
criticising (1) 86:19
criticism (11) 61:2 62:18 72:16 82:11 85:4,17 86:23 106:20 108:15 122:21 123:16
criticisms (1) 119:1
cross (3) 62:17,18 123:11
crossed (2) 126:11,12
crosses (1) 13:11
cuff (2) 8:18 167:23
cumbersome (1) 72:2
current (1) 38:23
custom (3) 169:10,15,23
cut (2) 106:23 109:17
cutting (1) 101:7

D

d (1) 175:1
daley (39) 17:18,24 19:20 20:18 21:12,16 23:1,7,20 24:1,5,7,10,15,19,25 25:3,5,7,17,22 26:2 27:12,15,19,21 28:1 88:7,20 132:25 133:8,10 152:3,19 157:14 162:7 170:24,25 175:16
daleys (2) 28:6 174:3
dalton (3) 51:11,20,24
damage (2) 35:7 38:4
damaged (1) 34:24
dan (13) 4:16 14:18 57:24 65:23 82:15 83:14,15 84:7,12,13,14,20 85:1
dangerous (4) 60:25 98:25 121:22,25
daniel (13) 3:17 14:3,11,24 54:4,19,23 66:4,17 87:9 88:12,14 175:11
data (4) 30:18 73:9 89:23 90:6
date (1) 53:4
dated (30) 3:6 4:14 7:4,7 9:16 12:3,8 14:8 18:23 20:4,8,21 21:25 22:16,25 24:8 29:19 31:7 32:2,8 33:12 34:5,19 37:3 38:19 39:4,22 41:20 65:12 166:13
dead (1) 34:14
deal (16) 4:10 48:25 54:14 59:13 68:20 88:17 94:8 95:9 100:8 125:20 135:10 141:22 144:6 153:3 161:14 171:1
dealing (10) 1:10 2:23 5:4 103:14 122:4 134:1 160:3 163:2 169:8 171:8
dealt (7) 69:22 93:11 100:9 105:24 140:22 141:1 162:6
death (14) 35:11 36:14,18,22 37:2,8,10,22 42:3,10,11,15 102:5 110:13
debrief (1) 171:25
deceased (2) 116:6 117:5
decide (4) 58:4 68:24 75:25 76:6
decided (4) 1:17 26:22 58:5 80:22
decision (24) 21:23 47:7,7,9,22 69:4 75:25 76:17,18,19 102:6,7 115:22 117:2,13 118:9,10 119:2,6 131:8,13 132:1 135:7,19
decisionmaking (1) 94:12
decisions (3) 70:1 117:12 165:4
declared (2) 31:13 107:24
decompress (1) 145:3
decompressing (1) 22:9
decompression (22) 21:13,15 23:9,19 26:1,17,23 134:10 135:8,11 136:16 138:13 139:14,22 140:4 141:5 146:1,17 147:12 149:4,10 172:21
decreased (2) 30:21,22
deemed (1) 121:22
deep (1) 34:24
deeper (1) 145:14
defibrillator (1) 19:16
define (1) 40:6
definitely (5) 4:25 111:25 112:6 120:21 123:21
definitive (1) 171:5
definitively (1) 37:9
degree (9) 1:21 37:9,17 91:10,11 93:12 99:4,24 159:13
delay (1) 27:10
deliberately (1) 70:3
deliver (1) 38:7
demonstrate (2) 39:7 40:24
demonstrates (1) 39:9
departed (3) 20:5 29:16 45:2
department (4) 27:23 32:11,13 113:18
departs (1) 148:22
depending (1) 105:16
depends (1) 87:25
deploy (2) 130:12,18
deployed (4) 3:7 45:9 90:10 154:21
deploying (1) 109:11
deployment (1) 124:10
depth (1) 145:16
derek (5) 53:21,25 82:12 85:1 116:2
describe (6) 5:13 11:1 18:11 41:21 51:7 166:2
described (7) 11:4 36:7 43:6 65:7 66:11 92:20 167:18
describes (17) 3:18 7:8 8:12 18:8,15,24 19:9 20:22 21:1 25:22,25 29:18 30:20 32:2,9 33:14,20
describing (2) 23:9 146:15
deserved (1) 86:18
designed (1) 69:17
despite (5) 21:2 23:19 34:1,12 98:11
detail (11) 34:20 44:23 72:25 81:20 93:25 112:21,22 116:7 128:1 134:9 163:8
details (7) 1:13 14:9 31:20 60:20 99:9,16 163:9
detect (5) 7:14 8:8 9:24 167:13 168:4
detective (9) 3:2 6:24 11:12 12:15 14:23 17:4 20:18 28:9 29:3
deteriorate (1) 149:24
deteriorated (1) 155:5
deteriorating (2) 14:13 150:3
deterioration (2) 24:18 170:11
determine (1) 37:9
develop (2) 129:13 140:25
developed (3) 5:3 170:15 173:6
developing (4) 37:14 60:12,23 61:1
device (1) 41:24
devices (1) 62:20
devine (1) 73:7
devised (1) 41:7
di (1) 3:1
dialogue (1) 83:20
didnt (52) 47:24,24 55:20,22 56:9 61:9 64:2 65:21 66:24 67:12,23 68:8 79:1 85:4,5,16,17 86:7,17,21 87:2 94:16 95:5 96:16,17 101:5 102:4 104:11 105:5 107:11 109:2,25 115:23 118:23 122:1,13 124:23 126:7 127:11 136:22 138:9 142:2 143:10 146:13 147:1 148:13 150:5 151:19 161:10 162:10 163:23 173:13
die (7) 4:2,6 7:25 9:19 11:18 22:12 167:11
died (2) 35:20 101:12
difference (1) 40:19
different (11) 41:11 92:17 98:8 102:22 111:16 120:25 124:22 131:6 136:11 153:11 157:9
differently (1) 122:4
difficult (12) 67:16 71:14 92:24 103:13,13 140:6 142:19 143:23 144:10 150:24 158:22 169:6
difficulty (2) 71:3 96:25
dignity (1) 102:19
dilated (2) 24:21 158:20
diluting (2) 142:7,7
direct (2) 109:10 136:25
directed (9) 27:12 45:18 51:20 54:12 65:23 83:14 95:2 97:1 111:1
directing (2) 16:22 130:10
direction (4) 14:5 47:9 85:15 104:7
directions (1) 157:10
directly (3) 50:2 57:5 62:3
discharge (1) 35:5
discharging (1) 89:2
discuss (1) 119:10
discussed (7) 93:15,20 108:4 120:15 121:9 122:20 131:25
discussing (1) 95:23
discussion (2) 56:24 163:18
discussions (1) 117:9
disease (16) 36:11,12,20,21,21 37:1,10,11,17,20,21 38:13,14,16 42:9,13
disinterested (3) 69:2,15,18
disobeying (1) 74:9
dispatch (2) 113:9 130:8
dispatched (1) 110:14
dispatching (2) 131:4,13
dispel (1) 83:7
display (4) 46:8 78:6,8,12
distal (2) 8:8 167:13
distract (1) 6:9
distribution (3) 6:3 35:22 42:20
districts (1) 156:6
divert (1) 35:17
doctor (14) 17:18 22:8 23:23 24:2 27:18 150:6,8 151:20 152:7 159:4 166:18 171:12,14 173:12
doctors (15) 31:14,16 143:18 146:4 150:9,15,21,23 171:16,21,23 172:1,3,10,22
document (4) 164:20,25 165:5,8
documented (1) 117:11
documents (2) 89:23 172:7
does (12) 12:12 13:19 25:7 68:8 69:25 81:13 87:4 145:5 156:22 157:20 161:22 169:9
doesnt (4) 97:11 147:19 161:22 168:25
doing (27) 3:24 6:21 19:1 44:4,11 46:11 51:18 57:9 63:25 66:8 78:20 79:6 97:2 106:3 118:1 120:1 137:13 139:16,21 143:14 144:25 146:14,16 163:22 164:1,2,9
donation (2) 153:11 156:12
done (28) 25:9 27:20 52:4 71:15 72:12 74:11,12 86:24 91:1 95:21 96:14 103:10 109:15 119:13 124:8,17 128:20 129:10 131:18 135:18 141:1,10,17,18 149:12 150:18 155:11 169:1
dont (73) 4:2 30:13 49:19 50:14 57:13 63:13 64:13 67:16,25 68:20 70:1 71:12 74:10,11,12 76:25 78:3 79:5,25 80:1,2 82:22 87:20 88:5 91:23 92:3,10 93:4 95:1,13 96:22,24 100:3,25 101:2,4 102:3 103:12,15 104:17,21 105:2 107:18 109:1,4,5,6 110:9 111:6,6,24 115:10,12 120:9 121:16 126:2 130:4 135:23 138:4 142:13 143:10 148:16 151:8,15 156:13 162:25 163:7 168:15,18 171:20 172:15 173:22 174:4
door (1) 28:15
doors (4) 18:20,24 64:8,21
doorway (2) 110:24 112:14
doubt (8) 61:11 65:4 72:17 82:22 86:18 101:22 143:24 164:12
doubting (1) 102:3
doubts (3) 69:14 73:17,19
down (43) 3:17 13:11,17 14:2 15:17 49:18 52:12,16,23 53:13 54:10 58:13 71:14 72:8 80:22 81:6 94:6 96:19,21 99:21 103:17 104:5 105:25 106:8,11,14 110:23 111:3,19,22 116:3,13 120:3 121:11 127:12 130:18 133:20 139:18 162:15,17 163:7 164:11,16
downstairs (12) 51:5,11,21 69:2 70:11 71:19 80:15,21 89:22 96:8 105:15 121:3
dozens (1) 23:24
dr (83) 17:24 19:20 20:18,25 21:12,16 23:1,7,20 24:1,5,7,10,15,19,25 25:3,5,7,17,22 26:2 27:12,15,19,21 28:1,6 31:6,20,22,25 32:7,10,16,22 33:1,9,11,12,23 34:4,7,7,14,18,20,22 35:10,12,20,22 36:1,12,18,20,24 37:3,16,20,23 38:11 41:18,19,21 42:7,7,19 43:4 88:7,20 114:15 132:25 133:8,10 152:3,19 157:14 162:7 170:24,25 174:3 175:16
drain (2) 33:15,17
drains (1) 34:10
dreadful (1) 122:5
dress (1) 82:7
dressings (7) 7:11 8:14,15 38:1 166:16 167:20,21
driven (2) 155:13,15
drivers (1) 28:18
driving (1) 154:25
dropping (1) 76:15
drove (1) 29:19
drowsy (1) 14:14
drugs (2) 10:7 168:11
dry (1) 137:3
due (17) 4:5 5:14 8:14 20:10 36:2 37:5,14 39:19 41:11 48:7 67:17 123:2 144:12 165:16,17 166:3 167:20
during (5) 4:17 37:1 63:20 74:23 95:21
duties (1) 89:3
duty (4) 44:6 60:13 107:23 108:9
dynamic (3) 117:10 120:25 170:16

E

e (1) 175:1
earlier (6) 22:1 39:14 123:18 124:18 152:9 170:19
earliest (1) 40:25
early (12) 5:9 6:6 37:24 38:1 41:14 95:18,20 101:15 106:11 107:5 113:3 165:23
easier (2) 96:10 104:16
easiest (1) 71:18
ed (2) 31:17,18
effect (9) 6:11 10:18 42:2 73:24 74:3 75:24 82:17 116:23 142:9
effective (5) 26:7 36:9 39:15 40:17,23
effectively (9) 51:21 62:25 66:5 100:14 110:25 112:15 156:25 170:4 171:17
effects (1) 35:21
effort (2) 123:4,19
efforts (2) 22:14 28:4
either (11) 25:10 33:18 51:12 79:2 85:1 108:6 137:6,14 145:17 156:12 171:3
electric (1) 18:5
electrical (6) 20:23 21:3,5 28:23 36:6,8
electronic (1) 18:5
element (1) 67:14
else (14) 1:6 56:15 76:19 77:1,8,9 95:9 124:24 125:2 129:10,17 143:7 161:13 172:16
emberton (4) 49:20 50:16,16 51:3
emergency (12) 7:1 27:23 31:6,9,11 32:7,11 34:4 102:1 113:17 143:8 155:21
emerges (2) 28:17 29:4
employ (1) 108:11
employed (1) 108:14
employing (1) 108:10
empty (3) 53:5 81:11 163:15
emt (6) 7:6 8:16 12:25 138:6,7 167:21
en (2) 23:22 44:16
enable (1) 1:22
encounter (1) 58:24
encountered (2) 25:6 50:19
encourage (1) 2:3
end (11) 1:17 17:15,21 93:20 103:5 104:9,11 110:3,4,5 156:12
ended (1) 62:15
endovascular (1) 38:2
engaged (2) 68:10,11
engagement (1) 99:11
english (2) 73:8 110:12
enhance (1) 37:12
enhanced (1) 94:11
ennis (10) 110:12 115:16,21 116:7 118:5 123:1,2 124:3,15 163:2
enough (7) 47:20 72:6 101:16 103:23 128:25 131:21 147:1
enquiry (1) 160:8
ensued (1) 38:9
ensure (5) 19:14 25:19 105:23 108:23 156:11
ensured (1) 152:11
enter (1) 70:15
entered (3) 88:18 109:2 132:15
entire (2) 127:2 156:11
entirely (2) 10:12 64:14
entitled (1) 87:1
entrance (6) 20:20 52:14 53:8 56:4 81:18 82:3
entry (1) 8:4
environment (1) 26:10
equal (3) 8:4,4 149:15
equally (2) 72:14 131:22
equipment (14) 6:17 7:18 9:25 19:14,18 22:2 26:21 28:13 61:23 98:8,16 154:11 167:6 168:5
equipped (2) 50:12 68:20
escape (2) 23:12 145:9
essence (1) 148:20
essential (1) 94:2
essentially (3) 53:5 58:8 133:17
et (1) 131:2
eta (1) 28:25
evacuate (1) 108:2
evacuated (2) 46:20 49:14
evacuation (3) 47:3 111:14,23
evaluate (1) 140:4
even (10) 65:15 70:5 114:17 129:10 137:1 138:16 149:10 150:19 154:7 158:3
evening (4) 44:6 73:20 74:18 113:21
event (4) 32:4 67:21 134:25 162:11
events (10) 4:13 24:10 37:7 39:23 46:7 65:5 80:16 89:11 116:1 162:5
eventually (1) 68:23
ever (8) 58:17,19 85:11 116:23 124:8,8,9,16
every (4) 99:9,10,11 100:9
everybody (2) 63:10 94:6
everyone (3) 2:3 88:25 143:2
everything (6) 1:25 47:11 86:16 112:24 142:24 143:25
evidence (69) 1:11 2:9,11 8:5 10:19 24:1,25 40:20 42:7 44:21 46:1 64:19 65:7 68:17 85:3 87:4,9 88:8,15 92:16 102:14,18,18 106:18 108:14 110:13,19,25 112:17 114:7 118:13,21 119:3 122:20 123:18 124:19 125:14,21,22 128:17 130:5,8 132:23 133:5,11 135:15,19,21 136:22,25 138:5 142:16 147:9 149:4,14,16 150:13 162:8 163:4,10,21 170:18,21 173:16,20 174:3,6,7 175:3
evident (2) 5:8 165:22
evolve (2) 135:24 149:25
evolved (1) 173:4
exact (4) 50:10 64:23 89:21 116:1
exactly (5) 6:7 19:12 67:3 79:14 173:13
examination (5) 4:22 36:10 37:2 139:4 141:7
examine (3) 89:4 129:7 140:6
examined (1) 166:20
examining (2) 128:19 161:17
example (2) 19:16 87:24
exchange (4) 75:8 77:12 78:4 82:15
exchanges (1) 82:10
excluding (1) 127:22
excuse (4) 54:20 83:16 84:22 91:18
exhibited (1) 28:3
existed (1) 131:20
exit (1) 23:6
exits (2) 20:19 28:12
expand (1) 42:12
expands (1) 136:1
expect (6) 57:18 68:23 86:22 87:2 104:11 169:11
expectation (2) 47:17,19
expected (10) 21:4 31:17 85:14 86:17 104:13 105:4,5 122:22 123:20,23
expecting (1) 47:13
expeditiously (1) 106:1
experience (2) 52:7 152:7
experienced (4) 5:5 22:20 102:20,25
expert (7) 20:25 36:24,25 39:21 114:14 170:21 171:3
expertise (1) 39:20
experts (12) 38:19,19 39:4 40:5,13,20 41:5,9 85:14,14 114:11 129:2
explain (5) 21:9 41:9 54:6 59:4 136:5
explained (3) 23:13 27:17 154:18
explains (13) 7:16 10:3 12:10 20:9 32:16,22 33:1,12 34:7 39:24 167:2,4 168:7
explanation (1) 93:23
explore (5) 11:6 97:9 114:4 139:19 144:14
explored (2) 10:24 159:25
exploring (1) 143:22
explosion (8) 35:25 40:25 41:1 42:21 44:14 60:17 143:3 160:2
explosive (1) 41:23
exposed (2) 113:2 173:25
exposure (1) 5:4
expressed (1) 109:14
expressing (1) 79:4
expression (2) 67:22 123:3
extensive (1) 38:8
extent (9) 55:19 106:6 130:11 135:15 137:13 138:9,11 150:19 173:15
external (8) 5:10 39:9 40:21 136:13,22 139:6 165:24 173:16
extract (1) 38:6
extracted (2) 23:2 46:20
extraction (2) 111:11 119:17
extracts (1) 46:6
extraordinarily (1) 65:17
extremely (3) 69:5 99:23 156:10
extremis (2) 20:11 139:21
extricate (1) 74:16
extrication (1) 128:21

F

face (3) 13:5 17:10 173:10
facing (1) 42:21
factor (2) 36:13 136:22
factors (5) 136:17 138:16 140:14 142:8 153:14
failure (1) 36:15
fair (11) 47:20 61:5 64:24 67:24 68:1 71:19,20 110:10 128:25 152:13 164:6
fairly (12) 59:7 92:17 93:8 95:18,20 102:16 103:22 105:7,8 113:3 116:13 117:17
fairness (1) 158:23
fall (2) 8:4 149:15
fallen (1) 32:20
falling (1) 76:1
familiar (1) 53:7
familiarisation (1) 165:5
families (3) 1:16,23 72:10
family (5) 1:9 59:23 102:5 112:8 115:3
far (16) 28:15 61:2 62:18 65:19 68:12 69:16,16 72:18 112:24 114:1 131:3 145:14 154:13 157:11 162:11 163:14
fast (2) 10:2 168:6
fatal (2) 40:8 42:17
fault (1) 10:12
favour (1) 1:18
february (2) 3:9 20:4
feel (5) 56:17 125:11 126:21 158:17 159:2
feeling (5) 5:12,15 117:2 166:1,4
feet (1) 49:21
fell (1) 18:18
fellow (1) 77:3

felt (22) 7:24 22:11 51:15 52:7,8 55:13 56:19,19 58:7,8 59:1 61:10 68:2,3,6 81:4 108:16 121:1 130:12 147:2 167:11 171:12
female (3) 15:24 17:12 18:3
fence (1) 49:20
ferguson (2) 31:6,20
few (5) 14:4 15:25 124:1 163:21 172:6
field (1) 3:9
filled (1) 158:10
filling (1) 36:3
final (2) 42:15 71:1
finally (2) 33:10 173:9
find (13) 5:13 10:6 49:4 52:2 72:21 95:10 146:10,10 150:23 157:9 163:6 166:2 168:9
finding (1) 37:12
findings (4) 37:8 38:11 133:5 140:10
fine (4) 91:13 124:23,25 129:15
finger (6) 5:20 26:11 144:25 146:21 149:12 166:9
finish (2) 87:23 157:4
finished (1) 167:25
finishes (1) 88:2
fire (4) 97:22 108:4,12 154:9
fired (1) 117:4
firm (2) 103:22 123:1
first (44) 2:11 3:3 11:24 26:10 31:21 33:20 36:4 50:6,9,11,12 53:20 54:2,21 55:5 61:8,23 64:10 74:22,25 82:12,13 83:10,10,13,14 84:3,6,23 89:2 90:17 91:19 98:21 100:17 113:1,3 115:15 116:2 124:5,14 125:16 152:22 163:6,10
firstly (1) 117:5
fixed (1) 24:21
flash (1) 13:15
fleeting (1) 57:3
floor (6) 3:12,19 22:7 100:17 123:10 132:3
flow (3) 122:15,17,19
fluid (1) 153:24
fluids (4) 10:7 137:24 142:3 168:10
fly (1) 52:3
focus (1) 62:21
focused (1) 113:19
follow (8) 52:11 56:4,13,14 68:8 113:22 136:10 153:4
followed (5) 15:25 22:8 23:7 104:7,19
following (6) 4:13,20 15:23 24:9 28:19 116:20
follows (4) 19:11 94:18 95:7,8
followup (1) 68:6
foot (2) 17:11 19:21
footage (22) 11:1 17:16 39:11 40:1,21 41:3 42:7 52:20,22 53:20,24 55:2 64:13 77:23 80:18 84:16,17,21 85:9,11 86:1 95:6
footbridge (2) 49:14 58:12
force (3) 60:4,5 77:9
forensic (1) 41:17
forget (1) 82:1
forgotten (1) 142:18
form (8) 31:1,2,16 50:3 61:13 134:14 160:4 171:22
formed (4) 31:20 75:11 103:21 117:9
forth (1) 59:8
forward (2) 1:15 80:16
fossa (1) 8:21
found (3) 37:1,17 137:22
four (3) 31:20,21 57:4
fractured (1) 34:25
fractures (11) 51:6,7,8 54:21 67:5 84:23 85:20 90:18 91:19 94:1 100:6
free (3) 9:7 35:7 87:3
frequent (1) 16:16
fresh (2) 153:13 154:1
friends (1) 112:8
front (4) 19:7 57:5 62:14 140:10
frozen (2) 153:13 154:1
frustrated (4) 56:18,19 59:1 86:14
frustration (1) 72:10
full (11) 1:13,16 2:2,4 30:23 32:2,5 43:21 53:17 135:18 148:3
fully (2) 1:23 140:6
function (1) 26:8
functioning (1) 21:5
further (31) 4:12 24:7 33:5 34:13 39:21 40:13 41:9 45:21 58:4,7 62:23 72:25 90:1 114:4 116:7,24 123:22 125:11 128:15 129:18,24 139:18,19 142:7 148:13,21 151:25 156:6,15 174:2 175:14
furthest (1) 22:6
futile (2) 22:14 34:13
future (1) 172:11

G

gain (1) 89:17
gap (1) 145:18
gather (1) 158:9
gathered (4) 31:14,16 53:4 56:8
gathering (1) 66:23
gave (6) 9:3 118:21 120:2 130:5 134:21 142:16
gemma (2) 18:23 19:3
general (7) 44:7 47:17 61:22 71:8 73:5 76:11 80:7
generalisation (1) 92:5
generally (1) 69:15
gentleman (5) 28:22 43:15 54:4 82:13 84:3
genuinely (5) 102:11 104:14,21 110:8,20
gerard (1) 43:22
gesture (1) 6:13
gestured (1) 84:7
gesturing (1) 6:15
get (82) 3:13 4:3 5:18 6:15 9:4,5,11 10:2,7 14:10 46:15 47:8,25 48:6,10 50:17,22 51:4,5 54:11 55:16 58:7,18,19 68:24 69:10 70:23 71:9,18,23 72:4 76:4 77:13 78:8,24 79:8,9,23 84:14 86:17 87:2,16 94:10,18 95:5,21 96:10 97:12 104:14 113:10 116:9 124:3,7 125:2 127:11 138:23 139:7 142:10 143:14 145:16 146:10,11,12 147:4 148:3,11,15,20,22 150:25 151:13 154:8,22 155:21 157:5,20 165:5,13 166:7 168:7,10 171:5
gets (3) 28:18 65:15 124:5
getting (26) 16:18 30:15 56:6 60:25 62:21 68:17 71:3 80:8 96:12,13 103:23 107:1 113:13,19,20 123:2,10,13 124:13 126:7 129:5 140:23 144:22 152:21 155:6 170:4
give (34) 10:7 42:16 44:21 45:10,25 50:8 52:9,22 56:22,25 57:3 67:1 68:15 70:21 72:25 81:25 82:8 85:15 88:1 92:13 93:1,23 109:11 128:3 129:3 133:10 137:15,24 142:3 147:1,4 150:21 168:10 170:25
given (26) 20:16 39:2,17 60:20 66:1,4 67:13 73:24 74:13 86:8 88:15 93:25 94:6 100:16 101:23 106:16 107:19 116:7 125:24 127:5 141:25 143:18 146:6 149:17 155:10 172:6
gives (2) 38:11 52:1
giving (3) 101:17 113:12 143:16
glance (1) 14:5
glasgow (2) 7:18 32:19
gmp (2) 108:12 129:19
godfrey (8) 31:22 32:7,10,16,22 33:9 34:7,14
godfreys (1) 33:1
goes (13) 13:15 18:11 20:19 56:4,13 70:11 112:16 115:22 124:18 136:7 140:25 152:16 153:11
going (81) 1:7,12 2:25 7:25 9:19 11:18 14:16 16:2,24,25 22:21 32:20 43:8 46:15,20,21,23 48:10 51:15 58:7 59:2,5 60:18 62:4,19 64:25 69:1,4,16 70:5 72:23 73:22 75:7 78:24 79:8 80:20 82:9 86:20 90:25 91:7 94:8,18 97:5,9 98:20 101:8,8 102:9 104:22 107:17 112:23 113:5 116:21 124:23,25 127:25 129:22 137:11 138:23 139:5 140:1 141:19 142:11,14 143:2,3 148:24 149:22 153:3 156:6 157:7,9,13 161:24 162:3 164:3,24 165:1,3 167:11 171:9
gone (16) 5:17 23:3,21 52:5 61:7 74:8 92:9 98:17 102:14 133:15 138:12,15,18 164:5,7 166:6
good (9) 1:4 4:23 6:5,10 18:12 44:18 59:10 109:22 164:4
governance (3) 142:25 156:9 157:3
grant (4) 31:25 33:11,12,23
graphic (1) 169:8
grateful (4) 2:6,14 162:10 163:11
gravely (3) 54:25 82:20 83:1
great (4) 1:14,25 6:11 59:13
ground (6) 54:21 84:23 90:17 91:19 97:16 98:21
group (3) 18:4 31:10 58:11
groups (1) 1:9
guarantee (1) 156:13
guess (11) 94:12 99:12 105:18 107:4 108:3,8 124:18 125:9 130:15,25 132:14
guidelines (4) 172:22 173:2,3,4
guns (1) 62:20
gut (1) 4:24
guy (2) 97:8 125:1

H

hadnt (9) 48:19,24 100:19 114:18 120:5 132:1 137:6 157:16 173:17
haemorrhage (7) 8:14 40:21,24 41:13 42:1 134:25 167:20
haemorrhaging (4) 5:10,12 165:24 166:1
haemostatic (1) 38:1
half (2) 15:11,13
hand (7) 16:21 17:25 25:8 141:9 148:9 164:7,23
handed (4) 137:5 149:9 161:7 164:23
handover (10) 24:12 30:23 134:21 144:18 148:5 152:9 168:14,16,19,22
handovers (1) 157:20
hands (5) 11:25 16:6 17:8 28:13 125:12
hang (2) 51:21 52:2
happen (9) 22:22 23:16 96:16 101:18,20 103:10 127:16 141:3,4
happened (7) 19:10 44:14 62:15 99:14 131:19 134:21,22
happening (6) 91:4 95:12 96:2 123:14 153:20 155:2
happy (2) 130:7 132:12
hard (2) 2:17 142:23
hargreaves (2) 70:14 73:2
harm (1) 116:24
hart (18) 70:11,16 73:1,3,4 90:11 103:20,23 110:12 120:18,20 123:21,24,24 124:10 125:7,21 126:18
hasnt (1) 84:7
havent (2) 67:23 129:7
having (32) 4:15 12:9 41:22 42:6 45:2 46:2,8 49:1 50:19 51:20 55:24 57:24 58:3 61:20 69:11 70:24 74:13 75:25 76:6 83:23 85:9,9,19 86:3 95:6 118:4 134:24 142:9 147:13 154:20 158:8,8
head (2) 16:4 148:25
heading (1) 29:10
headlined (1) 132:24
heads (1) 15:4
health (1) 156:2
hear (6) 26:25 95:25 114:11 146:19,23 168:17
heard (21) 11:14,19 15:16,25 16:21 18:3,6 19:4 27:1 55:8 60:12 68:24 74:22 85:13 117:3 122:23 128:23 140:19 154:9 168:21 173:19
hearing (3) 69:24 74:25 172:5
hearings (2) 1:10,24
heart (30) 4:4 10:1 21:2,3,6 33:9,24 35:18 36:9,11,12,14,19,21 37:1,10,17,20 38:13,14,16 42:9,13,17 136:8 138:23 140:17 164:7 165:14 168:5
hearts (1) 21:5
hed (11) 51:1 104:23 133:15 137:7,25 138:9,10,18 160:8 170:12 173:13
hedges (1) 14:19
held (1) 15:6
helen (5) 11:23 12:2,4 13:17 16:20
hell (1) 3:21
helmand (2) 3:9 160:18
help (40) 9:7 18:14 51:3 53:15 54:9,10,15 55:1,14,16 58:8 59:3,8,13,15 62:19,22,25 68:22 70:10 80:8 81:13 82:21 83:1 86:6 87:2 89:6 90:22 93:4,5,7 96:11 97:12 99:3 105:17 122:15 123:17 142:1 143:23 144:12
helped (7) 1:20 50:22 73:20 111:19 142:6 153:5 171:21
helpers (1) 104:3
helpful (6) 2:7 11:10 58:1 69:23 82:5 172:14
helpfully (2) 68:16 171:15
helping (7) 50:19 95:10 97:8 111:22 116:15,17 153:25
helps (2) 64:11 70:23
hems (1) 173:6
here (14) 2:16 44:21 63:10 72:13 84:11 87:7 129:14 154:25 156:25 160:3 162:24 166:13 169:8 170:1
hes (10) 28:23,24 51:25,25 52:6 79:4 94:18 97:14 123:2 130:16
high (4) 8:3 38:22 137:19 145:25
highest (1) 20:12
highlighting (1) 128:23
highvelocity (1) 140:11
himself (1) 4:18
hindsight (9) 91:10 92:16 100:4 109:5 127:14,17,19 130:21 132:11
hiss (6) 26:25 146:19 147:10,11,18 170:5
history (1) 36:4
hold (2) 17:9,24
holding (1) 25:7
hole (2) 145:8,19
honest (4) 100:22 101:4 103:9 109:9
honestly (5) 99:16 104:17 109:1,6 110:19
hooked (2) 9:21 168:1
hope (2) 68:16 69:10
hopefully (2) 8:23 142:11
hospital (54) 3:9 10:3 16:23 19:5 20:15,17 27:9,17,21 29:14,18 30:10,11,21,23,25 34:18 39:11 43:3 113:9,14 114:13 139:7,18 140:23 141:2,7 142:24 144:1,7 146:13 147:4 148:3,6,11,15,21 149:5,8,12 150:5,25 151:3,5,6,11,14,23 152:11 154:7 155:7 161:24 168:7 170:21
hospitals (3) 144:3 155:16,17
hour (6) 17:1 29:12 30:11 43:9 124:12 154:8
hours (1) 114:24
however (9) 6:21 14:20 35:4 37:16 38:25 39:15 64:12 114:12 149:24
huddle (4) 57:8 131:15,19,24
huddles (2) 66:12 68:13
hundreds (1) 99:12
hunts (6) 56:8 59:2,6 62:3,9 73:10
hypothermia (2) 3:14 112:19
hypovolaemia (5) 21:7 36:15 137:9,16 172:25
hypovolaemic (4) 8:11 36:2,7 167:17

I

id (11) 2:14 60:5 103:8 120:9 126:13 132:10,16 137:18 144:18 163:6 173:5
idea (7) 52:22 56:25 69:10 78:8,9 128:3 145:16
ideally (1) 145:10
identification (3) 36:25 158:15 171:19
identified (6) 36:5,10 105:22 108:18 147:14 172:11
identify (8) 5:11 44:22 88:16 133:12 150:21 165:25 172:1,8
identifying (2) 106:3 171:22
ie (1) 105:14
igel (2) 21:20 33:2
ignored (4) 56:20 68:3,7 117:16
ignoring (1) 63:13
ill (8) 51:22 67:22 68:7 86:1 88:2 91:16 153:3 165:10
illness (2) 37:13 99:4
im (66) 1:7 2:15 10:12,14,23 11:11,15,18 16:2,24 30:13 43:8 59:17 61:7 63:12,13 65:11 68:2 69:1,4,10,12,14 70:5 74:25 75:7 77:12 78:1 80:15 81:18 82:9 85:24 89:24 90:5 93:16 95:22 97:9 100:22 101:4 102:9 104:18 111:6 114:11,24 117:23 118:1 119:23 123:10 124:12 127:19 130:21,22 141:16 143:24 154:16,25 156:5 162:3,10 163:11,12 164:3 165:2,10 168:17 170:13
image (8) 5:8,24 6:12,19 13:8 16:11 25:8 165:22
images (4) 12:4,5 24:11 53:3
imagine (1) 109:2
imaging (1) 39:6
immediate (3) 27:25 104:24 127:10
immediately (6) 3:23 21:24 81:7 109:8 149:12 154:21
impacted (1) 102:7
important (6) 25:19 27:10 48:5 92:6 98:22 164:13
impossible (5) 10:6 41:10 154:18,20 168:9
impression (7) 56:22 66:1,4 69:13 73:6 76:4,11
impressions (1) 68:16
improvement (2) 28:5 146:24
improvised (1) 41:7
inability (1) 38:17
inadequate (1) 36:3
inappropriate (1) 10:13
inaudible (5) 11:16 78:17 83:25 125:13 136:12
incident (18) 27:11 31:12 32:12 44:3,5,8,13 107:23 119:5 121:17,19,19 122:4,6 142:15 146:22 155:2 156:14
incidents (2) 127:24 150:11
incision (4) 26:12 33:16,18 145:1
include (4) 21:7 36:13 42:15 73:18
included (5) 5:15 34:8 42:11 111:11 166:4
including (5) 2:1 35:18 37:7 116:6 140:13
incorrect (3) 29:1 89:24 118:18
increased (2) 17:5 30:3
independent (1) 91:4
indepth (1) 49:10
indicate (1) 134:18
indicated (14) 2:21 4:21 10:20 29:1 42:20 100:11 105:21 136:15 145:20 147:10 148:10 150:4 152:4 159:4
indicates (1) 35:24
indicating (7) 5:21 11:2 90:16 135:20 148:19 160:21 166:10
indication (1) 88:1
indicators (1) 137:10
individual (2) 41:12 161:11
individuals (6) 53:23 112:2,5 116:15 119:25 168:14
inevitably (2) 64:25 145:14
infirmary (7) 20:13 27:13 28:21 30:8,10 31:7 147:23
inflate (2) 33:7 149:7
inflating (2) 21:19 23:14
information (43) 24:16 25:5 27:22 39:12,25 45:10 48:11 55:9 66:5,25 81:25 82:8 108:19 122:25 123:6,10,13 132:1 134:17,19 135:3,6 137:6,14 139:17 140:2 144:16,18 149:9 156:16 157:14,20,21,25 164:14 165:19 168:13,19,22
informed (3) 116:4 123:17 134:14
informing (3) 2:7 7:10 166:14
infused (1) 128:22
initial (3) 4:19 34:17 40:2
initially (12) 21:11 32:19 42:22 62:2 83:7 122:12 127:9 132:10,11 162:16,24 171:10
injured (21) 3:4 23:25 45:16 49:21,22 50:1 54:25 64:1,16 67:19 68:19 69:3 71:7 82:20 83:1 99:17 116:5,9 121:20,25 124:7
injuries (42) 5:5,16 7:12 8:13 27:15,24 28:8 33:23 34:21,23 35:2,3,8,23 36:19 37:6 38:21,23 39:7,7 40:6,8,10 41:22,25 42:3,20 43:5,6 48:7 49:22,24 50:24 51:1 64:7 67:17 99:16 166:5,16 167:19 170:10,14
injury (12) 35:19 38:22 39:3,18 41:12,22 50:21,23 98:23 139:1 150:2 161:17
input (2) 108:1,3
inq0047602 (1) 64:11
inq0056902 (1) 161:4
inq0056905 (1) 161:8
inq0256561 (1) 115:17
inq04204529 (1) 78:3
inq04204534 (1) 85:24
inquiry (14) 33:12 43:21 46:6 54:18 64:11 67:22 72:18 74:24 88:15 92:16 102:10 127:20 157:7 174:11
inroom (1) 122:22
insert (2) 11:13 26:18
inserted (3) 21:17,20 23:10
inside (8) 19:10,14,21 35:24 117:14 120:22,24 125:4
insofar (1) 130:10
inspector (20) 3:2 6:24 11:12 12:15 14:23 17:4 20:18 28:9 29:3 45:21 61:6 63:3 73:24 74:6,19 75:11,13,16 77:8 131:10
instance (11) 26:4 66:24 154:9,10,12 155:3,9,17 164:17 171:24 172:4
instantly (1) 141:4
instincts (1) 62:25
instruct (2) 94:9 104:16
instructed (4) 3:17 4:15 36:24 105:19
instruction (6) 27:14 58:19 61:6 63:9 105:10,13
instructions (3) 113:23 132:7 147:5
intended (4) 69:7 82:18,23 83:4
intending (2) 54:7,24
intent (2) 99:19,19
intention (2) 79:15 88:7
interaction (44) 3:3 12:6,10 48:14,17,25 53:21 54:7 58:3 88:9 89:5,11 90:14 91:12 92:4,25 93:16,17,17 94:23 95:1,4,21,22,25 96:5,15,21,22,24 97:20 99:9 103:12 104:19,21 105:3 106:12 109:5,16 110:5,9 130:6 162:8 164:18
interactions (8) 97:19,21 99:14 125:5,7,15 150:16 162:5
interest (1) 68:9
interested (2) 67:23,25
interests (1) 1:16
internal (4) 27:6 30:18 136:13,20
internally (3) 137:23 148:1 150:2

interpretation (1) 105:2
interrupt (1) 11:11
intervene (1) 172:9
intervention (4) 40:17 41:11 42:4 160:4
interventions (3) 40:12 113:2 152:1
intimate (2) 99:15 112:22
intimately (2) 99:4,9
into (88) 1:13,16 2:25 5:18 10:9 14:7,24 15:14 16:25 19:18 20:20,23 21:12,17 22:3,21 23:3,7,10 25:18,21 26:19 28:18 30:5 32:10,14,20 35:6,15 36:6 37:6 45:11 46:8 52:13 56:4,12 60:18 62:7,21 65:12,14 71:3,18 73:22,25,25 74:7,8,13 75:13 77:2,15,15 78:15 79:12 80:3,10 86:18 95:7 103:21 107:5 110:23 115:22 118:6,10 119:6 120:1 126:20 128:22 129:1 132:15 133:15,21,22 136:7 137:11 138:18 144:7 145:15,16 147:8 149:1,22 152:16 153:11 166:6 168:10,12
intraosseous (1) 33:4
intravenous (3) 26:18 33:4 142:3
introduced (1) 4:18
intubation (1) 33:3
intuition (1) 116:25
invited (1) 170:20
involved (2) 145:24 163:17
involvement (3) 12:7 28:2 44:18
involving (1) 48:15
ischaemic (10) 36:12,19,21 37:1,10,17,20 38:13,14,16
isnt (26) 43:23 44:15,25 45:14 46:1 49:13 52:17 53:17 60:13 74:1 82:24 83:21 89:9,18 90:15 93:22 95:19 97:15 106:2,22 107:8 133:14 134:9 139:12,12 147:19
isolated (1) 139:1
issued (3) 172:1,11,22
issues (8) 98:17 105:22,24 107:12,14 122:22 128:17 141:23
item (1) 72:2
itll (1) 87:21
its (93) 13:15 43:9,23 44:15,25 45:14 46:1 48:5 49:13 50:11 52:5 53:17 55:7 56:2 57:16 58:10 59:7 60:10 61:5,17 65:17 67:16 69:21 71:1,13,18 82:5,5 84:2,20 85:4,16 86:14 88:16 89:9,18 91:17 92:6,24 95:18,19 96:12,13 98:6 101:10 106:18 110:4,10,19 114:8 115:18 117:21,21,23 119:9 123:4 130:6,25 133:13 134:7,9 136:2 139:12 140:6,20 141:21 142:20,20,23 143:14 144:7 145:22,24 151:1 153:5,11,16,20,21 156:1,12 157:2,3,18 160:23 161:8 162:2 163:24 164:23,25 169:7 170:16 172:25
itself (1) 144:17
iv (2) 30:6 142:3
ive (27) 2:15 5:4 55:8 73:5 92:1 93:14,15 94:21 95:1 96:3 105:8 108:18 109:14 112:24 118:13 123:14 137:8 148:25 150:7,24 154:18 163:20,24 167:25 168:22 170:9 173:15

J

jack (1) 41:18
jamieson (1) 164:3
january (1) 43:24
jesip (2) 131:15,19
joanne (1) 14:19
job (2) 126:15 151:20
jobs (1) 95:16
jog (1) 81:13
john (426) 1:3,5 2:9,11,14,18,20,22,24 3:4 4:1,3,10,11,15,17,18 5:11,19,22 6:8,9,10,21,25 7:8,10,16,17,23,24 8:1,11,17,20,23,25 9:2,3,6,13,14,17,18,21,22 10:3,8,10 11:5,9,18,20,22,24 12:5,7,11,13,16,19,21,24 13:4,5,7,18,22 14:13,22 15:1,4,12,17,20,23,24,25 16:2,4,5,8,9,13,14,19,20,22,25 17:5,8,17,24 18:2,4,8,9,11,15,24 19:3,8,10,14,17,17,20,23 20:2,9,16,23 21:12,14,22 22:1,3 23:4 24:4,4,12,18,19,23 25:1,3,6,23 27:13,20,23 28:2,7,14 29:1,7,8,11,16,21 30:7,13,19,23 31:3 32:3,10,13,15,18,23 33:3,5 34:1,6,14,17,22 35:1,3,13,20 36:11 37:24 38:17,20 39:13,24 40:19 41:20,22 42:3,20,22,24 43:2,5,11 44:21 45:18,23 47:6,12,15,17,20 48:3 49:1,13,18 50:16,19 51:14,18 52:2 55:19,23 57:24 58:12,17,22 59:7,10,15,17 60:8,10 61:5 62:9,16 63:3,6,9,12 64:24 65:3,9,14 67:4,18 68:15 69:20 70:6,10,18,23 71:13,22 72:8,21,24 73:5,11 75:2,5 79:18 81:25 82:5 86:13 87:1,10,14,23 88:4,9,11,18 90:24 91:6,13 96:6,16 97:4,7,10 100:18 101:7,15,20 102:3 103:19 104:8 106:4,23 107:17 109:17,21 110:1 111:16,19,21 112:12,14 114:5,6,17,22 115:2,4,10 117:18,22,23 118:12 119:8,14 120:5,17 121:12 122:9 124:1,11,22 125:13,25 126:10 127:8,25 128:3,8,12,25 129:10,15,22 131:24 132:4,21 133:3,11,18,20 134:13,14 135:3,17,18 136:4 138:7,11 139:2,20 140:15,19,22 141:3,6,12,16,24 142:9,13,17,22 143:2,5,12,17,19,22 144:6,10,12,15 145:11,18 147:8 148:11,15,20,23 149:8,16,21 150:5,22 151:3,6,10,13,17 152:5,9,20,25 153:5 155:3,8,12,20,24 156:5,15 157:6,15,23 158:8,15 159:8,9,11 160:3,15,20,23 161:13,15,19,22,24 162:4,6,9 165:14,25 166:8,10,14,25 167:2,3,4,5,9,10,17,22 168:1,2,7,11,14,25 170:20,24 171:5,7 173:9,14,18,23 174:1,4,9 175:3
johns (52) 4:22 5:2,16,20,25 6:1,3,4 7:18 8:2,3,13 10:1,7 11:12 15:5 16:6 17:10,25 18:18 21:17,21 22:18,23 25:8,11,13,19 29:14 30:1,2,5,8,21,24 33:9,13 34:21 35:8,11,22 36:1 37:2,10,19,22 42:9 59:23 166:5,9 167:19 168:10
johnson (2) 10:17 11:3
join (1) 119:12
joined (1) 134:16
jonathan (1) 36:24
joseph (3) 31:22 32:7 43:22
journey (7) 29:14,18 30:8 58:13 113:17 151:5,23
judgement (2) 4:24 116:25
judging (1) 122:14
judgment (1) 2:2
july (1) 12:3
junior (2) 31:19 157:5
justifiable (1) 120:18
justified (1) 72:16

K

keep (13) 6:9 9:2 11:15 44:9 62:5 104:14 105:13 118:16 142:23,24 144:3 155:17 170:16
keogh (40) 3:3,5,16 4:3,7,12 5:24 6:4,12,19,21 7:9,9 9:13 12:15 14:21 16:8,11,16 17:7,16,19,23 18:21 19:9 21:11,20,25 22:17 24:2 29:3 111:1 138:6 151:9 160:19 164:17 165:1,13,19 166:14
keoghs (1) 151:1
kept (2) 9:18 98:3
key (5) 13:15 38:11 103:3,3 137:10
keys (1) 13:14
kicked (1) 62:25
killer (1) 3:14
kind (2) 51:3 109:14
kit (3) 4:9 146:3,11
knees (2) 7:11 166:15
knew (19) 3:23 4:5 10:2 22:12,22 60:16,17 63:6,12 76:7 100:5,6 117:17 138:9 143:2 158:2 165:15 168:6 173:13
know (98) 2:10 10:15,16,22 22:20 45:22 49:19 51:5 54:1,20 62:10 64:2 67:16 68:21 70:14,16 71:12 73:1 74:10,11,12,15,19 76:25 77:13 78:1 79:1,25 80:1,2 81:18,23 82:13 83:12,16 84:5,22 86:5 88:14 90:25 91:14,18 92:10 93:2,22 95:1,17,19 96:17,23,23 99:7,9,22,23 100:12,20,25 101:2,9,10,25 102:4,24 103:7 104:3,10,12,18,23 105:11,14 109:3 112:21 119:1 120:9 121:16 122:8,13,18 125:6 127:21 132:2 140:1 141:12 142:10 147:2 148:12 151:15 155:25 157:20 162:25 164:2 168:25 170:2 173:13,18 174:4
knowledge (5) 114:2 115:19 125:23 134:15 137:8
known (9) 18:21 138:11,16 141:16,17,24 152:15 169:15 173:11
knows (1) 25:3

L

label (2) 6:20,22
labels (4) 11:25 12:12,18 13:7
labour (1) 95:13
laboured (1) 9:1
lack (3) 35:12 69:6 157:14
ladenburg (1) 86:11
lag (1) 154:3
language (1) 40:14
lapse (2) 65:12,14
large (2) 3:20 116:5
largebore (1) 26:18
laryngeal (1) 33:2
last (8) 2:1 19:3,4 34:3 142:16 159:17 161:5,12
lasted (1) 116:19
late (2) 155:6 161:18
later (12) 11:24 14:21 16:1 28:16 31:3 53:3 64:2 87:15,21 110:16 125:22 153:3
lateral (1) 145:2
laura (40) 7:2,6,25 8:16 9:4,6,8,10,16,21 12:1,17,18,25 13:1,10,11,13,21,25 14:1,5,10 15:2,4,8,13,22 16:10,12 17:10,13,19 28:9,12,17,19 29:19 167:21 168:1
lawful (3) 74:4,4,9
lay (2) 49:18,25
laymans (1) 96:7
layperson (1) 153:8
leader (3) 70:17 73:3 123:25
leading (2) 67:9 116:3
leant (1) 12:21
learn (1) 164:13
learned (7) 73:23 74:23 85:7 87:25 88:1 130:2 157:5
learning (1) 75:10
learnt (1) 137:8
least (8) 31:19 63:24 69:8,23 101:10,13 154:20 155:4
leave (14) 15:17 16:18 55:3,4 90:20,22 91:22,23,25 104:25 105:11 133:23 150:20 161:11
leaves (4) 15:4 29:8,11 56:13
led (2) 31:22 142:4
left (23) 2:12,15,22 4:11 8:15,20 9:6 11:12 15:24 17:25 19:23 22:1 25:8,18 30:25 33:18 35:14,24 98:11 104:12 148:12 162:10 167:21
leg (16) 10:22 11:2 34:23,25 35:1,14,21,24 36:19 39:7,7 64:7 94:1 137:21 161:17 173:20
legs (20) 3:23 5:16,25 6:1,3 7:12 8:13 11:4 28:24 54:21 67:6 84:23 90:18 91:19 100:6 138:3 166:5,16 167:19 173:21
leon (3) 43:18,22 175:6
less (3) 14:13 52:6,7
let (13) 1:5 4:2,6 65:18 68:15 72:17,19 101:9 115:8 118:3 123:11 125:14 164:23
lets (15) 52:2 81:25 94:16 106:23 109:17 115:14 124:1 135:10 145:3 165:4 167:2 169:21,23,24 171:5
level (8) 6:4 22:23 48:7 50:8,20,23 67:17 127:23
levels (2) 7:22 167:9
life (5) 21:10 33:22 34:10 114:14 154:4
lifepak (2) 9:21 168:1
lifepak15 (2) 7:18 167:5
lifesaving (1) 104:24
lifethreatening (1) 37:5
lift (11) 15:14 50:17 52:11 71:2,3,6,9,16,18,23 72:5
lifted (1) 16:9
lifting (1) 18:6
lifts (1) 93:20
light (1) 154:23
lights (1) 13:16
like (25) 7:24 10:10 67:1 91:13 95:18 104:10 105:3 122:9 123:10 126:9 127:15 128:16 135:9 141:13 147:2,11 153:19 155:21 158:6,9,20 159:1 161:22 167:11 171:1
likely (4) 25:12 42:23 87:16,23
limb (1) 37:25
limbs (3) 3:22 41:4,25
limited (6) 5:22 88:10 124:20 144:3 154:5 166:11
line (5) 76:1 139:18 162:3,15 167:25
list (1) 95:15
lists (1) 34:20
literally (1) 154:25
litres (1) 8:6
little (12) 5:14 35:14 43:8 44:9 59:25 68:7 76:15 137:23 139:19 151:22 160:12 166:3
load (1) 124:7
loaded (2) 20:2 25:17
loading (2) 20:1 113:25
located (1) 13:23
log (1) 19:25
logic (1) 162:4
logical (2) 68:6 93:1
logistical (2) 109:3,6
logistically (1) 143:23
logistics (2) 98:18 142:19
lone (1) 123:4
long (9) 47:20 60:4 99:14 102:6 141:19 146:12 147:1 151:13 162:23
longer (4) 116:19 128:4 134:3 147:3
longsight (2) 44:7,11
look (25) 4:23 13:13 58:17 60:8 65:16 69:4,24 72:14,15 73:5 86:18,20 94:16 119:23 124:1 144:13 147:7 151:21 157:5,6 158:16 161:13,22 162:13 165:4
looked (7) 4:23 5:10 94:21 128:1 157:19 158:19 165:24
looking (10) 13:25 25:1 55:17 60:10 68:2 91:8 143:22 146:24 149:5 161:2
looks (3) 13:17 14:24 163:1
lose (1) 35:15
losing (1) 8:24
loss (29) 3:15 4:6 5:9,14,23 21:2 35:16,21 38:14 42:2,5,24 136:13 137:10 138:8 141:14 152:5 158:24 159:5 160:21 165:16,18,23 166:3,11 169:17,25 170:8,14
lost (12) 4:1 9:23 25:3 35:1,13 137:1,25 157:20,22 158:16 160:8 168:3
lot (20) 4:1 9:23 69:1 70:2 100:4 101:23 103:19 117:25 119:10 121:20 122:2 128:1 137:1,2 140:24 149:25 158:16 160:8 168:3 173:18
lots (5) 60:21 68:19 69:20 98:8 140:11
low (8) 7:21 9:24 10:5 21:7 118:16 167:8 168:4,8
lower (3) 3:22 37:25 41:25
lumb (6) 41:18,19,21 42:7,19 43:4
lunch (3) 114:24 128:10,14
lunchtime (1) 87:16
lung (4) 8:5 26:7 139:25 145:15
lungs (5) 21:19 23:12,14 33:8 149:8
lying (5) 122:9,11 123:9 126:10 127:8

M

maam (2) 89:8,16
main (4) 52:24 114:3 119:22 151:20
major (9) 27:14 31:12 32:12 35:6 37:11,13 107:23 113:18 150:11
makes (3) 29:4 56:12 105:3
makeshift (7) 3:22 6:1 10:15 49:25 58:15 106:12 107:8
making (9) 6:7 47:6,7 113:16 117:1 118:8 131:18 139:23 160:23
male (9) 3:18,20 11:14,17,18 15:16 23:1,4 161:17
males (1) 23:18
man (6) 66:5 96:11 99:17 158:3 159:14 169:16
managed (6) 84:14 106:10 112:23 120:1 121:2,4
management (2) 37:24 113:25
manager (1) 19:25
managing (3) 112:25 113:1,16
manchester (10) 20:12 27:13 28:21 29:12 30:8,9 31:7 44:13 147:6,23
manner (2) 107:10 120:3
manual (2) 8:18 167:24
many (15) 22:7 31:14 53:4,9,11 57:1 73:20 79:15 89:21 96:8 99:7,7 121:24 122:24 128:13
march (6) 3:6 22:1 32:2 33:12 39:4,22
marked (1) 11:25
marks (1) 140:11
mask (4) 8:6 16:14 17:10 33:2
mass (3) 108:22 109:8 156:14
massive (5) 134:24 141:14,24 152:5 160:21
material (1) 40:18
materials (1) 41:8
matt (3) 20:1,4,9
matter (7) 2:5 5:2 39:19 106:22 129:25 141:19 169:10
matters (1) 72:20
maximum (1) 7:20
maybe (6) 52:8 53:3 100:24 128:14 143:7 146:7
mclaughlin (22) 43:16,18,22 59:19,24 70:13 73:16 74:15 78:25 83:4 84:10 86:2 89:15 90:15 94:17 97:11 106:2,13 109:10 130:7 131:13 175:6
mean (10) 59:4 69:25 79:12,21 80:3 93:4 96:18 147:19 161:2 162:20
meaningful (2) 59:3 83:9
means (9) 40:10 49:4,11 87:21 107:1,20 108:9 116:10 117:25
meant (8) 50:21 55:6 79:9,14 80:2 120:13,25 121:20
measure (3) 4:4 7:19 165:14
mechanism (2) 41:21 145:17
medical (17) 7:1 32:9 36:18 37:25 38:24 39:6,23 40:11,17 50:3 85:14 114:7 136:9 159:10,10,13 160:4
medically (2) 54:9 172:3
medicine (5) 31:6,10,11 32:7 34:5
medics (1) 103:23
meeting (2) 116:3 163:2
member (4) 51:17 84:8 111:4,8
members (12) 57:5 63:1 73:4 90:11 104:3 111:12,18,21,25 112:3 116:15 171:24
memorial (5) 20:20 53:9 81:17,21 82:2
memory (5) 81:14 91:2,3,4 130:14
men (1) 56:24
mention (6) 10:14 67:12 85:16,17 129:12 134:24
mentioned (5) 56:21 85:8 120:23 136:24 163:20
merit (4) 17:18 151:20 171:25 172:1
mess (1) 3:23
message (5) 14:17 28:20 31:9,10 52:8
messages (1) 125:17
met (1) 30:23
metal (2) 34:24 49:6
metallic (1) 41:23
michael (51) 6:25 7:3,7,16,23,25 8:8,12,20 9:5,9,12 10:6 11:13,19 12:8,12,17,21,25 13:6,18,25 14:6,8,23 15:2,12,21,22 16:1,12 17:9,18,24 18:20,21 21:9,16 23:1 29:6,18,20 133:8 166:13 167:3,10,13,18 168:9 175:16
michelle (2) 10:17 11:3
micrograms (1) 8:21
microphone (1) 78:17
middle (2) 103:4 122:5
midnight (3) 29:17,23 112:16
might (26) 19:22 21:6,18 38:9 67:14 96:10 115:8 120:17,21 123:6 127:9 128:4 138:24 143:6 149:23 151:12 153:5,20 155:3,11 157:6 158:12 159:11,22 161:2 173:9
migrated (1) 150:1
mike (2) 22:22 51:11
military (2) 5:5 41:13
mind (14) 62:17,19 91:17 95:15 107:18 109:2 115:9 123:12 126:11,12 129:7,16,17 152:7
minute (5) 30:3 52:2 97:9 116:20 147:3
minutes (35) 3:2 8:25 13:20 15:7 17:1,2 18:12 19:6 28:16,25 29:12,13 30:10,12,15,15 31:3 41:1,16 87:7 92:1 110:16 113:1 125:22 128:6,7 134:2,4 148:13,21 151:16,18 163:12,13 169:2
missed (2) 10:12,23
mmhm (1) 141:15
moment (24) 10:10,13 14:20 47:11 56:21 65:13 67:7 69:9 81:3 82:22 84:25 89:2 92:17 94:7,11 106:24 108:16 114:7,12 128:2 129:4 157:7 165:10 166:18
momentarily (1) 142:18
moments (1) 48:14
monday (2) 174:8,12
monitor (4) 9:21 19:20 21:3 168:2
monitored (2) 7:17 167:5
monitoring (2) 19:17 22:2
months (1) 128:13
more (36) 1:23 9:1 13:4 25:12 27:19 32:4 36:14 49:5 51:16,25 61:2 62:12

72:12 80:7 87:14 98:6 102:15 107:6 116:14 120:10,15,20 123:11,17 126:20 127:15 132:19 136:9 140:2 145:3 146:22 147:24 151:12 156:6 157:8 172:2
morning (2) 1:4 52:4
most (4) 64:25 96:6 99:24 155:17
motor (1) 18:5
mottram (5) 11:23 12:2,4 13:17 16:20
mouth (1) 12:23
move (38) 17:15 18:15 45:19 47:22 54:22 59:2,5 71:6 72:6 74:16 75:12 76:17 77:10,11 84:24 85:20 88:7 90:18 91:20 92:8 94:2,13 95:9 96:3 102:12,22 110:21 119:9,13,15 120:1 122:1,1,3 144:8 160:25 167:2 171:6
moved (25) 3:3,13 31:4 79:9 98:9,22 100:2 102:20 103:8,10,17 105:6 106:14 110:16 114:3 120:3,14 121:14,15,23 122:7,11 126:11,17 127:10
movement (22) 52:16 94:5 95:3 102:17 103:4,15 105:22,24 106:4 107:12,14,24 108:3,4 121:3,5,5,21 122:18,19 125:3 126:4
moves (3) 11:13 12:2 13:18
moving (20) 15:24 18:4 19:7 46:15 48:10 50:20 71:1 78:24 79:8,9 80:15,18 92:19 93:9 99:20,25 102:25 109:18 113:6 144:19
mri (3) 31:8 32:11 34:5
ms (98) 1:3,4 2:10,17,19,21 3:5 7:3 10:24 11:6 12:3 14:8 16:24 18:7 20:21 28:19 29:11 30:17,20 43:15,19,20 45:24 48:4 52:4 55:24 58:3,23 59:19 65:5 70:13,20 72:25 73:7,12,12,14,15 75:6 79:20 82:2,7 85:7 86:10,11 87:4,14,18 88:6,13,14 91:16 97:9,11 100:20 101:7 104:2 107:15,21 110:10 112:13 114:4,15,20 129:19,20,24,25 132:24 133:9,10 136:15 144:14 145:20 151:16 152:3,19 153:1 160:16,19,22 162:5 163:8,11 170:2 172:17,17,19,20 173:8 174:2,7 175:7,9,12,14,17,19
much (23) 2:20 3:21 11:9 35:13 47:10 73:6,15 83:8,9 86:10 103:12 104:16 119:9,14 128:3 132:21 133:4 137:3 172:20 173:8,14,16 174:4
muffled (1) 11:17
multiple (13) 7:13 28:23,24 32:15 34:23 38:21 41:23 77:4 95:20 96:2 120:11 157:19 166:17
mum (1) 19:4
musculature (1) 34:24
must (4) 51:1 57:16 80:9 126:8
myself (4) 73:19 77:5 92:8 125:17

N

n (1) 175:1
naked (2) 3:22 110:25
name (4) 4:1 9:18 43:21,22
namely (3) 20:11 29:1 38:12
naomi (1) 34:18
national (2) 127:22 156:1
natural (1) 62:13
nature (4) 64:23 72:2 98:22 121:19
near (3) 12:20 18:8 52:11
nearest (1) 20:15
nearly (1) 167:25
necessarily (3) 138:24 147:19 159:15
necessary (3) 19:13 108:23 140:16
necessitating (1) 41:4
neck (2) 22:18 25:15
need (23) 10:13 14:16 22:10 51:12 69:24 72:15 78:3 79:18 87:21 89:4 100:12 104:22 107:2 114:16 123:9 124:23 131:15 143:6,7 149:7 150:7 157:6 163:6
needed (52) 3:13 4:10 20:10,17 22:11,13 24:5 45:21 47:25 48:6 50:22 51:3,3,15,23 54:25 71:22 79:23 82:20 83:1 94:10,13 95:16,17 98:9,13 99:6,18 100:1,8,9,14 103:25 113:17 116:9,14 121:23 122:7 123:17 127:10 137:25 139:7 142:2,8 146:12 147:4,22 148:2,20 149:11 151:12,24
needing (1) 122:9
needle (25) 11:14 23:8,10 25:25 26:17,22 134:10 135:7,11 136:16 138:13 139:14,22 140:3 141:4 145:5,12,14,25 146:17,20 147:8,12 149:3,9
needs (3) 150:25 153:15 172:13
negative (1) 33:5
neither (1) 93:13
never (4) 75:2 105:11 110:3 126:12
next (10) 16:24 20:3 55:15 62:11 87:6 110:8 121:8 128:6 132:25 145:25
nhs (1) 156:3
nice (1) 15:20
nick (1) 73:7
night (21) 6:10,11 98:5 99:13 102:4 105:6 106:19,21 108:12,15 109:7 114:3 118:24 119:5 121:7 124:19 126:15 127:3,18 130:23 131:10
nine (2) 82:2,2
nobody (6) 73:17,19 76:19 77:7 80:9 102:4
nods (1) 61:4
noise (1) 146:21
none (2) 59:8 96:18
nonhart (1) 118:19
nonrebreather (1) 8:6
nonspecialist (1) 118:19
nonuniformed (2) 112:4,10
nor (2) 1:21 27:2
normal (4) 114:23 118:17,18 142:3
normally (3) 21:4 136:7 144:24
north (1) 73:18
northwest (1) 142:20
note (2) 43:2 92:6
noted (5) 24:20 33:8 38:25 39:1,16
notepad (1) 16:21
notes (3) 20:1 36:1 158:10
nothing (8) 18:13 27:6,19 67:1 75:18,20 132:21 148:5
noticed (1) 67:8
notified (1) 44:4
november (1) 20:8
number (26) 11:25 12:4 29:15 32:5 44:23 45:1 53:11 57:3 62:10 68:18 70:8 72:3 88:16 95:14 96:9 106:10 112:2,10 116:5,6 118:14 119:19 126:19 133:3 143:18 173:11
numerous (1) 127:24
nuts (2) 34:24 35:4
nwas (31) 3:7 6:24 7:1,6 11:23 12:24 14:25 19:25 29:15 47:13,21 53:20,22,24 89:23 90:7,11 100:14,24 101:13,16 107:22,22 108:1,5 110:11,14 144:12 150:9 154:13 156:3

O

o (1) 33:5
obeyed (1) 74:4
objects (1) 41:23
observation (2) 24:22 64:19
observations (8) 3:24 5:19 8:16 9:22 19:15 166:8 167:22 168:2
observe (4) 49:2,23 51:17 111:2
observed (3) 48:22 128:13 149:15
obstacles (1) 22:7
obstructing (1) 25:20
obtain (2) 5:18 166:7
obtained (2) 144:16,18
obtaining (1) 146:8
obvious (6) 48:4 59:7 96:6 98:2 141:6 142:10
obviously (48) 9:23 23:15 50:1 56:18 59:11 60:1 65:9 86:18 88:9 91:10 92:4,6 94:5,8 95:5,12,14 97:25 99:18,22,23 100:4,5,6 101:1,24 102:13 103:13 106:20 107:9,13 108:9 110:15,21 112:3,8 114:16 121:9 125:7 126:11,12 127:22 129:1 131:7,9 168:3,3 170:25
occasion (2) 130:6 156:8
occasions (6) 33:10 88:16 98:5 118:14 119:19 162:8
occlusion (1) 38:3
occurred (4) 114:10 124:2,10 170:1
occurring (2) 44:5 123:22
oclock (5) 44:6 74:18 114:23 163:5,13
october (5) 1:1 3:8 34:6 41:20 174:12
odd (1) 173:10
odonnell (1) 18:23
offduty (1) 112:3
offered (2) 106:6,13
office (1) 45:22
officer (39) 17:13,20 20:1 46:9 64:2 67:3 74:3 75:9 78:5,18 80:24 81:23 89:6 90:15,21 92:8,12 93:6 94:25 95:5,16,22 96:20 97:6,20 98:11,16 99:17 100:5,15 103:14 104:19 105:10 106:2 113:24,25 117:6 130:8 131:5
officers (24) 44:2 45:1,21 47:18 61:17,19 62:10,24 63:6 68:18 75:3,21 76:22 77:3,6 87:4 99:19 101:1,3 103:14 108:12,13 111:3 131:22
officially (2) 150:8 171:14
often (1) 23:15
okay (21) 11:9 30:19 58:22 65:9 68:15 69:20 91:6 103:19 107:17 109:17 119:8 124:11 125:13 134:5 141:12 149:23 152:25 156:5,15 173:18 174:1
oldham (1) 34:18
once (3) 45:14 88:1 107:23
ongoing (7) 23:19 28:4 32:17 33:24 44:13 142:6 173:16
onward (1) 113:17
open (5) 28:16 125:19 145:2 146:20 164:25
opening (2) 33:21 113:1
operated (1) 100:13
operating (5) 100:14 101:22 107:16,21 111:11
operation (2) 99:25 127:3
operational (7) 52:6 82:16 84:13 88:22 89:3 100:1 117:10
operations (1) 19:25
opinion (10) 28:6 35:11,20 36:23,25 37:4,16 38:18 40:16 42:16
opportunities (1) 131:20
opportunity (11) 42:6 52:19 89:10 98:15 106:6,13 107:7 108:21 131:14 152:16 170:25
opposite (2) 13:12 61:2
optimistic (1) 114:22
option (2) 26:16 127:18
options (1) 26:9
orally (1) 137:15
order (15) 19:19 23:24 26:19 35:17 73:24 74:3,4,4,9,13 76:12,13,14,16 140:16
ordinarily (1) 154:2
ordinary (1) 156:8
organ (1) 140:12
organise (1) 124:6
organised (1) 62:12
organising (2) 47:3 124:5
organs (2) 35:18,19
orientating (1) 165:10
others (9) 70:19,20 74:7 115:20 116:14 123:4 154:6 159:9 164:11
otherwise (2) 68:18 115:19
ourselves (3) 46:22,24 47:23
outcome (2) 37:19 42:18
output (5) 21:2 23:18 36:9 140:8 142:5
outset (1) 89:1
outside (22) 6:13 13:9,23 39:10 45:1,5 46:22 52:16 53:14 56:25 57:1 58:24 62:3 70:14 79:16,22 87:8 96:13 115:11 117:6 129:5 162:19
outweigh (1) 1:18
over (35) 9:13 11:4,25 12:21,22 14:2,5 24:20 30:4,10,21 35:23 43:9 45:19 55:7 60:5 103:19 127:25 128:14 129:1 130:5 134:2,4 135:25 137:5 139:11 141:9 146:16 148:9 149:9 154:8 163:25 166:12 170:15 173:4
overall (3) 28:1 37:15 38:22
overrun (1) 87:22
overspeaking (5) 102:2 123:25 126:4 147:16,17
overview (4) 39:25 40:14 43:6 50:8
overwhelmed (1) 52:9
own (12) 47:6 50:21 97:21 124:9,15,17 125:5,10 126:17 130:12 131:4,5
oximeter (6) 4:3 5:18,20 165:13 166:7,9
oxygen (8) 7:22 8:7 12:23 16:14 17:10 153:10 167:9 172:25
oxygenation (1) 136:12

P

p1 (13) 3:24 4:25 6:20 12:14,18 20:15 89:19,25 104:23 106:9 152:15 158:9,12
p1s (3) 82:3 89:21 105:5
p2 (3) 90:1 105:6 158:9
p2p3 (1) 90:2
p2s (1) 82:4
p3 (1) 158:9
packed (1) 153:9
paddy (15) 115:16 116:2,3,9,19,20 117:1,7,15 118:8,23 119:6 123:20 124:3 125:5
pain (1) 18:9
pale (6) 4:23 7:16 24:23 158:20 167:3,4
pallor (3) 158:17 159:2,11
palpate (1) 7:14
palpated (2) 8:9 167:14
panel (2) 38:19 39:20
paperwork (1) 44:11
paragraph (13) 116:18 161:5,12,14,23 162:14 163:25 165:9,11,12 166:12 167:12,25
paragraphs (2) 115:17,25
paramedic (44) 3:5,8,16 4:7,8,10 6:25 7:3,9 9:12 11:23 12:25 18:19,21 19:9 22:9 26:16 56:22 57:11 58:4 63:22,23 82:13 83:11 84:4 85:2,13,25 86:1,4 97:13 100:23 111:1 135:12,16 138:5,6 146:10 151:1,9 158:4,5 160:17,19
paramedics (80) 16:11,18 17:4,19 18:10,11,14 19:6 24:11,16 25:20 27:16,21 57:1,7,18 58:18,24 63:21 66:12 68:3,7,23 69:2,6,15 70:3 73:1 80:3,10 82:19 96:9 97:16 98:10 102:1,15 103:8,16,20 104:16 109:12 110:12 114:5 115:4 118:6,10,17,19 120:8,9,16,18 122:21 123:11,16 126:20 127:15,22 130:13 131:23 134:17 137:6 138:19 141:9 145:23,23 146:5,7 147:5,22 149:3 151:3,4 156:4 157:23 160:14 164:10,11 171:23 172:8
paramedicwise (2) 115:23 122:25
paraphrase (1) 119:17
parcel (1) 127:4
parked (2) 15:5 17:21
part (22) 2:11 5:17 42:17 52:24 58:8 72:19 74:19 76:7 78:2 111:22 117:2,9 127:4 132:8 141:21 148:5 149:2 152:8 156:1,3 166:6 172:24
partially (1) 10:18
participants (1) 1:8
participate (1) 1:23
particular (8) 47:10 77:1 117:20,24 119:10 125:25 157:12 172:23
particularly (5) 35:1 98:23 136:5 150:1 160:2
partition (3) 49:6,8,20
partly (1) 173:25
parts (3) 83:25 84:1 164:24
pass (2) 122:25 158:5
passage (1) 75:8
passed (14) 28:19 31:4 53:10 137:20 140:12 147:22 149:2,17 157:25 162:18 168:20 169:11,14 173:12
past (1) 163:13
patent (1) 8:2
pathologists (1) 41:18
patient (64) 3:16,18,24 12:11,14 20:6 22:12 24:22,24 25:13,17 26:5 31:1,2 90:2,22 92:19 94:1,3,17 98:11,12,21,23 99:5,11 100:9,13,17 104:6,24 106:7 108:20,22 109:4,6,10,13 112:25 130:9,11 136:3,7,10 137:11,24 138:21 139:1,15,20,23 140:6,10 147:4 150:3,25 152:13,16,24 153:15 154:8 156:12 158:20 163:10
patients (81) 3:15 20:15 25:15 26:3 31:17 32:6 66:15 68:13,14 74:16 75:12 79:23,24 81:21 89:19,22,25 90:1,3 92:19 93:10 94:5 95:14,19 96:8 99:2,7,7,21,24 102:12,17,20,22 105:6,25 106:8,9,14,17 108:2,9,19 111:15 112:8 113:7,13,16,19,20 114:1 116:5,10,12,17 117:13 119:22 120:1,3,13 121:20,21,24 122:1,18 126:4,12 127:5 131:2 135:24 136:11,25 137:18 144:7 146:25 148:8 149:24 163:7,15 170:16 172:9
pause (4) 44:10 129:21 133:2 166:18
pausing (2) 78:7 145:4
pavement (1) 18:16
pc (16) 49:2,20 50:16,16 51:3 59:24 60:3 70:13 84:10 89:15 94:17 97:11 106:13 109:10 130:7 131:13
pea (3) 20:23 21:1,23
pedantic (1) 87:20
penetrated (1) 35:5
penetrating (2) 23:16 35:4
penetration (1) 34:23
penultimate (1) 162:14
people (68) 3:12 46:22,24 47:8,11,25 48:2,6,7 49:4,11 53:4,5,9 55:14 60:22 61:6 62:19,22 64:1 68:19,24 69:3 70:8 71:22 72:3,6 73:20 76:10,17,23 77:4,10,11 79:15 81:13 84:1 86:22 96:17 111:22 112:7,10 120:18,24 121:13 122:8,15,24 123:9 124:3,6,7 125:24 126:9,9 127:11 129:2 153:25 157:18 159:10,10 164:11 172:3,7,8,13 173:11,18
per (2) 30:3 31:19
perfectly (4) 69:22 86:15 87:1 128:25
perform (10) 8:16 17:8 26:22 88:22 134:10 136:16 138:12,16 139:13 167:22
performed (13) 21:13,15 23:8 33:9,13,24 70:8 135:10 145:10 146:17 147:13 148:10 149:3
performing (3) 23:5 25:25 27:1
perhaps (25) 43:9 44:22 52:3 53:1 54:6,14 67:12 71:21,23 72:25 88:16 89:17 100:22 121:13 122:8,10 123:8 129:25 131:11 142:4 144:12 146:15 156:20 159:9 172:6
period (14) 2:24 48:2 62:2 63:17 80:18 88:10 112:15 124:16 134:1,6,7 135:17 149:22 169:5
peripheral (1) 25:16
permitted (1) 131:5
person (5) 6:23 71:7 85:2 98:17 101:12
personal (1) 47:6
personally (3) 47:24 52:7 75:20
personnel (13) 57:8 90:11 95:11 96:3 107:22 108:1,5,5 110:11,14 112:3 117:22 131:4
perspective (1) 96:7
persuaded (1) 68:17
persuading (2) 69:1 70:2
phase (1) 113:7
phil (1) 7:14
philip (35) 3:3,5,16 4:3,7,12 6:19 7:9,9 9:13 12:15 14:21 15:1 16:8,11,16 17:7,13,14,16,19,20,23 18:7,21 19:9 21:11,20,25 22:17 24:2 29:3 41:18 165:13 166:14
photographs (1) 160:7
photos (1) 39:6
phrase (2) 54:17 55:8
physical (2) 121:5 139:3
physically (1) 93:4
physiology (1) 41:12
picked (2) 93:3,4
picture (1) 89:17
place (22) 8:15 18:4 19:15 25:20 47:4 49:3 74:16,18,19 89:5,14,17 90:14 92:22 100:1 102:23 119:18 126:25 128:15 130:19 143:14 167:21
placed (11) 5:19 10:8 28:14 33:15 46:3 48:22 110:24 133:21 147:8 166:8 168:11
placing (2) 12:18 17:7
plain (2) 88:25 171:16
plainly (5) 45:9 56:24 111:4 152:4 173:2
plan (15) 74:16,17,18 75:4,11,19 76:1,7 77:10,11 79:1,5 99:20 100:1 113:20
plasma (3) 22:13 153:13 154:1
platelets (3) 154:4 155:17,18
platform (1) 52:13
platinum (1) 41:16
played (2) 42:9,17
please (33) 2:4,19 3:1 11:11 43:17,20,20 44:5,9 49:17 50:9 53:14 67:3 70:1 73:12 83:8 101:9 114:20 115:15 118:4 119:16 144:17 146:16 153:1 157:13 160:12 161:6 162:13,15 165:11 166:12 172:18 174:8
pm (4) 87:13 128:9,11 174:10
pneumothoraces (4) 136:14 140:25 141:18 149:25
pneumothorax (30) 8:5 26:6 27:4 135:13,14,20,22,25 136:1,2,18 138:22 139:10,13,15,21,24 140:15,20 145:3,6,7 146:18 147:9,15,20 149:7,11,16 173:1
pocket (2) 5:18 166:7
pointed (2) 84:8 107:4
pointing (3) 14:6 54:4 84:12
points (1) 107:19
poland (11) 53:21,25 54:3,8,11 82:12,12 83:10 84:3 85:1,12
police (41) 3:18 43:23 44:7,12 45:2 46:9 47:18 51:10 60:4,5,13 61:17 62:13,24 63:14 68:18 69:7 76:22 77:3,6,9 80:23 89:6 94:25 95:22 96:20 97:20 103:14,14 104:4,19 105:10 108:13 111:3 117:6 130:8 131:4,9,21 163:25 164:2
policeman (1) 52:3

policemen (2) 60:10 96:17
policies (1) 118:22
policy (1) 118:25
poor (1) 37:15
position (12) 2:21 15:15 55:14 59:25 70:7 88:3 98:20 103:8 131:16 138:2 141:11 151:1
positioned (3) 15:12 16:5,15
possibility (6) 27:14 62:23 101:10 124:24,25 149:6
possible (29) 3:14 20:17 22:6 25:10 26:9 37:9,23 38:6,10 41:14 44:14 48:1 67:5 79:16 84:2 102:13 105:10 106:1 109:22 116:11 122:7 126:18 129:6 143:7,12,13 144:10 148:11 169:18
possibly (8) 8:14 66:9 67:13 86:16 100:10 167:20 168:23,24
postdetonation (3) 17:1 29:13 30:12
postmortem (12) 34:16,17,19,20 36:10 37:2,8 38:25 39:6,16 41:2 141:13
potential (3) 40:10 139:9 159:4
potentially (12) 38:23 39:13 40:4,5,6 52:9 57:4 100:8,22 103:1 153:18 159:21
powerful (1) 1:14
ppe (1) 163:23
practical (1) 151:17
practically (1) 110:25
practice (6) 25:14 26:15 117:11 169:11,15,23
practitioner (1) 31:18
pre (1) 159:12
prealert (1) 28:20
prealerted (1) 38:7
precise (1) 86:20
prediction (1) 87:18
preexisting (3) 39:1,16 76:2
preexists (1) 39:19
preface (2) 73:16,21
prefaced (1) 14:12
preferred (1) 145:10
prehospital (1) 26:10
preliminary (1) 128:24
preparation (2) 17:8 89:9
prepared (7) 9:14 19:25 24:9 32:4 39:22 89:23 90:6
prepares (1) 15:13
preparing (1) 20:22
presence (4) 21:3 38:12,14,15
present (9) 21:18 27:18 32:5 56:25 90:12 99:8 109:12 133:13 150:15
presented (2) 35:25 94:15
presently (1) 128:19
press (1) 68:7
pressing (1) 13:14
pressure (12) 7:21 8:18,19 9:24 10:5 30:4,21 32:25 167:8,23 168:4,8
pressured (1) 169:2
presumably (2) 74:6 79:9
presume (2) 64:22 71:5
presumes (1) 165:2
prethawed (2) 153:14 154:1
pretty (1) 3:21
prevent (1) 21:18
prevented (3) 163:22 164:1,2
preventing (1) 164:8
prevents (1) 23:14
previous (6) 25:24 102:18,18 130:6 161:23 163:21
previously (7) 48:13 88:15 108:14 113:6 123:14 138:18 173:5
priest (2) 73:7,10
principally (1) 35:20
principle (1) 71:8
prior (6) 3:6 22:17 32:20 37:7 134:25 150:16
priorities (2) 94:6 101:3
prioritised (1) 152:15
priority (10) 12:11 13:7 20:12 94:3 99:25 113:22,23,23 114:1 117:12
private (1) 156:1
proactive (1) 123:19
probability (1) 38:12
probably (12) 6:6 22:14 50:1 71:15 101:17 105:8 123:24 124:12 127:23 143:24 147:1 164:7
problem (11) 50:18 56:1 69:23 71:9,21 101:21 120:13 147:25 153:24 156:25 157:3
problems (1) 71:13
procedure (16) 26:12,17,23 27:1 118:25 144:17,24 145:11,24 147:13 148:10 170:1,3,6,6 172:23
procedures (3) 56:19 68:10 118:22
proceed (1) 85:15
proceeded (1) 135:9
process (10) 1:24 23:2,10 103:16 111:13,23 113:12 136:2 150:20 170:16
produced (1) 41:6
product (9) 38:2 153:18,22 154:14,22 155:1,8 156:19,21
products (13) 22:13 27:8 38:8 114:16 128:22 151:25 152:21,24 153:4,6,17 154:16 155:13
professional (2) 28:6 116:25
professor (6) 41:18,19,21 42:8,19 43:4
progressed (2) 170:10 173:17
prohibits (1) 26:7
promised (2) 4:6 22:12
promoted (1) 43:24
pronounced (1) 34:14
proper (4) 106:15 131:15 141:7 169:15
properly (6) 106:25 107:2 127:12 132:1 140:4 172:4
proposing (1) 103:21
proscribed (1) 132:6
protect (1) 112:18
protection (3) 61:13,14,22
prove (1) 40:8
provide (8) 36:24 57:18 59:3 94:19,20 112:17 123:5 130:19
provided (15) 4:12 7:3 24:7,13,16 25:5 27:21 32:10 33:11 36:18 41:19 57:21 113:11 127:19 134:18
provides (2) 37:3 39:23
providing (1) 24:4
province (1) 3:10
proximate (1) 97:13
public (12) 51:17 63:1 104:4 111:4,9,12,18,21,25 112:3 116:15 171:24
pulse (25) 4:3 5:12,18,20 7:15,20 8:8,9 21:4 22:19 25:10,15,16 29:24 30:2,22,24 140:8 165:13 166:1,7,8 167:7,13,14
pulseless (3) 20:23 28:22 36:6
puncture (3) 7:13 140:11 166:17
puncturing (1) 170:4
pupils (2) 24:21 158:21
pure (2) 153:20 156:18
purpose (1) 127:20
push (1) 18:4
pushed (1) 133:20
putting (3) 111:12 156:18,19

Q

q (280) 43:23 44:2,9,15,18,21 45:4,8,14 46:6,17,23 47:2 48:8,17,21,25 49:7,13,16,22 50:3,6,8,12,15,23 51:5,10,17,20 52:11,16,19,22 53:3,7,13,17,20 54:11,14,18 55:2,9,12,16 56:10,17,21 57:7,11,14,18,21 58:6,10,15 60:4,7,16,20,25 61:13,16,19,22 62:1,5,7,25 63:20,23,25 64:2,5,11,15,17,19 65:23 66:1,4,8,11,15,17,20,23 67:3,7,12 68:2,6,12 71:8 72:1 74:3,6,11,13,22 75:1,16,18,21,24 76:4,9,13,15,17 77:1,7,12,19,23 78:1,10,12,15,17 79:4,12,17 80:1,6,9,13,15 81:3,16,20,23 83:1,4,7,23 84:3,19 85:6,16,19,23 88:20,22,25 89:9,13,17,23 90:6,10,14 93:25 94:16 95:6 98:10,20 100:11 104:22 105:21 106:6 108:7,17 109:10 110:23 111:10 113:5 115:7,25 118:8,16 121:18 122:8,24 123:8 125:20 126:6,23 127:4,8,14 131:11,21 133:17,20 134:1,4,6,9,13,16 135:1,6,10,15 136:20,22 137:9,13 138:2,5,11,15 139:2,9,12,19 140:2 145:4,10,14 146:2,6,15 147:7,13,17,21 148:5,10,17,19 149:2,14,21 150:3,12,15,19 151:1,9 152:7,13 153:18,24 154:9,18,25 155:8 156:23,25 157:5,23 158:3,22 159:7,17,19,21,25 160:2,11 162:23 163:1,14,17 164:2,10,16,20,23 165:8,10 166:22,24 168:17,21,24 169:7,14,19,21,23 171:15,19,21 172:3 173:2
qualification (1) 50:4
qualify (1) 109:24
quantity (1) 35:2
queens (1) 85:7
queried (1) 24:3
query (2) 73:1 161:5
question (21) 48:4 59:17 67:9 70:24 73:20 82:7 91:14 100:12,25 106:7 107:6 108:18 117:19,21 122:17 126:19 130:25 153:4 161:19 162:3 167:1
questioning (1) 123:1
questions (44) 18:10 43:19 59:20,21,22 69:17 72:11,20 73:13,14,17,21,23 85:6 86:11 88:13 99:13 107:19 113:5 114:21 115:1,2 119:11 123:19 128:15 129:18,19,20,24 130:2 133:9 153:2 172:17,19 174:2 175:7,8,9,12,13,14,17,18,19
queue (1) 13:23
quick (2) 4:24 103:23
quicker (3) 129:22 155:1,6
quickly (22) 3:13 10:2 19:2 20:10,17 58:19 94:12 100:7,10 102:12 103:18 110:21 113:14 114:12 120:14 121:23 122:2,7 126:18 139:8 150:24 168:6
quiet (3) 162:16,24 163:4
quite (17) 6:5 30:13 53:6 63:17 93:18 101:23 109:22 111:24 117:24 126:21 128:1 137:17 142:23 145:24 149:24 169:7 172:6

R

radial (1) 7:15
radio (6) 66:9 84:15,19 95:23 96:1 125:17
railings (2) 49:6,8
raise (1) 128:16
raised (1) 16:6
ramp (1) 18:5
ran (1) 23:7
rank (1) 60:1
rapid (8) 4:17,19,21 5:1 34:9 38:3 152:11 170:10
rapidly (4) 36:5 149:24 150:4 155:15
rare (1) 156:8
rate (9) 4:4 7:20 8:3 10:1 29:24 30:22 165:14 167:7 168:5
rather (13) 15:6 25:15 30:15 71:16 76:1,6 95:10 104:25 145:4,11 151:19 157:8 171:23
reach (1) 20:17
reached (1) 14:18
reaching (1) 1:20
reaction (1) 4:24
read (15) 2:4,7,10 10:19,22 16:24 46:6 50:15 54:18 78:2 85:24 135:16 160:17 168:22 172:7
readily (3) 69:5 153:25 172:2
reading (6) 3:1 5:21 9:24 77:12 166:10 168:4
ready (2) 16:18 143:9
real (4) 106:6,13 136:25 148:14
realise (4) 59:11,22 61:9 111:21
realised (3) 9:9,13 80:9
realistically (1) 72:14
reality (6) 1:22 100:9 103:22 119:3 121:7,10
really (23) 2:15 55:20 65:17 72:15 79:1 82:10 86:19 87:25 94:2 99:6 103:7 114:8 121:8 123:5 124:2 125:1 130:17 131:8 137:3 143:6 144:7 154:25 173:16
rear (8) 13:23 18:2 19:7 20:19 25:23 28:10,17 29:4
reason (11) 59:10 65:18 67:7 80:22 86:16 93:18 129:12 152:14 159:22,24,25
reasonable (5) 36:13 117:2 118:9,10 130:25
reasonably (3) 65:13 87:22 170:13
reasoning (1) 93:1
reasons (5) 1:19 2:2 25:10 69:25 171:11
reassessing (1) 136:2
reassure (2) 8:1 72:18
reassuring (1) 115:3
recall (43) 5:12,20 12:12 14:18 19:12 22:23 24:15 25:7 45:20 47:5 49:24 50:10 51:19 53:1,11 54:12 56:6 63:22 64:23 75:4,23 84:17 85:3 91:11 92:10,25 93:15 94:21,23,24 105:20 111:6,6,8 116:1,3,11 135:20 138:4 161:16 166:1,9 173:22
recalled (4) 88:12 133:8 175:11,16
recalls (14) 5:25 6:16 7:9 9:17,22 10:1 21:25 23:1 24:10,19,25 166:14 168:2,5
recap (1) 10:11
receive (6) 31:17 56:9 79:22 168:13,21 169:7
received (5) 27:24 39:24 50:6 137:6 170:7
receiving (3) 12:23 20:15 31:24
recent (3) 19:8 22:16 26:2
recently (1) 25:2
recognised (2) 139:7 147:3
recollect (1) 134:20
recollection (6) 6:21 12:7 19:10 64:12 65:19 92:3
recommendations (3) 27:24 127:20 133:6
reconsider (1) 107:2
reconstruct (1) 90:25
reconvene (1) 174:8
record (2) 20:6 77:20
recorded (6) 20:3 30:4,17 36:19 54:19 84:20
recording (1) 104:10
red (4) 11:25 28:20 153:9,9
reduce (2) 8:23 145:5
reduced (3) 36:16 39:2,17
reducing (1) 22:24
reduction (1) 39:18
reenter (1) 117:15
reentered (1) 28:10
rees (9) 20:25 36:24 37:3,16,20,23 38:11 42:7 114:15
reevaluating (1) 170:17
refer (2) 161:12 162:23
reference (1) 51:5
references (1) 172:6
referral (2) 31:1,2
referred (1) 170:5
referring (4) 14:3 25:23 65:11 161:20
refers (2) 18:9 162:13
reflected (1) 129:1
reflection (2) 128:14,14
reflects (1) 40:16
refreshing (1) 91:3
regarded (1) 132:5
regarding (5) 4:19 24:12 27:22,23 105:22
regardless (1) 137:21
regards (1) 93:8
register (2) 8:18 167:24
registrar (1) 31:18
regular (2) 26:15 145:23
reiterate (1) 123:15
relate (1) 117:25
relating (7) 12:5 16:24 88:17 89:11 118:1 161:15 164:20
relation (2) 41:20 154:9
relatively (2) 63:17 110:21
relatives (1) 116:16
release (4) 21:17 26:19 147:18 149:5
released (2) 26:25 147:10
relevant (2) 39:24 135:6
reliable (3) 65:1 135:25 146:20
reliably (1) 145:3
rely (1) 65:1
relying (2) 91:2 123:5
remain (4) 23:24 98:24 102:5 117:14
remained (1) 31:23
remaining (1) 23:25
remains (2) 29:6 118:20
remember (38) 6:8 14:17 19:20 49:18 51:9 79:14,15,18 81:20 93:18 96:4,14,22,24,24 97:2,19,20,22 104:17,21 109:5,15 110:9,20 134:23 135:23 142:22 144:22 149:23 151:8 166:21,22,24 168:15,18 169:1,3
remembers (2) 18:18 24:17
remind (4) 75:8 86:2 88:2 131:14
reminded (1) 85:10
remote (2) 13:14 156:6
removal (1) 124:6
remove (4) 49:5,11 79:15 108:1
removing (1) 49:3
rennie (3) 31:11 34:4,7
reopened (1) 129:17
repair (1) 35:10
repeat (3) 91:13,17 164:4
repeatedly (1) 105:18
replaced (1) 33:2
replacement (1) 114:16
replied (2) 46:13 116:22
replies (1) 11:22
reply (3) 11:19 78:22 79:6
replying (1) 48:8
report (19) 20:25 24:12 34:19,21 37:3,4 38:19,20,25 39:4,21,22 40:1,1,3,14 41:19 42:7 43:7
reportedly (2) 39:1,17
reports (3) 8:23 31:3 40:15
represented (1) 1:9
representing (1) 72:11
represents (1) 36:20
request (1) 14:11
requesting (1) 14:10
require (2) 27:7 125:10
required (6) 35:10 42:4 66:5 72:3 123:22 135:8
requires (2) 26:18 104:24
requiring (1) 26:12
reservist (1) 3:7
resolved (1) 107:11
resources (2) 97:25 117:22
respect (3) 12:11 46:1 133:11
respiratory (3) 7:20 29:24 167:7
respond (1) 117:12
responded (2) 126:2 150:10
responders (2) 102:1 108:11
responding (4) 61:5 91:9 150:8 171:14
response (33) 28:4 31:9 32:11 44:3 54:11 55:2,5 56:3,6,9,17 57:12,13,14,17 90:10,19 91:21 92:4,11,14 93:7 101:24 102:12 105:15,15 109:9 113:15,15,19 126:21 154:23 172:24
responsibilities (1) 131:1
responsibility (7) 124:4 126:24 127:1,2,4 131:7,8
responsible (2) 42:2 131:2
responsive (1) 14:14
responsiveness (1) 7:19
rest (3) 11:16 115:9 144:4
restraint (1) 10:17
restraints (1) 11:3
result (12) 5:22 8:10 21:4 23:15 34:23 42:24 122:6 127:23 132:22 140:25 166:11 167:16
resultant (1) 21:6
resulted (3) 35:5 40:3 41:15
resuscitate (2) 38:17 152:24
resuscitation (14) 27:8 28:4 31:4,15,23 32:14,17 33:25 36:17 37:19 38:2,4 43:1 148:3
resuscitative (1) 38:2
retrieve (1) 15:9
retrospect (1) 146:25
return (7) 5:21 9:10 19:22 29:23 116:22 142:5 166:10
returned (5) 9:8,12 46:2 148:25 161:16
returning (4) 31:1 45:25 58:9 162:1
returns (2) 14:1 15:9
reverses (1) 148:23
reversible (1) 138:21
reversing (1) 29:9
review (5) 4:13 24:9 41:17 52:19 89:10
reviewed (1) 127:23
reviewing (1) 64:13
rib (1) 145:15
ribs (1) 23:12
rich (1) 153:14
rightminded (1) 171:24
rigid (1) 142:25
rise (2) 8:4 149:15
risk (12) 62:24 63:12 101:7 112:19 117:7,10 118:24 120:15 131:16 137:19 139:16 145:5
risks (3) 117:17 140:19,22
road (6) 13:11,12 14:4,24 26:13 139:3
roberts (15) 73:12,14,15 75:6 79:20 82:2,7 86:10 129:20 172:17,19,20 173:8 175:9,19
role (5) 42:10 88:22 94:7 127:3 151:20
roll (1) 16:2
room (107) 2:16 25:4 32:14 45:6,10,12,15,16,22 46:3,8,18,20,25 48:16 49:12 51:1,2 62:1,4,7,19,22 63:16,20 64:5 65:8 66:18,21 70:15 73:2,22,25,25 74:7,8,13,17 75:12,13,16,22 77:2,9,15 78:15 79:10,13 80:4,11 92:21 96:12,13 99:21 102:13,15 103:2 105:7,25 115:5,6,7,10,12,20,23 116:4,22 117:16 118:6,11,20,24 119:7,18 120:13,16,22,24 121:1,2 122:9,21,24 123:23 124:21 125:4,25 126:5,9,20,25 127:6,9 129:4,5 130:4,16,17 132:4,18 137:7 152:10 157:16,24 160:5 163:19
rough (1) 99:12
round (8) 49:21 56:7 107:17 117:19 124:7 155:13 173:20,21
roussos (5) 45:25 46:2 48:15,18,22
route (4) 23:22 44:16 62:13 65:7
royal (9) 20:12 27:13 28:21 30:8,9 31:7 34:18 147:6,23
ruffles (57) 6:25 7:3,7,16,23,25 8:8,12,20 9:2,5,9,12 10:6 11:13,19 12:8,12,17,21,25 13:6,18,25 14:6,8,23 15:2,12,21,22 16:1,3,12 17:9 20:21 21:9,16,22 29:6,18,20 30:1,20,25 135:16,20 138:6 149:15,21 166:13 167:2,3,10,13,18 168:9
rules (1) 118:21
ruling (1) 1:8
run (1) 141:20
running (2) 60:22 117:3
runs (1) 15:8
rush (1) 114:24
russell (10) 3:1,2 6:24 11:12 12:15 14:23 17:4 20:18 28:9 29:3

S

sadly (2) 31:3 61:19
safe (11) 17:13,20 105:12 116:21,23 117:8 118:5 124:6 131:21,22 172:9
safely (1) 38:7
safest (1) 143:16
safety (3) 45:11 115:19 164:8
saffierose (5) 45:25 46:2 48:15,18,22
saline (1) 32:25
same (11) 13:9 15:12 52:4 72:23 98:7 118:20 121:24 124:7 130:13 141:23 145:16
sat (2) 64:9,21
satisfied (7) 42:8 117:1,8,17 118:8 120:5,22
saturation (2) 7:22 167:9
saunders (166) 1:3,5 2:14,18,20 10:10 11:5,9 30:13,19 43:11 45:18,23 47:6,12,15,17,20 48:3 52:2 55:19,23 57:24 58:17,22 59:7,10,15,17 60:8,10 61:5 62:9,16 63:3,6,9,12 64:24 65:3,9,14 67:18 68:15 69:20 70:6,10,18,23 71:13 72:8,21,24 73:5,11 75:2,5 79:18 81:25 82:5 86:13 87:1,10,14,23 88:4,11 90:24 91:6,13 96:6,16 97:4,7,10 100:18 101:7,15,20 102:3 103:19 106:23 107:17 109:17,21 110:1 111:16,21 112:12 114:6,17,22 115:10 117:18,23 119:8,14 120:5,17 121:12 124:1,11,22 125:13 127:25 128:3,8,12,25 129:10,15,22 131:24 132:21 133:3 136:4 140:15,19,22 141:3,6,12,16,24 142:9,13,17,22 143:2,5,12,17,22 144:6,10,12 145:18 151:13,17 152:20,25 155:12,20,24 156:5,15 157:6 158:8 160:15,20,23 161:22 162:4 166:25 168:25 170:20,24 171:5,7 173:9,14,18,23 174:1,4,9
saved (2) 114:13 155:3
saw (24) 3:16 6:2 11:7 19:1,3,4 49:16 50:18 64:2,7,15,16,17,18 66:12 67:13,13 71:2 80:25 81:17 115:4 158:19 160:21 173:18
saying (25) 15:25 16:1 51:11,13 54:19,23 61:7 68:21 69:19 77:20 98:14 107:15 109:25 110:1 115:7 123:5 132:5,8 141:20 142:22 148:14 151:10 155:12 163:2 170:13
scale (3) 7:18,19 32:19
scales (1) 167:6
scalpel (9) 26:13 144:24 145:4,11,21 146:2,8,10 148:19
scalpels (2) 26:14 146:4
scan (1) 33:24
scattered (1) 6:17
scene (39) 22:11 23:23 24:2,6 27:7,18 32:18 38:7 52:23 90:8,12 92:2 101:13,16 102:2 108:10 116:12,25 138:1 143:6 146:3 148:2 150:6,8,9,16,20 151:7,12,21 153:21,25 154:22 155:2 171:12,13,21 172:2,10
scoop (5) 9:9,14 20:23 25:2 121:8
scope (1) 26:15
screams (1) 18:13
screen (1) 78:3
seat (2) 28:18 43:20
second (5) 3:14 12:19 15:24 26:16 124:24
secondary (3) 38:21 43:6 62:20
secondly (2) 82:14 136:20
seconds (7) 11:24 14:4 16:1 134:2,7 144:14 146:16
section (2) 16:24 165:7
sections (1) 119:12
secure (1) 21:20
security (1) 116:15
see (31) 5:11 6:8 8:13 18:21 19:17 53:24 61:19 63:21,25 72:15 75:12 77:12 87:19 94:14 95:4 97:11 107:11 110:16,17 114:14,19 117:1 135:3 138:2 139:2 158:25 161:6 165:25 166:19 167:18 171:23
seeing (5) 49:18 63:22 77:21 84:17 91:2
seek (1) 156:15
seeking (1) 150:21
seem (4) 48:4 67:23 68:8 173:9
seemed (1) 6:2
seems (6) 30:14 42:23 57:14 69:7 171:2,7
seen (39) 6:25 12:22 13:1,4,7,10,15,21 14:5,25 15:7,24 16:16 17:5,18,24 19:6 28:16 44:25 46:19 48:21 51:2,7 53:3 56:2 65:3 77:23 80:17 82:24 84:16 85:9 133:13,23 137:18 159:9,11,11 160:5,7
send (6) 110:19 118:5,10,23 120:18 123:11
sending (1) 2:3
senior (5) 4:8,10 6:24 12:24 74:3
sent (12) 31:10 96:17 110:18 115:7,8,20 120:7,9 125:8 126:20 127:15 132:9
sentence (1) 11:16
separate (1) 67:16
separated (1) 153:11
september (7) 4:14 22:17 24:8 31:8 32:8 34:19 38:20
sequence (8) 4:13 24:9 46:6 65:5 80:16 89:10 116:1 162:5
sergeant (6) 43:16,18,25 59:19 73:16 175:6
serious (8) 5:5 33:22 35:9 60:22 69:23 99:4,22,23
seriously (3) 23:25 68:19 99:17
seriousness (3) 80:25 81:5 99:24
served (1) 160:18
service (11) 36:5 73:18 80:8 97:22 108:5,12 131:1 142:20 144:5 154:10 155:16
services (1) 46:25
serving (5) 80:23 89:6 130:8 131:21,22
set (5) 2:2 45:15 58:23 126:15 135:1
sets (3) 4:7 8:10 167:16
setting (2) 36:15 37:5
settings (1) 5:6
several (2) 13:16 19:6
severe (8) 7:12 34:22 35:16 39:7,8 41:22 121:14 166:16
severely (7) 34:25 121:20,25 159:15,18,19,21
severity (10) 20:10,16 52:10 61:8 99:8 100:12,16 104:23 153:19 159:22
shall (4) 1:20 82:7 157:5 171:6
shant (1) 82:7
shelf (1) 154:4
shock (4) 8:11 36:2,7 167:17
short (12) 14:20 43:13 62:2 67:7 71:1 82:10,14 87:12 117:21 151:23 154:4 169:5
shortly (7) 43:1 47:2 62:7 74:18 75:7,13 118:3
shortterm (1) 153:6
shots (1) 117:3
should (29) 1:12 16:22 24:3 41:14 42:11 69:9 94:2 96:24 101:18 102:15,21 107:6 109:18,24 113:3,8 118:19 124:2,21 126:20 127:14,17 131:13,18 141:17 154:16 159:13 163:18 172:11
shouldnt (1) 127:16
shout (2) 14:2 51:21
shouting (1) 117:3
show (2) 65:16 93:14
showed (3) 34:1,9 41:3
showing (2) 7:24 167:10
shown (6) 11:1 12:5,16 16:12 25:8 28:5
shows (5) 6:12,20 24:1 29:15 65:5
shrapnel (6) 24:19 27:5 137:20 138:17 140:12 150:1
shredded (1) 34:24
shut (1) 18:20
sic (7) 71:23 123:2 125:24 140:15 141:18 151:24 167:2
side (17) 13:12 15:6,12,18 18:20 25:18 28:15 33:13,15,18 35:1,23,25 42:21 48:19 145:2 146:17
sides (2) 21:17 26:19
sign (1) 135:25
significance (1) 135:1
significant (13) 1:21 25:3 33:14,17 36:11 37:11 42:10 135:4 136:10 137:4,10,25 138:8
significantly (1) 158:4
similar (1) 154:12
simplifying (1) 143:25
simplistic (1) 143:25
since (4) 35:19 64:13 106:21 107:13
single (1) 99:10
sir (209) 1:3,4,5 2:6,10,14,17,18,20,21 10:10 11:5,9 30:13,17,19 43:8,11,15 45:18,20,23 47:6,12,15,17,19,20 48:3 52:2 55:19,23 57:24 58:17,22 59:7,10,15,17 60:8,9,10 61:5 62:9,16 63:3,6,9,12,19 64:24 65:2,3,9,14 67:18 68:15 69:20 70:6,10,18,20,23 71:13,20 72:8,17,21,24 73:1,5,11 75:2,5 78:1 79:18 81:25 82:5,8 86:11,13,25 87:1,6,10,14,23 88:2,4,6,11 90:24 91:6,13 96:6,14,16 97:4,7,10 100:18 101:7,15,19,20,24 102:3 103:19 104:1 106:23 107:17 109:17,21 110:1 111:16,20,21 112:12 114:4,6,15,17,20,22 115:10 117:18,23 119:8,14 120:5,17 121:12 124:1,11,22 125:13 127:25 128:2,3,8,12,13,17,25 129:10,15,18,19,22 131:24 132:21 133:3 136:4 140:15,19,22 141:3,6,12,16,24 142:9,13,17,22 143:2,5,12,17,22 144:6,10,12 145:18 151:13,16,17 152:20,25 155:12,20,24 156:5,15,17 157:6 158:8 160:15,20,23 161:22 162:4 166:25 168:25 170:20,23,24 171:5,7 172:16 173:9,14,18,23 174:1,2,4,7,9
sit (3) 72:8 87:15 164:21
site (3) 42:21 122:6 144:4
sitting (1) 69:11
situation (22) 23:21 39:14 52:10 55:21 60:23 61:1,8 63:14 71:2 80:25 81:5,8 94:9 95:18 97:16 101:2,18 120:25 139:23 142:4 143:5 169:9
situational (2) 66:23 131:16
situations (3) 65:15 154:15 170:1
six (5) 89:19,25 90:1 106:9 151:16
sixbedded (1) 31:15
size (2) 21:20 72:1
skill (1) 173:7
skin (4) 158:17,17 159:3,12
slide (1) 15:23
slightly (4) 16:6 86:14 92:16 173:10
slow (2) 10:2 168:6
slowed (1) 121:11
small (3) 6:7 26:12 40:14
smearing (1) 137:2
smith (67) 3:17 4:16 14:3,11,18,24 45:21 54:4,13,16,19,23 55:9 56:3,11,24 57:24 58:3 61:6,9 63:3 65:23 66:1,4,17 67:4,9,23 73:24 74:6,19 75:11,13,16 77:8 82:15 83:14,15 84:7,12,13,14,20 85:1,12,21 87:9 88:8,12,14 89:4 99:1 100:11 103:20 104:2,22 105:21 107:19 110:10 118:4 119:16 125:21 130:1,2 131:10 133:1 175:11
smoke (1) 60:21
snapshot (1) 105:3
sodium (1) 30:5
sole (1) 62:21
somebody (13) 56:15 83:1 85:20 94:9,10,13 96:13 97:1 100:23 105:13 109:19 110:20 143:7
someone (27) 18:17 22:21 46:18 54:1,9,20,25 66:2 70:10 82:20 83:1 84:5,22 90:17 91:18 93:10 95:2 96:12 104:13 110:18 115:8,8 136:8 158:6,16 161:13 170:7
someones (2) 6:16 107:1
something (22) 1:5 5:2,3 51:16 74:22,23,25 76:20 84:16 93:8 95:9 102:21 104:15,18 119:15 127:21 132:2 140:23 144:13 158:12 160:16 161:1
sometimes (2) 26:25 146:18
somewhere (1) 6:23
soon (4) 47:25 125:7 129:6 148:11
sooner (1) 101:11
sort (21) 47:21 49:18 59:12 61:16,19,22,22 67:8 68:16 134:21 142:14 143:5,8 144:24 155:21 156:8,20 158:4,5,18 159:3
sought (1) 112:17
sound (6) 26:25 83:19 105:3 112:24 142:10 170:5
sounds (2) 96:23 104:10
spare (2) 58:8 164:23
sparse (1) 53:6
speak (7) 65:23,24 75:16 77:1 95:11 164:13,16
speaking (4) 63:18 77:3,4,5
special (10) 1:9,21 51:10,20,23,25 80:19,20,24 81:4
specialist (4) 32:1 154:10,11,12
specifically (4) 24:15 49:5 111:8 141:9
specifics (6) 41:12 49:24 88:17 134:23 168:16,19
sped (2) 103:16 121:10
speed (2) 119:22,24
spent (1) 62:2
spinal (6) 15:9,11,13,14,23 16:5
splendidly (1) 70:9
spoke (8) 7:23 65:23 82:13 83:11 84:4 85:2 116:2 167:9
spoken (4) 88:6 101:3 118:4 165:2
spontaneous (2) 19:22 29:23
spotted (1) 159:13
st5 (1) 32:1
stab (1) 61:15
stabilise (1) 122:3
stable (2) 37:21 170:13
staff (9) 31:19,23 53:15 56:7 57:5 84:8 97:21 116:16 143:15
stage (9) 5:9 21:14 24:20 63:14 67:10 106:11 112:14 152:9 165:23
staining (2) 5:11 165:25
staircase (6) 81:8 103:17 130:18 132:14,17,20
stairs (20) 45:5,8 52:12,16,24 53:13 58:11,13 71:15 102:24 103:6 104:5 110:11,14 116:3,13 120:4 132:12,14,15
stand (2) 13:1 64:21
standard (6) 26:5,13 61:17 136:4 141:21 145:22
standing (1) 14:4
standstill (1) 34:9
start (16) 1:6 15:22 46:22 59:24 60:10,16 101:25 124:4,14 130:23 132:18 138:23 152:23 157:4,13 165:1
started (5) 4:11,15 22:4 23:5 164:11
starting (1) 3:7
starts (1) 15:14
stash (3) 86:3,5 97:14
stashed (1) 98:2
stated (5) 7:14,24 24:3 163:24 167:10
statement (64) 3:6,19 4:4,13,14 7:7 9:16 10:4 12:3,8 14:8,15 18:7,23 19:9 20:4,8,21 21:9,25 22:16,25 24:7,8,10 25:24 26:2 29:19,22 31:7 32:2,8,17,22 33:1,11,23 34:5 58:23 64:6,10,20 65:11,11 68:3 105:21 115:18,25 135:2 136:24 147:7 150:4,12 161:1,3,9 162:4,12 163:1 165:14 166:13 168:8,15,18
statements (3) 7:4 39:12 93:15
states (23) 4:16,19 5:24 6:4,5,12,14,22 12:13 22:3,17,19 23:17,20 25:5,7,17 26:2 27:12,15 35:22 37:4 38:20
stating (1) 42:12
station (84) 2:13,23,25 3:12 6:14 7:5 9:18,20 10:20 13:2,9,24 14:7 17:3,21,22 18:15,25 20:20 23:2 28:11,12 29:5,6,9,14,16 30:9 44:7,12,22 45:1,5 52:12,13,14,24 53:8,14 56:4,12,14,25 57:2 58:24 60:13 62:3,14,14 65:21 66:12 70:14 88:18 90:1,4 92:22 95:7,8 106:1,10,15 110:24 111:7 112:1,5,7,20 113:12 114:11 128:21 132:13 148:23 149:1 155:9 161:16 162:14,16,20,21,23 163:4,9,14 164:12
statutory (2) 107:23 108:8
stay (8) 15:20 22:11 24:3,5 27:17 105:4 151:6,21
steam (1) 50:22
step (3) 33:20 87:7 144:8
stephen (4) 46:10 75:9,9 78:18
steps (1) 105:23
still (22) 2:16 9:20 11:15 14:9 15:20 18:22 21:22 34:1 43:2 95:18,19 103:17 107:4 127:18 135:9 137:3 138:12,15 142:7 145:8 147:24 163:4
stills (1) 12:9
stock (1) 155:18
stocks (1) 144:1
stomach (1) 12:19
stood (3) 49:20 93:19 97:13
stop (3) 10:10,13 117:23
stopped (4) 99:10 131:3 152:20 173:17
stopping (1) 154:7
stored (1) 154:17
story (1) 110:4
straight (2) 62:1,7
straightaway (4) 88:7 143:9 148:25 172:12
straightforward (1) 161:10
strapping (2) 173:21,22
strategies (1) 37:24
street (2) 29:10 57:1
streets (1) 61:20
strengthening (1) 40:16
stretcher (27) 9:4,8,10,15 10:8 13:11,22 16:15 17:11,14,15 18:4,6,19 22:2 23:3 25:1 49:25 51:13 58:15 71:14 85:12 93:16,19 107:7,16 168:11
stretchers (10) 53:16 85:8,17 93:23 106:12,16 107:5,8 108:23 121:8
stricken (2) 62:25 126:10
strike (2) 121:13 123:8
striking (1) 121:16
strong (1) 101:10
strongly (1) 35:12
struck (1) 41:23
structure (3) 131:6 142:25 156:9
struggling (1) 139:24
stuart (2) 31:25 33:11
stuck (22) 54:1,21 84:5,23 90:17 91:19 92:19,20 93:10 98:21 100:17 104:14 105:13 106:7 107:1,10 108:20,20 110:17 115:11 123:2 132:4
subject (2) 131:24 162:2
subsequently (3) 117:6 137:8,22
substantial (1) 124:16
substantive (2) 87:22 161:14
successful (1) 36:16
successfully (1) 38:17
sudden (1) 35:16
suffered (5) 26:3 42:24 48:7 136:10 169:16
sufficient (2) 51:15 103:23
suggest (3) 102:9 137:4 173:17
suggested (1) 27:3
suggesting (4) 69:14 115:13 141:17 154:16
suggestion (2) 69:8 83:8
suggests (2) 12:23 125:9
suicide (1) 117:4
suitable (1) 41:7
summary (9) 2:9,11 29:15 34:16 40:4 65:7 78:1 85:24 175:3
supplied (4) 153:18,21 154:21 155:8
supply (2) 144:3 154:5
supplying (1) 156:4
support (14) 21:10 25:11 33:22 34:11 39:23 51:14 71:22 72:4 108:22 116:14,14 123:9 125:8,11
supported (1) 30:1
supporting (1) 25:13
supports (1) 110:25
suppose (5) 57:24 120:5,6 130:14,14
sure (12) 6:7,14 19:24 69:12 70:6 89:24 90:5 127:15,19 130:22 131:18 160:23
surely (1) 79:13
surgery (2) 32:1 38:4
surgical (3) 35:10 42:4 151:24
surname (3) 9:3 11:20,21
surprise (3) 57:21 81:23 82:1
surprised (2) 55:12,13
survivability (1) 102:8
survivable (4) 38:23 40:4,6,9
survival (7) 37:13,15 38:9 39:2,17,18 40:11
survive (2) 28:8 103:25
survived (6) 35:9 39:13 40:5 42:5 101:12,17
susceptible (1) 36:15
suspect (2) 117:16 157:9
suspected (4) 14:16 27:24 60:17 67:10
suspects (1) 35:12
sustained (6) 34:22 35:3 38:21 42:3 43:5 67:17
swift (1) 128:21
switched (2) 77:14,16
sworn (3) 43:16,18 175:6
sydney (2) 173:5,6
system (28) 21:5 30:18 49:2 92:18 93:3 100:13 101:22 102:16 105:9,14 106:19,25 107:1,8,16,22,25 108:10,10,13,16 111:10,14 113:9,22,22 126:16 127:21
systems (2) 92:22 119:17

T

tabard (2) 54:5 82:16
tabards (3) 171:19 172:1,12
tactical (3) 95:23,24,25
taken (12) 1:16 18:2,24 98:14 102:23 105:23 107:6 117:17 128:15 140:3 154:18 157:11
taking (10) 37:6 46:11 49:3 64:6 68:9 78:20 89:17 126:25 133:18 155:12
talk (4) 6:7 42:23 113:6 153:8
talked (1) 9:2
talking (17) 6:9 8:3 14:25 18:9,9 24:19 66:13 68:13 75:3 81:18 112:4 124:14 130:3 138:19 153:16 161:23 163:12
talks (1) 78:17

tap (1) 152:22
task (1) 111:12
tasks (1) 97:23
teaching (1) 41:13
team (21) 27:8 30:24,25 31:19 32:3 34:7,12 38:8 70:12,17,21 73:3,4 90:11 123:21,24 125:7 126:18 148:3,4 151:24
teams (4) 31:16,20,21 32:5
technician (1) 7:1
telling (4) 75:10 76:19 117:15 154:19
tending (3) 5:25 6:25 19:8
tension (16) 26:6 27:4 135:14 136:1,14,18 138:22 139:10,13,21 145:3,6 146:18 147:15 149:11 173:1
term (2) 41:16 66:23
terminology (1) 118:18
terms (40) 47:2 48:17 50:17 53:3,7,21 57:7 80:2,7 89:9 90:14 92:13,18 94:12 95:13,15 98:13 102:14,17 104:2 107:15,21 116:2 118:24 120:16 121:9 124:21 128:16 132:13 134:6 135:1 137:9,13 144:16 146:2 150:3,15 151:17 153:18 158:15
terrorists (1) 62:20
test (1) 102:10
thank (59) 2:8,20 11:9 30:19 43:11 44:15 45:23 48:3 52:11 55:23 58:22 60:9 62:16 70:25 72:7,24 73:6,11,15 75:5 76:17 77:19,23 79:20 82:8 83:7 85:6,19 86:10,13,25 87:2,5,10 88:11 112:12 119:14 121:12 128:1,8 132:21 133:4,6 144:13 152:25 156:17 160:11,20,23 161:6 163:11 170:23 172:16,20 173:8 174:1,4,5,9
thanks (1) 132:25
thats (85) 11:9 16:4 30:17,17 44:1,17,20 45:3,7,17 46:5,16,17 47:20 48:20 49:15 50:1 52:18 53:19 55:2 56:16 58:14 59:14 60:13,15 61:16 62:8 63:2 65:22,25 69:13 71:4,15,20 74:1,25 76:3 78:18 79:11 81:7 83:3,6,22 84:16,18 86:9 88:19,21 89:12 91:13 94:14 107:3 109:8 111:16,24 118:1,18 119:8 121:16 124:24 125:22 128:25 129:14,15 134:12 138:19 139:16 141:19 146:13,19 148:9,25 150:1,12,14 152:23 153:8,9,15 154:18 158:4 162:2 166:25 171:18 173:6
thawed (1) 154:3
theatre (2) 27:8 148:4
themselves (5) 68:13 76:6 99:3 104:4 172:8
theory (1) 99:15
thereabouts (2) 53:9 70:15
thereafter (1) 37:7
therefore (9) 14:16 27:10 35:8 76:18 85:19 117:13 127:8 158:22 169:25
theres (34) 56:3,23 65:4 96:2 97:14 104:18 107:20 109:20 110:13 120:11 128:17 131:12 132:21 135:15 137:2,3 139:24 140:7,8,8 142:25 145:5 146:24 147:8,11 152:15 154:3,5 158:11 161:10 162:8 172:6,12,15
theyd (1) 160:5
theyre (6) 59:11 68:22 69:10 98:1 124:11 155:15
theyve (4) 69:20 107:8 125:6,18
thing (19) 1:5 61:11,16 67:8 83:10 96:6 106:2 125:16 143:16 145:25 151:19 152:22 154:4 156:11 157:11 158:4,5,18 159:3
thinking (7) 10:14 91:8 92:6 97:4,5 106:22 130:15
thinks (1) 170:24
third (3) 86:1 162:15 167:25
thoracostomies (2) 34:2 149:13
thoracostomy (7) 26:11 33:7,13,16,20 145:1 146:21
though (5) 25:2 110:6,8 113:4 128:5
thought (12) 1:11 48:12 101:23 111:13 113:12 124:9,23 125:3 128:7 148:24 150:20 163:17
thoughts (5) 49:10 62:17,18 126:15 147:24
three (5) 38:11 57:4 81:13 82:3 173:1
threequarters (1) 124:11
through (15) 19:6 53:10 78:13 87:16 93:3 98:5 101:8 106:23 109:17 114:3 137:20 140:12 145:16 162:18 164:24
throughout (2) 131:17 156:11
thursday (1) 1:1
tied (1) 125:12
tight (1) 156:10
time (137) 2:24 4:17 6:17 10:21 11:24 13:9 14:12,21 19:3 20:2 24:2 25:6 27:5,18 28:6 31:3 44:8,19 47:2,12 48:2,23 49:9,16,23 50:9,10,18 51:13,17,24 52:23 53:10,18 55:10 57:2,10 60:1,2,7 62:3 63:17,20 64:12 69:18,19 70:9,11,22 71:22 74:20,22,25 81:12,24 82:4 86:22 88:10,20 89:18,19,21 90:3 91:9 93:9 94:4 95:12 96:7 97:17,18 98:13 99:10,20 100:25 101:3,13 102:6,10,11 103:15 106:10 107:14 109:7,12 110:15 111:2,23 112:11,15,19 114:10,23 115:11,22 116:4 117:7,8,12 118:14,22 119:1 120:2 121:1,22,25 122:2 124:8,14,16,19 129:4 131:11 133:14 134:1,6 135:25 138:3 139:20 140:1 141:3,23 142:16 146:9,13 148:20 149:20 150:17 154:3 155:4,5 163:3 164:19 169:2,5 170:15 173:3,4
timed (9) 5:8,24 6:19 12:9 14:9 16:11 24:11 25:8 165:22
timeline (4) 39:23 40:24 44:18 119:23
timely (4) 40:11,16 113:9 120:3
times (8) 13:16 30:14,14 124:13 126:19 133:3,12 163:6
timing (1) 30:17
timings (4) 63:17 70:10,21 162:7
today (13) 1:7,11 2:3 44:21 52:19 72:13 78:2 87:15 89:9 119:15,19 133:10 174:7
together (4) 47:7 62:9,10 165:4
told (43) 4:1,9 9:18 14:19 22:10 24:5,18 54:15 55:24 57:15,24,25 58:17 65:20 67:21 75:6 76:21 77:7,7,13 78:7 80:10,15,16,21 82:18 85:1,6,19,21,23 86:3 94:16 96:9 97:14 98:20 99:17 138:5 145:22 165:1 169:24 171:11,15
too (7) 24:6 60:8 71:14 99:14 121:14 146:12 155:6
took (11) 19:2 30:10 63:13 78:7 89:5,14 90:14 92:7 104:4 118:24 164:3
topic (1) 71:1
torso (1) 4:22
total (3) 82:3 90:3 134:1
touch (2) 159:3,12
touched (2) 142:16 170:2
tourniquet (10) 8:14 10:16,19 11:8 50:13 114:18 127:10 138:3 167:20 173:20
tourniquets (23) 3:22 6:1,2 7:11 10:21 11:2 37:25 39:15 40:18,23 41:5,6,7 103:25 114:8 118:12 122:10,13 129:6,11 152:23 166:15,19
towards (17) 3:4 12:16 13:2 15:5 16:2,8 20:19 23:6 28:13 29:5,10 35:23 54:4 84:7 133:18,20 161:4
traceability (1) 156:11
traceable (1) 157:4
track (1) 142:24
tracks (1) 65:3
tragedy (1) 60:12
tragically (1) 160:3
trail (4) 64:8,20,23 65:6
trails (1) 65:4
trained (7) 22:20 54:10 159:3,9,10 160:4 163:22
trainee (1) 32:1
training (11) 41:15 50:6,9,10 52:7 143:15 145:24 150:11 157:24 159:13 173:5
tranexamic (2) 8:22 32:24
transfer (3) 27:10 38:3 152:11
transferred (1) 137:1
transfusion (4) 34:2 144:4 155:16,19
transfusions (2) 34:10 113:10
transmission (2) 45:20 61:9
transport (3) 21:23 46:9 142:23
transportation (2) 113:7 122:12
transported (2) 20:10 154:23
trapped (6) 23:11,14 26:6,20,24 120:24
trauma (11) 3:15 23:16 30:24 32:2,5 34:12 38:7 112:25 113:18 135:23 136:10
traumatic (6) 26:3 37:14 113:8 141:22 148:6 172:24
travel (6) 17:13,20 27:16 150:5 151:10 171:10
travelled (2) 29:20 150:22
treat (3) 16:13 140:13 173:1
treated (6) 12:24 13:6 15:2 34:7 40:22 114:5
treating (5) 4:11 66:15 68:13,14 138:22
treatment (23) 23:22 24:13 26:9,16 27:7,23 32:9 34:12,13 37:7 38:24 39:10,14 101:11,15 104:25 125:24 126:3,7 136:4,11 141:21,25
treatments (1) 113:10
triage (4) 126:16,24 127:5,12
triaged (2) 100:15,19
triaging (1) 124:5
trial (1) 82:6
tried (6) 4:3 8:18 9:5 93:14 165:13 167:24
triggered (1) 160:8
trinity (2) 48:18 78:11
trolley (3) 14:7 16:10 51:12
true (1) 138:25
truly (1) 102:6
try (9) 5:18 9:2 51:14 62:5 69:12 102:4 112:18 166:7,24
trying (14) 6:15 59:11 69:10,13 70:2 71:16 72:21 114:24 117:23 119:12 124:6 146:9 150:23 169:2
tunnel (1) 78:13
turn (3) 56:6 152:22 165:11
turned (1) 18:12
turning (7) 12:16 30:7 34:16 36:23 38:18 41:17 51:10
turns (3) 14:1,24 84:10
type (2) 61:23 167:1
typical (1) 43:5

U

ultimately (3) 26:8 42:1 65:21
ultrasound (1) 33:25
ultrasounds (2) 33:9 34:8
unable (4) 7:14 94:14 99:3 127:9
uncertain (2) 161:11 162:11
uncertainty (1) 79:4
uncomfortable (1) 132:19
undergone (1) 157:15
underlying (1) 42:17
understand (35) 11:5 30:13 55:6 69:5,21 71:8 72:9,13 77:23 87:6 91:6 98:22 99:5,15 101:5 108:15 109:23 110:1 114:17 115:4,18 118:3 125:14 129:6,9,15 138:9 141:20 148:16 157:18 158:22 159:7 169:8 171:2 173:19
understandably (1) 76:23
understanding (10) 75:24 100:7 102:19 114:2,7 118:14,17 119:4 131:15 147:14
understood (3) 20:9 32:23 107:5
undertake (1) 170:7
undertook (3) 164:4 170:2,3
undoubtedly (1) 144:2
unduly (1) 114:22
unfortunately (8) 28:7 91:12 92:4 110:7 121:17 124:18 125:11,18
unhelpful (1) 93:8
uniform (1) 53:17
unit (1) 69:15
unlikely (5) 28:7 37:18 40:9 42:9 146:22
unnecessarily (1) 101:12
unrealistic (1) 130:19
unrecordable (2) 7:21 167:8
unsurvivable (1) 40:9
until (14) 13:1 19:4 24:17 41:1 47:12 61:9 106:25 112:15 134:13,22 163:13 164:19 170:12 174:11
unwell (6) 9:13 159:16,18,20,21 170:13
upon (16) 27:14,22 45:4 49:13 104:4 111:12 113:19 114:15 133:14 134:13 139:18 154:14 157:23 163:12 170:3 173:4
upper (1) 132:3
upset (1) 72:10
upstairs (9) 58:5,9 68:19 69:3 70:18 86:6,6 105:16 116:5
urgency (2) 17:6 148:15
urgent (5) 35:10 42:4 122:10,12,13
urgently (5) 10:3 143:6 154:22,23 168:7
used (11) 20:5 49:8,11 51:14 54:17 67:23 85:11 106:12 123:3 153:7 169:23
using (12) 2:17 7:17 10:15 26:12 33:25 40:23 49:4 89:23 116:10 145:11 156:7 167:5
usual (2) 21:7 25:14
usually (2) 112:25 137:2
utilises (1) 108:11

V

vacant (1) 9:1
variations (1) 120:11
various (3) 90:11 155:16 157:18
vascular (1) 27:15
vaughan (1) 70:15
vehicle (6) 19:19 22:6 45:2 73:8 77:17 109:8
vehicles (10) 13:14 19:7 90:10 98:7 108:22,23 154:10,13,17,20
vein (2) 10:6 168:9
verbal (1) 54:11
vessel (1) 35:7
vessels (2) 34:25 35:16
vest (2) 61:15,16
via (2) 30:6 84:15
vicinity (1) 76:24
victoria (18) 7:5 13:2,9,24 17:22 18:15,25 20:20 28:11 29:5,9,16 30:9 52:14 53:8,14 62:3,14
video (19) 15:1 17:16 39:9,11 40:1,21 41:2 42:6 44:16 52:17 54:3 56:11,23 64:25 83:21,23,24 91:8,11
videos (1) 65:16
viewed (2) 12:9 40:22
viewing (1) 14:9
virtue (2) 71:10 157:24
visible (2) 24:25 40:25
visibly (1) 167:18
visual (1) 65:6
visualisation (1) 139:6
visually (3) 8:12 110:18 137:15
vital (2) 35:18,19
vitally (1) 27:10
vividly (1) 93:18
voice (13) 11:14,17,18 15:16,21,25 17:12 18:3 44:9 62:5 76:15 118:16,16
volume (10) 4:5 5:14,22 21:8 22:15 36:3 165:15,17 166:3,11
voluntarily (1) 172:5
volunteer (2) 52:1,6
volunteers (1) 150:10

W

wait (5) 47:24 48:1 59:19 148:19 152:19
waiting (9) 18:2 32:3,6 47:21 62:10 68:22 79:22 122:11 155:7
walk (3) 13:2 17:25 106:11
walked (4) 3:4 28:10 78:6 119:4
walking (4) 42:20 46:7 73:10 116:13
walkrun (1) 162:18
walks (3) 13:11 16:8 28:13
wall (5) 25:19 26:13 53:9 145:2,17
war (5) 20:20 53:8 81:17,21 82:2
warm (5) 104:14 105:14 132:5,9,15
warmth (1) 112:18
wasnt (33) 58:1,2,7 59:13 62:12 67:25 72:1,6 83:8 96:20 97:4 99:5 102:21 104:9,10,11 105:11 107:12,14 110:7 111:2 120:7,10,12 132:8 137:3,5 145:22 147:15 163:22 170:13 173:11,15
waste (1) 146:13
wasted (2) 146:9 156:13
watch (2) 16:4 103:13
watched (2) 83:23 95:6
watching (1) 18:24
wave (6) 38:18,19 39:21 40:5,13 41:9
waxy (1) 3:21
way (34) 21:11 22:7 27:20 29:4 36:22 45:5 48:18 50:1 52:23 56:12 58:11 69:22 71:6,18 72:23 76:10 78:11 96:6,19,21 111:17 114:25 122:14 137:20 138:17,18 144:25 152:20 155:1,24 157:19 162:18 171:1,7
weak (5) 8:9 29:24 30:24 72:4 167:14
weapons (1) 62:21
wear (3) 61:18,20 171:22
wearing (5) 16:14 54:5 82:16 110:7 171:19
wed (2) 47:22 51:2
went (40) 10:8 19:18 20:23 22:3 36:5 53:13,14 60:16 61:3,10,14,24 62:1,7,24 65:21,24 72:21 74:1,14 75:13 77:2,14,15 80:15 81:6 85:25 86:4,5 88:22 94:8 95:11 96:18,20 102:1 110:11 149:18 163:25 168:12 173:21
werent (14) 57:8,15,21 59:5 63:18 82:10 86:8 108:7 121:14 122:8,24 126:6 127:11 152:4
west (1) 73:18
weve (31) 28:22 43:8 50:15 53:3,7 54:1,20 66:23 68:18 70:18 80:16 84:5,22 85:13,19 88:8 90:17 91:18 103:19 108:4 120:23 125:21 128:1 140:19 154:9 156:25 160:7 163:8,20 172:7 173:19
whatever (6) 49:4 51:14 86:16 93:18 94:10 116:10
whats (11) 10:25 11:20,20 56:10,23 69:16 100:15 140:10 147:7 153:24 159:17
whatsapp (1) 31:9
wheeled (2) 16:15 139:3
wheeling (1) 22:5
whilst (13) 9:17 17:10,23 18:17 25:4 44:11 102:20 112:9 117:10 129:14 131:6 162:7,12
white (1) 161:17
whole (9) 72:14 102:10 112:9 113:15,18,20,21 124:7 139:1
whom (6) 72:10 83:11 84:4 85:2,13 118:11
whos (3) 54:4 56:24 140:6
whose (2) 67:16,17
william (1) 31:25
willing (1) 48:1
window (1) 152:16
windscreen (1) 19:7
wish (2) 128:17,19
withdrew (1) 133:7
witness (28) 3:6 4:12 11:3 19:8 21:25 22:16 24:7 32:8 33:11 39:11 42:7 43:15 58:23 61:4 65:15 69:17,19 70:11 128:5,6,18 129:14 132:25 133:7 135:2 147:7 150:4,12
witnesses (5) 10:25 11:6 87:6,15,16
witnesss (1) 132:23
woman (1) 158:3
wonder (1) 87:7
wont (1) 50:17
work (7) 3:7 17:5 32:10 59:11 63:16 131:6 164:4
worked (5) 20:7 91:8 102:16 149:10 173:6
working (20) 6:2 18:11 105:9 106:25 107:2,9,25 108:1,16 111:14 119:18,20 120:7,11,12,23 122:19,25 125:4 150:9
worrall (34) 7:2,6 8:16 9:4,6,8,10,16,21 12:1,17,18,25 13:1,10,13,21,25 15:2,4,8,13,22 16:10,12 17:10,13,19 28:9,17,19 29:19 167:21 168:1
worry (1) 88:5
worse (3) 139:23 140:24 142:4
wouldnt (22) 4:6 22:12 61:7 67:25 71:14 81:4 89:21 99:6 100:18 108:5 112:21 122:15 127:17 141:4,18 142:6 155:10 156:20 157:2,25 164:5 169:16
wounds (12) 7:13 24:19 28:23,24 32:15 35:14,21 137:17,22 138:17 139:11 166:17
wrist (1) 25:16
writing (1) 171:1
wrong (9) 30:16 65:16 69:3 70:1 72:22 77:13 101:21 124:13 170:24

X

x (1) 175:1
x2 (1) 7:11

Y

yeah (1) 159:19
years (2) 29:2 60:5
yesterday (8) 2:10,22 11:3 46:6 50:15 54:18 78:2 85:23
yet (2) 61:1 162:17
youd (21) 2:14 48:21 51:7 59:7 66:18,20,24 68:23 71:15 86:22 95:6 98:8 100:12 111:10 134:18 138:16 141:16 150:16 156:13 164:4,5
youll (1) 89:3
young (2) 60:8,11
youre (40) 11:20 47:6,7 54:1,20 57:15 61:5 68:12 69:12 70:6 72:21 76:15 83:12,16 84:5,22 87:3 91:18 98:14 109:21 115:7 123:5 126:23,24,25 127:4 134:6 144:15 148:19 154:19 155:12 156:6,7 158:8 161:23 163:2 171:2,3 173:2 174:5
yourself (3) 59:25 159:10 172:22
youve (13) 65:20 67:21 77:7 86:21,24 89:10 91:8 100:11 105:13 113:5 133:10 154:18 162:12

Z

zone (5) 126:8 132:5,9,12,15
zoning (5) 127:21 130:3,16 131:3 132:19

0

000002 (1) 29:12
0002 (1) 29:16
0006 (2) 30:8 32:13
000650 (1) 30:11
0021 (1) 34:3
0024 (2) 33:10 34:14

1

1 (10) 11:25 13:7 17:1 20:8 30:11 37:24 38:12 113:22 114:1,23
10 (7) 8:21 11:24 13:20 28:25 31:2 41:16 60:5
100 (2) 30:3 128:9
103 (2) 30:4 167:12
1041 (1) 43:12
1058 (1) 43:14
11 (9) 34:6 37:3 74:18 161:8,15 162:13 163:5,13 174:12
1115 (1) 75:7
1117 (1) 75:7
115 (1) 175:13
1154 (1) 87:11
12 (2) 82:3 133:11
1205 (1) 87:13
129 (1) 175:14
13 (5) 20:4 32:2 33:12 90:3 134:2
130 (1) 87:24
133 (2) 175:16,17
14 (1) 90:7
15 (6) 7:19 8:6 18:12 31:3 32:19,19
153 (1) 175:18
15minute (1) 43:10
16 (1) 17:1
17 (3) 9:16 115:17,25
172 (1) 175:19
173 (2) 165:11,12
18 (3) 115:17,25 116:18
186 (1) 167:25
1a (1) 36:18
1mg (1) 21:21

2

2 (15) 7:4,7 20:22 29:19 31:8 36:19 38:1,14 113:23 114:1 134:2,4 162:13 166:13 175:3
20 (5) 18:12 22:25 25:24 128:6,7
200 (1) 128:11
2010 (1) 3:8
2011 (1) 3:9
2017 (10) 18:23 29:17 31:25 34:15,18,19 43:23 50:3 60:1 65:12
2018 (13) 3:6 7:4,7 9:16 20:4,22 22:1,25 25:24 29:19 32:8 34:6 166:13
2019 (5) 18:7 20:8 31:8 38:20,23
2020 (4) 32:2 37:3 39:4 41:20
2021 (12) 1:1 4:14 7:4 12:3,8 14:9 22:17 24:8 33:12 39:22 43:24 174:12
20searly (1) 161:18
21 (2) 24:8 65:12
224514 (1) 45:2
225231 (1) 45:8
2255 (2) 31:12 163:3
2258 (1) 119:24
225957 (1) 88:18
23 (4) 17:2 29:17 34:15 92:1
2307 (2) 163:10,14
2315 (3) 70:15 73:2 75:14
2317 (1) 47:2
231758 (2) 46:7 78:6
2318 (1) 70:20
231810 (1) 73:8
2320 (1) 90:7
232020 (1) 50:15
2321 (7) 70:13 80:18 81:12 89:18 106:3 108:25 131:12
232109 (1) 53:24
232117 (2) 54:18 89:5
232545 (3) 5:8 6:6 165:22
232552 (1) 5:24
232627 (1) 6:12
232915 (1) 6:20
232933 (1) 2:23
232944 (2) 3:2 165:6
2331 (2) 135:17 149:21
233103 (1) 6:24
233243 (1) 11:12
233254 (1) 11:17
233332 (1) 11:23
233341 (1) 12:9
233358 (1) 12:15
233402 (1) 12:18
233449 (1) 12:21
233610 (1) 13:1
233620 (1) 13:4
233701 (1) 13:17
233848 (1) 13:21
233928 (1) 13:21
233933 (2) 14:1,10
233940 (1) 14:23
234039 (1) 15:3
234041 (1) 15:4
234051 (1) 15:8
234204 (1) 15:10
234329 (1) 15:11
234336 (1) 15:16
234348 (1) 15:19
234418 (1) 15:22
234435 (1) 16:3
2345 (1) 42:25
234517 (1) 16:5
234537 (1) 16:8
234612 (1) 16:9
234616 (1) 16:11
234653 (1) 16:14
2347 (2) 17:1 134:3
234702 (1) 16:19
234706 (1) 16:20
234714 (1) 16:21
234728 (1) 17:4
234745 (1) 17:7
234822 (1) 17:12
2349 (2) 134:4,13
234902 (2) 17:18 133:18
234911 (1) 24:11
234927 (1) 24:12
234938 (1) 25:9
234941 (1) 18:1
2350 (2) 20:3,5
235012 (1) 18:3
235021 (1) 133:22
235115 (4) 20:18 133:24 134:4 148:17
235150 (1) 28:9
235256 (1) 28:12
235327 (1) 28:15
2357 (1) 28:19
235749 (1) 28:16
235757 (1) 29:3
235933 (1) 29:8
24 (1) 39:22
26 (3) 7:20 18:23 167:7
27 (2) 12:3 38:20
28 (1) 34:18
29 (1) 29:12

3

3 (5) 32:20 38:1,15 113:23 114:1
302 (1) 174:10
30s (1) 161:18
34 (2) 165:6,8
35 (2) 29:2 30:12
36 (1) 29:13
368 (3) 18:3 20:3 29:15

4

4 (7) 7:4 12:8 14:9 15:7 30:15 32:8 38:2
40 (2) 30:4,21
43 (3) 41:1 175:6,7
44 (1) 125:22
45 (1) 28:16

5

5 (7) 3:2 21:20 34:19 38:3 87:7 161:8,15
54 (6) 7:20 29:24 134:7 144:14 146:16 167:7
59 (1) 175:8

6

6 (5) 3:6 22:1 30:10,15 151:18
67 (1) 30:21

7

7 (5) 1:1 4:14 8:25 22:17 163:13
73 (1) 175:9

8

8 (1) 29:25
82 (1) 166:12
88 (2) 175:11,12

9

9 (3) 44:6 148:13,21
930 (3) 1:2 174:8,11