

Coroner's Inquests into the London Bombings of 7 July 2005

Hearing transcripts - 9 December 2010 - Afternoon session

1 (2.00 pm)

2 LADY JUSTICE HALLETT: Mr O'Connor?

3 MR ANDREW O'CONNOR: Mr Tompkins, before lunch, you had been  
4 describing the terribly difficult decision you took to  
5 leave Samantha Badham and Lee Harris, and get back into  
6 the train. You'd said that you were walking then up  
7 towards the first carriage of the train.

8 A. Yes.

9 Q. Can you take the story on from there, please?

10 A. As I approached the first carriage, my crew mate,  
11 Drew McRae, was standing between the interconnecting  
12 doors between the two carriages. He had a torch -- I'm  
13 not sure where he got that torch -- but, like, a torch  
14 in his hand, and he just said to me -- he lit the  
15 carriage up for me, where we were standing, he just  
16 said, "Look at this".

17 Q. Did you actually go into the first carriage?

18 A. I did, yes.

19 Q. What did you see in there?

20 A. It was just a scene of total devastation and intense  
21 heat. There seemed to be personal effects to the people  
22 that had been on the train just scattered all over the  
23 floor.

24 I remember seeing a gentleman to my right in a row  
25 of chairs sitting up and he had a suit jacket over his

1 face. Other than him, I can't recall any other people  
2 on the train, like, other casualties, at that time.

3 Q. You can't recall any other casualties?

4 A. No.

5 Q. Can you recall who else, in terms of LAS staff, was  
6 there? You've mentioned Mr McRae. Who else do you  
7 remember being there?

8 A. Stacey Rixon, Drew McRae. There was also  
9 Bill Kilminster and the Camden AOM at the time,  
10 Paul Ward.

11 Q. Do you remember seeing Mr Taylor?

12 A. On -- I'd say my only recollection is seeing  
13 Peter Taylor in the tunnel. Whether he was in the  
14 carriage at that time, I don't -- I can't recall, sorry.

15 Q. Do you remember seeing Paul Rixon in the first carriage?

16 A. At some point, yes.

17 Q. His statement, which we'll hear in a moment, describes  
18 you treating or attending to a casualty on the floor  
19 with Stacey Rixon, his wife. Do you remember that?

20 A. No, I don't, I'm sorry, no.

21 Q. There came a time, Mr Tompkins, when you left the first  
22 carriage and went back up to the surface.

23 A. Yes.

24 Q. Roughly speaking, can you tell us how long, do you  
25 think, you were in the first carriage before you left

1 it?

2 A. I could only say it would have been no more than  
3 a couple of minutes. It didn't seem to be a very long  
4 time, because my only recollection is, as I entered the  
5 carriage and I saw the scene, and Stacey Rixon said that  
6 she wanted to go back up to give a handover to a HEMS  
7 doctor, and I thought at the time, as she was  
8 a paramedic, she should stay, she's got more skills than  
9 me, and I decided that I would go.

10 Q. You describe then that you thought it would be better  
11 for Stacey Rixon to stay because she had more medical  
12 skills than you.

13 A. Yes.

14 Q. You, of course, had more medical skills than other  
15 people in the first carriage; for example, maybe  
16 policemen or firemen. Didn't you think it would be  
17 better to stay yourself and send a policeman or  
18 a fireman back up to relay whatever information needed  
19 to be relayed?

20 A. I believed that it would have been better coming from us  
21 in case they'd asked some sort of clinical questions  
22 that they may not have been able to answer.

23 Q. The person that you wanted to go and speak to, tell us  
24 who that was?

25 A. I left -- well, Stacey had suggested that we go and give

1 a handover to a HEMS doctor, so I walked back through  
2 the train, back up the track. As I approached the  
3 entrance to King's Cross station, I remember seeing  
4 Phil Nation, HEMS paramedic, and there were some other  
5 people there. I briefly told them what had happened.  
6 There was a lot of casualties on the train, priority 1s,  
7 and fatals as well, and that I was going to give  
8 a handover back up on ground level.

9 Q. Just pause there a minute, Mr Tompkins.

10 You said you met Mr Nation as you were approaching  
11 King's Cross station. Do you mean when you were still  
12 on the track?

13 A. I'm not sure if I was on the track or on the platform  
14 and they was on the track, just crossing over, I don't  
15 know. But at that point, the entrance of the tunnel, at  
16 some point there, we had a conversation.

17 Q. Mr Nation, you understood, at that point was on his way  
18 to the train?

19 A. Yes.

20 Q. Was he with Dr Bland?

21 A. He was with other people, I don't know if there was  
22 a doctor there. The only person I recognised was  
23 Phil Nation.

24 Q. In any event, you moved on past them --

25 A. Yes.

1 Q. -- and went back up to the surface?

2 A. Yes.

3 Q. You describe in your statement finding -- it was

4 Dr McKenzie you were looking for?

5 A. I wasn't aware of the name.

6 Q. You may not have known his name at the time.

7 A. I was just directed to the BTP office.

8 Q. You found him there?

9 A. Yes, he was in there. It took me a few seconds to  
10 regain -- catch my breath, and then he asked everyone in  
11 the room to be quiet, and I explained to him what had  
12 happened and he asked me -- he asked me some questions.

13 Q. As you say, you, with your medical training, were able  
14 to give him, the consultant doctor who was taking charge  
15 at that point, a briefing which took into account your  
16 medical understanding of the situation?

17 A. I said to him, "It appears there's been an explosion on  
18 the train, mass casualties on the train, fatalities, and  
19 there's people on there priority 1 on that train".

20 Q. Just taking a step back for a moment, Mr Tompkins, and  
21 thinking about timings, we've heard that you arrived at  
22 the station at 9.38 --

23 A. Yes.

24 Q. -- went down to the -- made your way almost directly  
25 down to the tunnel, into the train. Spent a few minutes

1 with Sam Badham and Lee Harris --

2 A. Yes.

3 Q. -- went up to the first carriage, spent a few minutes

4 there, and then made your way back.

5 A. Yes.

6 Q. Have you got any idea about the time at which, let's

7 say, you met the man we now know to be Mr McKenzie, the

8 consultant?

9 A. Absolutely no -- if you'd have told me it was an hour,

10 I'd believe you; if you told me it was five minutes,

11 I would have believed that as well. Time just -- just

12 seemed to elapse without, you know -- minutes just

13 seemed to fly by.

14 Q. We'll hear from the doctor, Dr McKenzie, next week, but

15 his note that he made actually on the same day said that

16 it was 10.00 that you met up with him, having come back

17 up from the train.

18 A. Okay.

19 Q. From what you've just said, you'd agree with that, but

20 you can't really help us any further?

21 A. Yes, I wouldn't disagree with that, no.

22 Q. You then went back down to the tunnel and to the train

23 with Dr McKenzie?

24 A. The doctor said to me that we have to go back down and

25 we have to make a sweep of every carriage, in the

1 carriage and underneath, to make sure that no one gets  
2 left behind that is alive.  
3 Q. So you went back down?  
4 A. Yes.  
5 Q. You were with Dr McKenzie --  
6 A. Yes.  
7 Q. -- and also a HEMS paramedic, I think?  
8 A. Yes, I believe so, yes.  
9 Q. Is that a man called Gino Kempton?  
10 A. Gino Kempton, yes.  
11 Q. Could we look again at [INQ10283-12], please? This is the  
12 plan you've seen before, Mr Tompkins?  
13 A. Yes.  
14 Q. You came back to the train. Did you do your sweep for  
15 bodies, first of all, outside the train?  
16 A. I believe -- I don't believe that we was all underneath  
17 looking and then on top. It was a case of some inside,  
18 some underneath, but just making sure, as we went  
19 through, that no one was there.  
20 Q. Did you, or the people you were with, find any bodies  
21 outside the train other than those we've already talked  
22 about?  
23 A. No, not that I can recall, no.  
24 Q. You then went back inside the train?  
25 A. Back inside, yes, I did, yes.

1 Q. Back to the first carriage?

2 A. Back to the first carriage.

3 Q. Did you undertake a task of checking the bodies that  
4 were in the first carriage?

5 A. Yes, we did. It's my understanding that, at that point,  
6 anyone that had survived was away from the carriage.

7 Q. Just pause there for a minute. Is that because someone  
8 told you that?

9 A. No, no, but the doctor said to us we have to make sure  
10 that we don't leave anybody alive behind. So the bodies  
11 that are here, we have to check that they are dead, and  
12 that what he is me and Gino had to do.

13 Q. One by one?

14 A. One by -- there was a hole in the floor between where  
15 you have double doors, where you get on to the carriage,  
16 the ceiling had come down and there was a hole in the  
17 floor, and there were some bodies piled up there, and we  
18 just had to check them, just move them from one place to  
19 another.

20 Q. You were satisfied, were you, that there was no one left  
21 alive in that carriage?

22 A. Absolutely. There no one there alive at all.

23 Q. Having undertaken that terrible task, were you then  
24 asked to leave the carriage and go to Russell Square  
25 station?



1 A. I'm not quite sure how long after that, but I remember  
2 Paul Ward, the AOM from Camden said, "Okay, everyone now  
3 off the train", and it was at that point that we walked  
4 through the carriage and went towards Russell Square  
5 station.

6 MR ANDREW O'CONNOR: Thank you very much, Mr Tompkins,  
7 I don't have any more questions for you, there may be  
8 some more from others.

9 LADY JUSTICE HALLETT: Mr Coltart?

10 Questions by MR COLTART

11 MR COLTART: I have only a very few.

12 In relation to your original deployment to the  
13 scene, I just want to ask you one or two questions about  
14 that to assist me in my understanding.

15 Could we have, please, [LAS619-4] on the screen? I'm  
16 hoping you can help us with this rather fearsome looking  
17 form. Could we enlarge the top half of this, please?

18 This is, as we could see if we were to look at the  
19 bottom, a form which you completed, I think, with  
20 Mr McRae following the incident about your deployment to  
21 King's Cross. Is that right?

22 A. This was filled in back at our ambulance station at  
23 Islington.

24 Q. On the day?

25 A. On the day.

1 Q. Yes. We can see, top left-hand corner, King's Cross  
2 Underground station, Pancras Road, call given as:  
3 "Train stuck in tunnel. Smoke inhalation. People  
4 on board."

5 Called by "others". Is that a reference to you  
6 having heard this call on your radio through  
7 Stacey Rixon?

8 A. No, what that means is the person that initially made  
9 the call to the LAS, sometimes that can be put down as  
10 a husband or a wife or male or female. On that  
11 occasion, I don't believe there was one there, so I just  
12 put down "others".

13 Q. I see. Then underneath that, this is the part which I'm  
14 hoping you can illuminate for us, "A. Origin time,  
15 09.07".

16 A. Yes.

17 Q. And dispatch time is 09.28. What is the "origin time"?

18 A. Origin time would have been the time when the call was  
19 made to the LAS, so the first time that whoever made the  
20 call saying what's happened, that would have been at  
21 09.07.

22 Q. Oh, I see. It may not matter a great deal. Our records  
23 tend to suggest it was about three or four minutes  
24 earlier than that. But this is the information you were  
25 given?

1 A. Yes.

2 Q. When you got back to Islington. You're dispatched at  
3 09.28. That's about seven or eight minutes, I think,  
4 after Stacey Rixon has phoned in declaring a major  
5 incident, and you were up somewhere in Islington,  
6 I think, were you at the time?

7 A. We was at Whittington Hospital at Highgate.

8 Q. So off you go, ten minutes later you arrive at  
9 King's Cross. I just want you to help us a little with  
10 the scene that confronted you on arrival --

11 A. Okay.

12 Q. -- at the train station. Lots of walking wounded, if  
13 they could be described in that way.

14 A. Yes.

15 Q. Even if they weren't wounded as such, people who were  
16 covered in soot, looked as if they'd been involved in  
17 something significant?

18 A. Yes.

19 Q. Both outside the station concourse, and I think you said  
20 on the pavement of Euston Road as well?

21 A. Yes.

22 Q. Are we talking hundreds of people at this point?

23 A. It appeared to me at the time to be, yes.

24 Q. Just in terms of the London Ambulance Service presence  
25 at this point in time -- and this is 09.38 when you

1 arrive -- you talk of seeing Paul and Stacey Rixon's  
2 ambulance, which we know was already there.  
3 A. Yes.  
4 Q. There was a cycle paramedic response unit, so that's  
5 a lady called Simone McAdam?  
6 A. Yes.  
7 Q. She'd already arrived. We think that there was  
8 a further ambulance in fact present, crewed by a pair  
9 called Sam Sinclair and Adam Desmond. Do you remember  
10 seeing them when you arrived?  
11 A. No.  
12 Q. And two response cars, one driven by Mr Bell and one  
13 driven by Mr Taylor. Those presumably, those cars, are  
14 equipped differently or for a different purpose than  
15 a full-blown ambulance?  
16 A. They don't have -- some of the equipment on an ambulance  
17 is not in the car, no.  
18 Q. Did they carry stretchers, for example?  
19 A. No.  
20 Q. Every ambulance carries a stretcher?  
21 A. Every ambulance carries a stretcher and also a spinal  
22 board.  
23 Q. A spinal board?  
24 A. Yes.  
25 Q. So two different possible ways of ferrying a patient?

1 A. Yes.

2 Q. So by 9.38, some 35 minutes or so after the London  
3 Ambulance Service has been called, there are two  
4 ambulances, two cars, and a cyclist at King's Cross by  
5 way of presence.

6 A. Yes.

7 Q. Three of those modes of transport -- the cars and the  
8 bicycle -- wouldn't have had stretchers with them?

9 A. No.

10 Q. You then go downstairs and immerse yourself in what's  
11 going on downstairs, in the way in which you've  
12 described, and I don't need to ask you any questions  
13 about that at all. By the time you come back up,  
14 however, at the end of the incident, there is presumably  
15 a large London Ambulance Service presence outside the  
16 station at King's Cross?

17 A. Sorry, is this when I --

18 Q. Forgive me, you arrived at Russell Square, didn't you?

19 A. No, sorry, I arrived at King's Cross but when we all  
20 left the train, I went back up to Russell Square.

21 Q. It's my fault entirely for confusing the issue. When  
22 you first arrived with Mr McRae, you arrived at  
23 King's Cross.

24 A. King's Cross.

25 Q. When you left the incident, having walked through the

1 tunnel, you were back up at Russell Square.

2 A. Russell Square.

3 Q. Was there a large London Ambulance Service presence in  
4 Russell Square when you exited?

5 A. Yes, there was.

6 Q. But you're not in a position to help us, of course, with  
7 the time at which that presence had arrived?

8 A. No.

9 MR COLTART: We've got witnesses coming next week who can  
10 assist with us that, thank you very much.

11 LADY JUSTICE HALLETT: Mr Saunders?

12 Questions by MR SAUNDERS

13 MR SAUNDERS: Mr Tompkins, I think in court earlier when  
14 I was asking questions of the previous witness,  
15 Pete Taylor.

16 A. Yes.

17 Q. Thank you. Then I will deal immediately, if I may -- as  
18 you know, I represent the Harris family. He recalled  
19 that both of you were helping each other down. You  
20 recall it slightly differently, that he was already down  
21 but you then follow him very soon after.

22 A. That's my recollection.

23 Q. I'm not in any way going to challenge that, Mr Tompkins,  
24 but the position is this: that you go and, as it were,  
25 start communicating with both Lee and Sam.

1 A. Yes.

2 Q. They're in a position where they're able to give their  
3 names?

4 A. Yes.

5 Q. Lee is slightly agitated because he wants to be turned,  
6 and I think you've explained very fully for us why you  
7 didn't want to do that.

8 A. Yes.

9 Q. Is the position this, then, that as you attach the  
10 priority 1 labels to their wrists, you then, because  
11 you're triaging as well, are not going to wait and, as  
12 it were, administer any aid, but expect those that are  
13 following to come along?

14 A. That would -- yes, that's what happens, yes. Once  
15 you've triaged them, then you move on.

16 Q. Can I just ask you this: we now know that Mr Taylor had  
17 no medication because he'd left that back on the  
18 platform.

19 A. Yes.

20 Q. What was the position with you?

21 A. As in what equipment that I had?

22 Q. Yes.

23 A. I had with me just the triage pack from the ambulance.

24 Q. So because -- and her Ladyship has heard evidence on  
25 previous sites, you see, from others of your colleagues,

1 in particular at Aldgate with Steven Jones -- because  
2 you were going to be responsible for triaging, if you  
3 have your bag, there is obviously the personal  
4 temptation to try to treat someone, but also for other  
5 casualties to try to hold you back, as it were, to  
6 administer treatment to them, and that's the system  
7 that's in place for something, an incident, such as  
8 this?

9 A. Once you've triaged them, then you just -- you have to  
10 leave them and move on to somebody else.

11 Q. As I understand your evidence, Mr Tompkins, there were  
12 no actual stretchers there at that point, they came  
13 slightly later?

14 A. I don't recall any. I know me and myself -- sorry,  
15 myself and Mr McRae, we didn't take any down.

16 Q. So it wasn't as if, with the other emergency services  
17 you've mentioned -- both police, Fire Brigade and  
18 obviously London Underground -- there was anybody that  
19 could have either put Lee or Sam on to a stretcher and  
20 taken them away immediately?

21 A. At that point, no.

22 Q. I hope you heard the thanks that I gave to your  
23 colleague, Mr Taylor.

24 A. I did.

25 Q. Mrs Harris and, I'm sure, the other families that you



1 assisted would like me to say exactly the same to you --

2 A. Thank you.

3 Q. -- and to thank you very much for all the assistance you  
4 gave, in particular, the way you tried to help both Lee  
5 and Sam in the state they were in and the condition they  
6 were in.

7 A. Thank you.

8 MR SAUNDERS: Thank you very much. Thank you, my Lady.

9 LADY JUSTICE HALLETT: Mr Patterson?

10 Questions by MR PATTERSON

11 MR PATTERSON: One thing, if I may, please, Mr Tompkins.  
12 What was the purpose of you being sent up to find the  
13 HEMS doctor?

14 A. Just to hand over the situation, what actually was  
15 happening down on the train, to tell him that we'd been  
16 involved -- sorry, there'd been an explosion on the  
17 train and that there were priority 1 patients down there  
18 and fatalities.

19 Q. So was it felt that they may not be aware of the  
20 situation down --

21 A. He wasn't aware, no.

22 Q. So the exercise involved you going up to inform them of  
23 the position. Was it to fetch them and bring them down?

24 A. Yes. Sorry, he may have been aware that there was an  
25 explosion, but he wasn't aware of the full extent

1 because of some of the questions that he asked me.

2 Q. So you found him in the BTP office?

3 A. Yes.

4 Q. From what you've just said, it sounds as though you got  
5 the impression that he wasn't aware what had been going  
6 on?

7 A. Well, he asked me on what line the accident had taken  
8 place, which I wasn't sure which lines they were, and he  
9 also asked me were we using breathing apparatus on the  
10 scene, and I said "No, we're breathing the air that's  
11 down there". So I took it from that that he wasn't  
12 fully aware of what was happening.

13 Q. Did you see what he was doing in the office when you  
14 arrived?

15 A. There was other people in there, I'm not sure whether  
16 they were police, Transport for London, I don't know,  
17 but he was just in there, I guess just waiting for  
18 someone to come back, I don't know.

19 Q. After you passed on the information to him, he came with  
20 you back down on to the train?

21 A. He said you're going to have to come back down with me  
22 now and we'll do a sweep of the track and the train.

23 MR PATTERSON: Thank you.

24 LADY JUSTICE HALLETT: Mr Furniss?

25 Questions by MR FURNISS

1 MR FURNISS: May I ask a question just to follow that up on  
2 behalf of air ambulance? You were going to see  
3 Dr McKenzie --

4 LADY JUSTICE HALLETT: Microphone, Mr Furniss.

5 MR FURNISS: Sorry. You were going to see Dr McKenzie as  
6 you now know his name is. Did you know he declared  
7 himself the medical incident officer?

8 A. I didn't know that, no.

9 Q. But you were going to find him. He had sent down the  
10 junior doctor and the paramedic and I think you passed  
11 them on the way to find him, didn't you?

12 A. That's correct, yes. Is that Phil Nation, I believe,  
13 yes.

14 Q. Phil Nation and a Dr Bland, I think it was.

15 A. I wasn't aware -- the only person I could recognise was  
16 Phil Nation.

17 Q. All right, but you wouldn't dispute that you passed them  
18 coming to find out --

19 A. No.

20 MR FURNISS: Thank you very much.

21 LADY JUSTICE HALLETT: Ms Simcock?

22 MS SIMCOCK: No, thank you, my Lady.

23 LADY JUSTICE HALLETT: Any other questions for Mr Tompkins?  
24 Mr Tompkins, that, therefore, completes the  
25 questions we have for you.

1 Yours was an apparently thankless task.  
2 Nevertheless, it was an important one, if all lives that  
3 could be saved were saved, so thank you for what you  
4 did. I'm sorry I had to ask you to relive it.

5 A. Thank you.

6 LADY JUSTICE HALLETT: Yes, Mr O'Connor?

7 MR ANDREW O'CONNOR: My Lady, may I now read two statements,  
8 the statements of Paul Rixon and Philip Bell?

9 My Lady, I'll read Paul Rixon's statement, dated  
10 20 December 2005.

11 Statement of MR PAUL RIXON read

12 "I am an emergency medical technician with the  
13 London Ambulance Service. I have worked for the LAS for  
14 ten years and have been stationed at Islington for the  
15 last three years. On 7 July 2005, I was on duty at  
16 Islington ambulance station. My tour of duty for that  
17 day was 07.00 to 19.00 hours. I was crewed with  
18 Stacey Rixon, my wife, in an ambulance with a call sign  
19 G101. I would like to say right from the outset that  
20 I have a terrible memory, so my recollection of the  
21 precise details of that day is sketchy.

22 "I think we had a couple of jobs prior to being  
23 assigned to the King's Cross bombing that morning, but  
24 I cannot be sure. I do recall that around 9.00 that  
25 morning I was on Hampstead Road after dropping off

1 a patient at UCH hospital. I think it was just after  
2 9.00 when we, G101, were called out and assigned to  
3 King's Cross station. I think the first information  
4 that Control gave us was that there was a train stuck in  
5 a tunnel. I remember I did not think too much of this  
6 as it is not an unusual call for us.

7 "I was the driver that day. We left and attended  
8 King's Cross on blue lights and sirens. I think it only  
9 took us three or four minutes to get there."

10 My Lady, just pausing there, I won't call up the log  
11 that we've seen before, but for your note, the log shows  
12 that the deployment took place at 09.16 and that the  
13 ambulance arrived at King's Cross at 09.19.

14 Then, resuming the statement:

15 "I parked the ambulance right outside the front  
16 entrance to King's Cross station on the Euston Road. We  
17 were the first proper ambulance on scene. There was  
18 a first responder present who must have got there just  
19 before us. That was a paramedic named Pete ..."

20 My Lady, no doubt Peter Taylor.

21 "... from Camden station. Pete came over to us and  
22 said something like, 'We're still trying to find out  
23 what's going on'. Because we were the first ambulance  
24 to attend, it is protocol for one of the crew to act as  
25 the control vehicle and coordinate the initial response

1 until relieved by other trained officers. It was not my  
2 role that morning to start treating any casualties, but  
3 to remain as the Ambulance Control.

4 "Stacey went into the station with Pete. I waited  
5 by the ambulance. Stacey came back out a short time  
6 later with Pete and a lot of people I presumed had come  
7 from a train. They all had sooty, dirty faces and  
8 clothes. I think Pete told me that there was talk of an  
9 explosion and people had heard a loud bang and seen  
10 a bright flash. I realised something serious had  
11 happened. Stacey then got on the ambulance radio and  
12 gave Control an update and asked them to declare a major  
13 incident."

14 My Lady, you will recall the log that we've already  
15 seen of that taking place at 09.21:

16 "I was told to remain as Control vehicle for the  
17 time being. Stacey, Pete and, I think, another first  
18 responder who had arrived went back into the station  
19 with triage packs. People were still streaming out of  
20 the station. Some of them came up to me and asked for  
21 treatment saying they were asthmatic. I told them  
22 I could not treat them, as I was Control vehicle, but to  
23 wait nearby and other medical staff would be attending  
24 shortly. I remember feeling bad about this, as the  
25 public probably do not understand our procedures and

1 I really did want to help them.

2 "Another ambulance then arrived. It was crewed by  
3 Drew McRae and Dave Tompkins who are also from  
4 Islington. I told them as much information as I knew  
5 and asked them to go down and assist with the triage and  
6 prioritisation. I then saw that one of our cycle  
7 paramedics, Simone McAdam, and another ambulance crew  
8 from Bloomsbury had arrived."

9 He indicates that he cannot remember their names:

10 "I told them the same as I had told Drew and Dave,  
11 and they also went into the station. I remember that  
12 I was then approached by a member of train staff who  
13 told me a triage area had been set up inside the main  
14 station. I think Drew then came back to the ambulance  
15 and told me that there was a man inside that had had his  
16 face blown off. Drew seemed upset. I then got on the  
17 radio and asked for more crews to attend. I then recall  
18 seeing a male police officer come up the stairs from the  
19 Underground that are right outside the front of the  
20 station."

21 My Lady, he then describes an officer in a state of  
22 distress and attending to him:

23 "After I had sat with the police officer, I went  
24 straight down to the Underground carrying a response bag  
25 and some oxygen. I was met in the ticket hall area by

1 police and fire officers who told me to wait for  
2 a couple of minutes before going down onto the platform.  
3 I was allowed to go a couple of minutes later and went  
4 onto the platform.

5 "Once there, I could see HEMS doctors and ambulance  
6 crews working on patients on the platform. There were  
7 also a number of police and fire officers on the  
8 platform. There was no one there to give me any  
9 instructions, so I went down on to the track. I walked  
10 left and went into the tunnel. After about 50 or  
11 100 yards, I saw the train. It seemed to be at an angle  
12 to the tunnel. It took me a couple of minutes to walk  
13 to the train. It was fairly dark and smoky, but there  
14 was emergency lighting on so there was limited  
15 visibility.

16 "I have a vague recollection of seeing a dead body  
17 lying on the track near to the train."

18 My Lady, that is likely to have been the body of  
19 Mihaela Otto:

20 "I also think I recall seeing some fire officers  
21 under the train, but I cannot be sure. I got on to the  
22 train at what I think was the third carriage. It was  
23 dark and smelly. I walked through the carriage towards  
24 the front of the train. The second carriage seemed much  
25 dirtier than the third. I remember it was around this



1 time that I heard screaming and heard people shouting  
2 'Help me, please help me'. I then reached the first  
3 carriage. I recall being concerned about Stacey as  
4 I had not seen or heard from her for some time. The  
5 carriage was very dark. I had a small pocket torch with  
6 me, but it did not give off much light. There were lots  
7 of other emergency services people in the carriage that  
8 had torches. I could see that the carriage was  
9 absolutely wrecked. There was wreckage and bits of  
10 metal sticking out everywhere. I could see a hole blown  
11 in the floor with bodies piled beside the hole.  
12 "The floor was really slippery with blood and body  
13 fluids. There were body parts and bodies everywhere.  
14 There were bodies on the floor, on the seats, lots of  
15 bodies were limbless. I made my way towards the front  
16 of the carriage. I had to climb over seats and bodies.  
17 I then remember seeing a woman, I cannot remember  
18 exactly where she was, but she was screaming, 'Help,  
19 help, I can't breathe, help'. She seemed to be slumped  
20 or leaning across another body. I can only describe her  
21 as a white female in her 60s. She was almost naked  
22 where I presume her clothes had been blown off in the  
23 blast. I went over to her and tried to comfort her.  
24 "Then a paramedic named Liam Whittaker called me  
25 over. He was near the front of the carriage and he

1 asked me to give him a hand moving a body. I looked and  
2 saw what appeared to be a headless and legless torso  
3 lying in the centre of the carriage. Liam said it  
4 needed to be moved so they could make space for  
5 stretchers. I climbed over where Liam was by the body.  
6 We tried to lift it, but it was really slippery and it  
7 kept sliding out of our hands. In the end, we had to  
8 roll it over on its side onto a pile of bodies and body  
9 parts at the side of the carriage. This gave just  
10 enough space to get a stretcher in.

11 "I recall seeing a black male still sat on a seat on  
12 the left-hand side at the front of the carriage. He was  
13 conscious and fairly calm. I saw he had lower leg  
14 injuries but other people were already attending to him.

15 "I also recall that Stacey and David Tompkins, and  
16 possibly Liam, were working on someone near the hole in  
17 the carriage floor. I remember trying to get to them  
18 but I could not because of bodies and wreckage.

19 I remember speaking to Dave and him telling me we needed  
20 more gloves as they kept getting ripped. My gloves were  
21 also ripped and no one seemed to have any more left.

22 I said I would go and get more gloves. I made my way  
23 back through the train intending to get off where I had  
24 got on, but went too far and ended up in the rear  
25 carriage. I felt really spooky in this carriage. There

1 was no one else and it was really silent and eerie.  
2 "I quickly made my way back to the third carriage  
3 and climbed out. I started to walk back towards the  
4 platform and, as I did, I saw a group of police and fire  
5 officers carrying a patient on a scoop stretcher. I am  
6 not sure if they were dead or alive. I ran over and  
7 helped them carry the stretcher. We carried the  
8 stretcher up to the surface where we were met by an  
9 ambulance crew who took the casualty. I cannot remember  
10 who the crew were.  
11 "I then remember a lot of fire, police and ambulance  
12 and medical staff coming up the stairs to the surface.  
13 I could not see Stacey amongst them and became worried.  
14 I was told by one of them that they had evacuated, as  
15 everyone was now out. I went back down to the platform,  
16 but it was deserted. I did not want to go back to the  
17 train. I presumed everyone must be out and I had just  
18 missed Stacey somehow. I went back up to the surface  
19 and returned to my ambulance. I opened the back doors  
20 and found two patients and two paramedics inside. One  
21 of the patients was on the bed and one was on a scoop  
22 stretcher laid across the two seats. One of them could  
23 have been the black male from the front carriage but  
24 I cannot be sure. I said to the paramedics, 'Okay, we'd  
25 better get to the hospital'. One of them said, 'Go to

1 the Royal Free'. I quickly put on a blue call to  
2 Control and told them to inform the hospital that we  
3 would be bringing in two patients with multiple  
4 injuries.

5 "I then drove the ambulance to the Royal Free  
6 hospital."

7 My Lady, in the remainder of the statement, Mr Rixon  
8 describes his movements for the rest of the day, and  
9 also hearing that his wife, Stacey Rixon, had left the  
10 tunnel safely.

11 LADY JUSTICE HALLETT: Thank you.

12 MR ANDREW O'CONNOR: My Lady, I'll read the statement of  
13 Philip Bell dated 23 February 2006.

14 Statement of MR PHILIP BELL read

15 "I am currently employed by the London Ambulance  
16 Service as an emergency medical technician and have been  
17 so for three and a half years. I work at Westminster  
18 ambulance station but at the time of the London bombings  
19 I was working out of Waterloo ambulance station on an  
20 eight-week posting on the Rapid Response Unit.

21 "On 7 July 2005 I was working on my own on the Rapid  
22 Response Unit, call sign N367. My working hours were  
23 7.00 am to 7.00 pm.

24 "At about 8.55 am, I was at Waterloo ambulance  
25 station when a call came in stating that an explosion

1 had been heard at Liverpool Street. I rang LAS Control  
2 to ask if they wanted me to attend Liverpool Street and  
3 I was told that a further explosion had been reported at  
4 King's Cross railway station.

5 "I was directed to King's Cross, arriving shortly  
6 after 9.00 am."

7 My Lady, the LAS log shows him arriving, in fact, at  
8 9.15, one minute after Mr Taylor, who arrived at 9.14:

9 "I pulled up outside the main entrance of the  
10 station and was the first LAS crew in attendance. There  
11 were dozens of people coming out of the station from the  
12 stairwell on the Euston Road. From my LAS training,  
13 I am instructed that, as first LAS crew on scene at  
14 a major incident, I deal with triage of any casualties.  
15 I went down the stairwell towards the Control area.  
16 I spoke to a male London Underground staff member and  
17 asked what had happened. He said that there had been  
18 a power surge and sparks had been seen. To his  
19 knowledge, there were no persons left on the train and  
20 there were no serious injuries.

21 "I returned to the front of the station entrance and  
22 two LAS crews had arrived. I spoke to a female LAS crew  
23 and asked her to report a major incident to LAS HQ  
24 requesting as many ambulances as possible. There were  
25 a lot of people coming up the stairwell with blackened

1 faces. Due to the sheer numbers, I thought to myself  
2 something must have happened.

3 "I went into the main ticket office in the station  
4 which had been cleared so that casualties could be dealt  
5 with. There were about 200 people in the ticket office.  
6 I was joined by an LAS crew from Bloomsbury,  
7 Adam Desmond and Sam Sinclair. Adam said that he had  
8 arranged for some buses to move the walking wounded  
9 casualties. I asked anyone in the ticket office who  
10 could walk and was not badly injured to move to the  
11 buses so we could make space for people who were  
12 injured. I was joined by a large number of BR staff,  
13 local building workers and other first aiders who  
14 volunteered to help the casualties.

15 "I directed these and other LAS crews to different  
16 patients to treat any wounds. By now, some more  
17 seriously injured people were being brought to the  
18 ticket office by BR staff, London Fire Brigade and the  
19 police. These people had cuts and blast injuries.

20 I recall having a black male brought to me who looked  
21 like he had lost an eye. I can only describe him as 25  
22 to 30 years' old. I continued in my role as triage  
23 ensuring that all the casualties were being treated by  
24 either LAS crews or first aiders.

25 "He liaised with a senior LAS male officer who has

1 the surname Huggins. I think he was Gold or Silver.  
2 I was requesting that he send LAS crews that were  
3 arriving to me, as I could place casualties on to the  
4 ambulances to be conveyed to hospital. This liaison  
5 with Mr Huggins continued throughout the incident.  
6 "A majority of the walking wounded had been removed  
7 and there were about 20 more serious casualties  
8 remaining. One male was brought to me at this time by  
9 the Fire Brigade. He was white, about 30, medium build.  
10 He had serious leg injuries where the latter part of his  
11 right leg was badly damaged with bones protruding.  
12 I could see that a tourniquet had been placed on his  
13 leg. I had initially asked a first aider to deal with  
14 him, but when he saw how badly the leg was damaged, he  
15 asked me to deal with it.  
16 "I did treat the male's leg injury by placing  
17 extensive dressings around the wound. I went to see  
18 Mr Huggins and asked for an ambulance straightaway to  
19 take the male to hospital. A couple of patients did not  
20 come into the ticket office, who were being dealt with  
21 by HEMS, and I understand that they had died outside the  
22 front of the station.  
23 "Once all of the casualties had either been placed  
24 on buses or ambulances and conveyed to hospital, we were  
25 released from King's Cross at about 12.00. I then

1 attended Millwall Football Club for a debrief before  
2 returning to Waterloo and going off-duty."  
3 My Lady, he describes the clothing he was wearing.  
4 LADY JUSTICE HALLETT: The fact that ambulance crew  
5 statements are being read should not be thought to mean  
6 their efforts have gone unappreciated.  
7 MR ANDREW O'CONNOR: I'm grateful, my Lady.  
8 MR KEITH: My Lady, may I invite you to call Sam Sinclair,  
9 please.  
10 MR SAM SINCLAIR (affirmed)  
11 Questions by MR KEITH  
12 MR KEITH: I'm sorry that we've kept you waiting from this  
13 morning. Could you give the court your full name,  
14 please?  
15 A. It's Sam Sinclair.  
16 Q. Mr Sinclair, in July of 2005, were you an emergency  
17 medical technician, level 3, with the London Ambulance  
18 Service?  
19 A. I was, yes.  
20 Q. You were working out of Bloomsbury ambulance station?  
21 A. That's right, yes.  
22 Q. At that time, was your regular partner a gentleman  
23 called Adam Desmond, who was a paramedic?  
24 A. That's correct, yes.  
25 Q. It was usual for EMTs, such as yourself, to be crewed



1 with a paramedic?

2 A. That's absolutely right.

3 Q. You attended King's Cross, didn't you?

4 A. I did.

5 Q. I think that morning, before you went there, you'd had  
6 a course of calls to attends to because you'd been on  
7 duty since 7.00 that morning?

8 A. That's right, yes.

9 Q. Over the radio, as you attended to those calls, you  
10 heard a number of radio messages about Aldgate, firstly,  
11 and then King's Cross.

12 A. That's right, yes. I mean, it was really when we were  
13 at the hospital, UCH, after taking a patient there that  
14 we ...

15 Q. Could I invite you to keep your voice up? I'm afraid  
16 the microphone in front of you won't amplify your voice  
17 and it's a big courtroom, so try to shout if you can.  
18 I know it's difficult.

19 You "self-activated" to King's Cross.

20 A. We did.

21 Q. What does that mean?

22 A. What it means is we weren't sent there by our control  
23 room. What we did is we heard a lot of radio chatter,  
24 we heard a major -- the Aldgate major incident being  
25 declared on a different channel, as we were on -- we

1 have several channels on the radios that we listen to,  
2 we were on channel 10, I think. We scanned them and we  
3 heard a few of the incidents being declared, and we were  
4 green and available at the hospital. We spoke to our  
5 control room and said look, "We're green and available,  
6 would you like us to attend Aldgate?", I think -- I'm  
7 sorry, I have a bad cold, I'm trying my best.

8 Q. You're doing very well, Mr Sinclair. You're not alone.

9 A. So we requested that we go to -- if they wanted us to go  
10 to Aldgate, and we didn't hear. We gathered, basically,  
11 that they were very busy, so we didn't hear a lot for  
12 a while, and so we took it upon ourselves and we  
13 basically decided that we would start making our way to  
14 Aldgate, because we knew that there was an incident,  
15 rather than sit at the UCH, and in the process of going  
16 to Aldgate, we drove past King's Cross and stopped there  
17 because there was obviously an incident.

18 Q. Was that because you could see --

19 A. Yes, absolutely right.

20 Q. -- there were London Ambulance Service appliances  
21 already there, in particular an ambulance and a response  
22 car?

23 A. That's correct, yes, and also people on the pavement  
24 with soot-blackened faces.

25 Q. To get some idea of the timing, Mr Sinclair, because you

1 self-activated, your attendance wasn't logged on the  
2 main Central Ambulance Control log?

3 A. No.

4 Q. It was after the major incident was declared at Aldgate,  
5 which we know was 9.18.

6 A. That's right. I mean, if you -- you could probably look  
7 at the logs with the radio transcripts and that will  
8 tell you when we spoke to Control, and we heard --  
9 I heard Larry Perkins, who was a motorcycle responder  
10 declaring --

11 Q. Declaring a major incident at Aldgate?

12 A. At Aldgate, that's absolutely right. That's when we  
13 requested that perhaps we should go there. I think we  
14 probably waited at UCH for a while longer, to see  
15 whether or not we were needed, and then we decided to  
16 make our way.

17 There was another Bloomsbury crew at the UCH at the  
18 same time, and there was a team leader there who  
19 suggested that we do that as well.

20 Q. All right. When you got to King's Cross, were you aware  
21 that Mr Bell, Phil Bell, who was an emergency medical  
22 technician with the London Ambulance Service, had just  
23 arrived?

24 A. I was aware that he was there, I saw his car and I saw  
25 him, and, yes, I wasn't sure how long he'd been there,

1 to be honest.

2 Q. Your statement records how you thought he'd arrived only  
3 seconds before you?

4 A. Yes.

5 Q. We know he arrived at 9.15 or, rather, he makes a call  
6 at 9.15 so he must have been there by 9.15.

7 Were you also aware of, as you said, an ambulance  
8 and another car? Did you recognise the occupants of the  
9 other LAS car, fast response car or the ambulance?

10 A. I didn't, no, I didn't see them.

11 Q. All right. My Lady knows that the other car, Mr Taylor,  
12 arrived at 9.14 and the ambulance at 9.19, so it must  
13 have been thereabouts.

14 When you arrived, did you and your colleague,  
15 Mr Desmond, realise immediately that there was a major  
16 incident going on here?

17 A. I think it was becoming apparent straightaway, just by  
18 the number of people that were milling around with  
19 soot-blackened faces, really, yes.

20 Q. Did you see a paramedic called Paul Rixon who had made  
21 himself the Silver medic --

22 A. No.

23 Q. -- at the concourse, on the concourse, and taking up  
24 position as command?

25 A. I'm afraid not.

1 Q. You didn't. You, I think, agreed with Mr Desmond that  
2 he should declare a major incident?

3 A. Yes, because --

4 Q. Did you actually see him make that call?

5 A. No, I didn't. I was directed into the ticket office by  
6 Phil Bell to where he was directing the walking wounded,  
7 the priority 3 patients.

8 Q. He made, we know from the logs, a couple of calls, the  
9 first one at 9.32. We also know from the logs that the  
10 Rixons, who were the occupants of the ambulance, had  
11 declared a major incident at 9.21.

12 You weren't aware of that?

13 A. Right. I wasn't aware, no. We were at no point aware  
14 a major incident had been declared there.

15 Q. How did you divide up the roles between yourself and  
16 Mr Desmond?

17 A. Well, Mr Desmond stayed with the ambulance to declare  
18 a major incident and to speak on the radio. I was  
19 directed into the ticket office by Philip Bell and to  
20 assess the people that were coming into there.

21 Q. Did you and Mr Bell then carry out that process of  
22 triaging the casualties in the ticket office?

23 A. Absolutely right, yes.

24 Q. There were a very large number of them, weren't there?

25 A. Lots, yes. At least 100, I'd say.

1 Q. How long did it take you to triage that very substantial  
2 number?

3 A. Not very long at all. Really, I was concerned more with  
4 airways. Obviously, they all had a lot of soot around  
5 their noses and I really wanted to make sure if anybody  
6 had respiratory problems, such as asthma, because they  
7 would be more at risk of developing anything, any  
8 complications from smoke inhalation, so I asked that  
9 question, and any wounds that were -- the wounds that  
10 people had were pretty superficial at that point in  
11 time.

12 Q. But required, perhaps, some placing of a bandage of some  
13 sort?

14 A. Yes, but nothing more than that, yes.

15 Q. It's useful because it gives us some idea, Mr Sinclair,  
16 albeit in relation to casualties that we may presume  
17 were all priority 3, or almost all priority 3 --

18 A. Right.

19 Q. -- how long the triage procedure can be taken to  
20 operate.

21 A. Yes.

22 Q. You managed to assess the vast majority as P3s?

23 A. Yes, I did.

24 Q. At least 100 people between you and Mr Bell, within  
25 a matter of minutes?

1 A. Yes, absolutely. The only person I spent the most  
2 amount of time with was a pregnant lady who was  
3 asthmatic, and she was having some difficulty in  
4 breathing.

5 Q. As you were completing that process, did Mr Desmond, who  
6 had been operating the Command on the concourse and on  
7 the pavement, come back to you and then say that you  
8 were both required in the tunnel?

9 A. He did, yes, that's right.

10 Q. Did you gather up as much kit as you could?

11 A. We did, yes.

12 Q. What did it comprise?

13 A. I can't really remember precisely, but it was whatever  
14 I had with me in the ticket office, which would have  
15 been my response bag and my oxygen bag, which would have  
16 had my defibrillator in it, that's what I would have  
17 had.

18 Q. Had you used much of your equipment for the purposes of  
19 doing triage or any of it?

20 A. I'd used some of the oxygen with the pregnant lady,  
21 I think I'd had to give her a nebuliser, because she was  
22 asthmatic and a bit wheezy.

23 Q. What about bandages, had you used a substantial number  
24 of them?

25 A. I think I'd used a few bandages, but not many.

1 Q. You went down on the escalator. Did you meet some  
2 firemen on the way?

3 A. We did, yes, we met some firemen, I think at the top of  
4 the escalator, at the top of the Underground, yes, we  
5 did, we saw a group of firemen.

6 Q. What did they tell you?

7 A. We asked them what was going on, because we still didn't  
8 really have any idea at all what was going on and we'd  
9 no idea at all, and they didn't know.

10 Q. Did you meet anybody else on the way down?

11 A. On the way -- yes, it was a very long escalator, we had  
12 to walk down it. Halfway up, a member of the Ambulance  
13 Service was coming back up again and we asked him what  
14 was going on, he said -- he was in a big rush, he just  
15 rushed past and said "It's absolute carnage" --

16 Q. Sorry, your voice is dropping again.

17 A. I'm very sorry.

18 He said "It's absolute carnage, please get down  
19 there as quickly as you can", so we did.

20 Q. I don't suppose you know his name, but do you know where  
21 he was going?

22 A. He was -- no idea, no. He ran past us on the way back  
23 up again, he didn't stop.

24 Q. Did he tell you anything about the nature of the cause  
25 of the carnage?



1 A. Not that I remember.

2 Q. He didn't say "It's an explosion" or anything of that  
3 sort?

4 A. I can't remember. He may well have done, but I don't  
5 remember.

6 Q. You went, we know, through the tunnel to the train.  
7 There was some lighting, I think, to assist you down the  
8 tunnel.

9 A. I think there was some emergency lighting on. It was  
10 very dark, though, very smoky. It was very hard to see  
11 anything.

12 Q. Did you pass any Fire Brigade personnel upon the  
13 platform or did you go into the tunnel with them?

14 A. I do believe that the Fire Brigade we saw on top, when  
15 we arrived, went down with us, yes, I think we might  
16 have followed them in, actually.

17 Q. You approached the train. If you could just look,  
18 please, at a plan of the train in the tunnel which is at  
19 [INQ10283-12]. We'll know from the evidence that you're  
20 about to come to in a moment concerning casualties  
21 outside the carriage that you boarded the same carriage  
22 on the other side of which you found casualties between  
23 the train and the tunnel wall?

24 A. That's correct, yes.

25 Q. Therefore, may we presume that you boarded, as you'll

1 see there in the middle, carriage 4, which is the  
2 carriage immediately adjacent to the junction, the  
3 crossover junction from the eastbound platform?

4 A. I think that's right. I remember seeing the junction as  
5 we approached.

6 Q. When you entered the train, did somebody tell you where  
7 to go or where you were most needed?

8 A. Yes, that's right. I'm not too sure who it was, but  
9 somebody did direct us to that carriage, to the very  
10 door where we entered the train, yes, somebody directed  
11 us there, as we were obviously -- they knew that we were  
12 needed there.

13 Q. So you went directly to where you were told to go?

14 A. Exactly, directly there.

15 Q. Was that to the other side of the carriage that you had  
16 entered?

17 A. It was, yes, it was through the door and, yes,  
18 absolutely. It would be the second double door.

19 Q. You prepared, in fact, for the police a plan. Could we  
20 just have a brief look at it [INQ9920-2]?

21 You'll see there on the bottom right-hand corner  
22 a carriage. It wrongly identifies itself as the second  
23 carriage. It wasn't, it was the fourth carriage. Did  
24 you mark there the location of three people located  
25 outside the carriage between the carriage and the tunnel

1 wall?

2 A. I think I have done, yes. Yes.

3 Q. The first person to whom you make reference was,  
4 according to your statement, a black gentleman who had  
5 been assessed prior to your arrival as dead.

6 A. That's correct.

7 Q. How did you know that?

8 A. There was already Phil Nation, a HEMS paramedic who was  
9 there, he told me.

10 Q. He told you he had assessed the person or that the  
11 person was dead?

12 A. He said that the person was dead, yes.

13 Q. Did you gain from that an impression that he, himself,  
14 therefore, hadn't been the one who had actually triaged  
15 him, he just knew?

16 A. I've absolutely no idea who triaged them.

17 Q. The other two people there were alive, were they not?

18 A. The other two people were alive, yes.

19 Q. They were very close together, weren't they?

20 A. They were very close together, yes.

21 Q. Did you deal with the lady, the girl first?

22 A. I believe, yes, we did, yes. Well, because they were so  
23 close together, it was very hard to -- when we first  
24 arrived, when we first jumped down into the small gap  
25 between the train and the wall, we saw them both and we

1 looked at them both and we assessed them both for  
2 ourselves, you know, initially, but then I think we  
3 actually dealt medically with the girl first, yes.

4 Q. You dealt with them, as you say, together, to a certain  
5 extent?

6 A. To a certain extent. They were so close, it was hard  
7 not to.

8 Q. Did you know that they had already been triaged?

9 A. Triaged, as in ...?

10 Q. They had already been given a priority 1, 2 or 3 label?

11 A. I wasn't aware of that, no, I didn't see any -- I didn't  
12 see a triage tag on them, no, but I knew that they must  
13 have been triaged because we had been directed straight  
14 to them.

15 Q. You were being directed to give them medical treatment?

16 A. Precisely.

17 Q. So you knew they must have been triaged already?

18 A. In that sense, yes.

19 Q. What did you do and what can you remember of the first  
20 stage of the treatment that you gave?

21 A. Well, I remember I had an oxygen bag, so I remember  
22 giving -- and I only had one oxygen -- we only -- there  
23 was only one oxygen cylinder in the bag.

24 Q. Your oxygen bag?

25 A. In my oxygen bag.

1 Q. What about Mr Desmond's bag?

2 A. Mr Desmond -- we had a collective bag, we only have one  
3 oxygen bag.

4 Q. Between the two of you?

5 A. Between the two of us, per ambulance, so we only had one  
6 oxygen bag, and we used that on the girl. I gave her  
7 a high flow oxygen.

8 Q. Was there any particular reason why she received the  
9 oxygen first? Was that directed by her medical  
10 condition or was that just the happenstance that she was  
11 the first person you --

12 A. It's because we determined, I believe -- the trouble is  
13 it's so long ago, I don't remember the exact details,  
14 but we would have discussed amongst ourselves who we  
15 were going to extricate first. She was much nearer the  
16 door than the gentleman, she was below the door almost,  
17 so we would have had to have removed her first before we  
18 could extricate the gentleman.

19 So to that end, I gave her -- the other thing, the  
20 gentleman, he was very combative, he was trying  
21 desperately to get himself up, and it would have been  
22 impossible for him -- he wouldn't have kept an oxygen  
23 mask on, he just wouldn't have been able to. So we  
24 determined to remove her first, and I gave her the  
25 oxygen first.

1 Q. What is the therapeutic benefit of oxygen?

2 A. She had quite extensive injuries, lower limb injuries,  
3 and blood loss associated with that, and so, as  
4 a result, she ran the risk of becoming -- her brain ran  
5 the risk of becoming starved of oxygen, so basically, it  
6 makes the brain -- it gives the brain more oxygen and  
7 the general circulation as well, it makes less work for  
8 the lungs and the heart.

9 Q. Because of the very severe nature of her injuries, she  
10 would be expected to experience a very high level of  
11 pain.

12 A. Absolutely.

13 Q. Does pain have a deleterious effect, a damaging effect,  
14 on the body's ability to recover?

15 A. Yes, it would -- severe pain can raise blood pressure  
16 and raised blood pressure would increase bleeding, and  
17 so you want to basically keep pain to a minimum.

18 Q. So having given her oxygen, did you then consider trying  
19 to provide fluids and painkillers by way of IV?

20 A. We did, and after giving oxygen, one of our first  
21 priorities was to try and obtain intravenous access, but  
22 we were unfortunately unable to do so.

23 Q. Why?

24 A. It was a combination of her -- of the environment we  
25 were in, very cramped working conditions, very low

1 lighting, and also the fact that she was so peripherally  
2 shut down, it was virtually impossible to find a vein,  
3 so we were unable to.

4 Q. In lay terms, is that because the body, in extremis,  
5 will withdraw blood from the extremities towards the  
6 centre of the body?

7 A. That's correct.

8 Q. Therefore, you can't get a vein?

9 A. That's absolutely right, yes.

10 Q. Was there some light being provided by a member of the  
11 London Underground or somebody else, do you recall?

12 A. There was a member of the London Underground, who  
13 I believe was probably the person who pointed us in  
14 their direction in the first place, who had a torch.  
15 He was standing as high as he could up on the tunnel  
16 wall and directing it down, but obviously, because of  
17 his position and because of the very cramped  
18 surroundings, there was a lot of shadow and it was hard  
19 to get a lot of light.

20 Q. Do you recall there being a British Transport Police  
21 officer -- we know him as being PC Johnson as he then  
22 was, and he's given evidence about how he helped with  
23 the care given to the gentleman Lee Harris and the lady  
24 next to him, Sam Badham. Do you recall a BTP officer  
25 there?

1 A. I don't recall, I'm sorry, no.

2 Q. All right. What did you do when it became apparent that  
3 you were unable to administer fluids to the lady,  
4 Sam Badham, intravenously?

5 A. What did we do?

6 Q. Did you turn to the gentleman or did you continue to try  
7 to give treatment to the lady?

8 A. I really don't remember, I'm sorry.

9 Q. All right. Your statement records how there came a time  
10 when a HEMS doctor, whose name you don't know, handed  
11 you two syringes of Ketamine. Do you recall that?

12 A. I do recall that, yes.

13 Q. Do you recall anybody having to go and get the doctor or  
14 how the doctor appeared --

15 A. No.

16 Q. -- or why the doctor was needed to provide this extra  
17 drug?

18 A. Well, it became apparent very quickly, especially with  
19 the gentleman, that we weren't going to be able to  
20 extricate him without some sort of pain relief, because  
21 he was clearly in a lot of pain and it would need to be  
22 managed before we could get him out safely.

23 Q. What pain relief did you have with you?

24 A. We only at that time had tramadol.

25 Q. What is tramadol?



1 A. Tramadol is a synthetic opiate, which is a painkiller,  
2 it's not a terribly good one, to be honest.

3 Q. How is it administered?

4 A. It can be administered -- the way we used to administer  
5 it was intravenously.

6 Q. But with her, with the lady, you had been unable to  
7 locate a vein for the purposes of giving her intravenous  
8 treatment.

9 A. That's right.

10 Q. Had you been able to give her tramadol, do you recall?

11 A. To be honest, it wouldn't have been me that would have  
12 been responsible for that at all, because I wasn't  
13 a paramedic at the time --

14 Q. All right.

15 A. -- so it wouldn't have been my decision to get involved  
16 in that.

17 Q. Do you actually recall the order of events in relation  
18 to the administration of tramadol and Ketamine?

19 A. I remember that it was well before Ketamine would have  
20 been considered, simply because tramadol is something we  
21 carry, as paramedics, and that's the only avenue we have  
22 off our own backs, so we use that to begin with.

23 Q. So you're likely, although you can't be sure, to have  
24 given her tramadol because that was the pain relief you  
25 had with you?

1 A. Absolutely.

2 Q. Then subsequently, perhaps when it came to consider how  
3 to get them both out, there was a question of a more  
4 substantial pain relief required, namely Ketamine?

5 A. Absolutely.

6 LADY JUSTICE HALLETT: Sorry, how could you do the tramadol  
7 if it was administered intravenously and you couldn't  
8 get a vein?

9 A. It can be administered intramuscularly as well.

10 LADY JUSTICE HALLETT: Do you think that's what you might  
11 have done with the lady?

12 A. Absolutely, yes, we administered all drugs we gave  
13 intramuscularly.

14 MR KEITH: The gentleman was obviously conscious, as you've  
15 told us?

16 A. He was, so was the lady too.

17 Q. You described him as active, quite active and was trying  
18 to raise himself up. Were you able to get an  
19 intravenous line into him?

20 A. No. Again, he was actually face down as well, his  
21 position was different, so there was no way we could  
22 obtain access. There was no way we could even look for  
23 anything. I'm so sorry, there was no way we could, no.

24 Q. There was no way could you get a vein into him -- a line  
25 into him?

1 A. No.

2 Q. Do you recall whether, having given oxygen to the lady,  
3 he then received oxygen?

4 A. At that point in time, no, he didn't, because we had no  
5 further oxygen available to us.

6 Q. What is the protocol, if a patient has had oxygen such  
7 as the lady, Sam Badham? Would you expect, ordinarily,  
8 that they should continue to receive oxygen rather than  
9 taking the mask off her and then giving it to somebody  
10 else if they need it?

11 A. Sorry, could you repeat that?

12 Q. Yes, of course. Having given her the oxygen and only  
13 having one oxygen bag and one oxygen bottle, is it  
14 likely that you would have taken the oxygen off her  
15 subsequently and given it to the man or kept it on her?

16 A. If we determined that he would have required it, then,  
17 yes, but the whole time until after he had received pain  
18 relief he was very combative and wasn't complying --  
19 wasn't complying with any instructions or requests that  
20 we made to him, treatment requests.

21 Q. He was obviously very severely injured and he had very  
22 extensive leg injuries?

23 A. Absolutely.

24 Q. There's no question but that his state was brought about  
25 because of the nature of the injuries that he had.

1 A. That's absolutely true.

2 Q. Do you think it likely that, in that state, you would  
3 have been able to given him intramuscular injections by  
4 way of tramadol, or could you not say one way or the  
5 other?

6 A. I mean, it would have been possible to give him -- we  
7 gave him intramuscular Ketamine.

8 Q. You did give him an intermuscular injection of tramadol?

9 A. Of Ketamine, not tramadol. I personally only gave him  
10 an intramuscular injection of Ketamine.

11 Q. We'll ask Mr Desmond whether or not he received tramadol  
12 as well. Can you recall how it came about that the  
13 gentleman -- Lee Harris -- received Ketamine?

14 A. Yes. I obtained the Ketamine from the HEMS doctor who  
15 was --

16 Q. Was he there with you?

17 A. He was inside the train in the doorway, it would have  
18 been D6 or D4, depending on where we were, but he was in  
19 the double doorways and he passed the two syringes of  
20 Ketamine to me, one for the lady and one for the man,  
21 and I injected the gentleman.

22 Q. Who injected the lady?

23 A. I believe it was Phil Nation did, I think I gave him the  
24 other, Ketamine.

25 Q. Can you tell us something about the quantity? Do you

1 know how much Ketamine was administered?

2 A. I know it was a dose, it would have been a fairly  
3 low-volume dose for intramuscular injection, you can't  
4 give a lot of fluid into a muscle, so it would have been  
5 a small volume.

6 Q. Is that because the muscle doesn't -- can't absorb too  
7 great a quantity of liquid?

8 A. Yes, it takes quite a while to inject into a muscle, and  
9 you can't inject a lot. So it was a small volume. But  
10 it wasn't me who was -- I mean, it was the doctor who  
11 was responsible for the dose and he gave me the syringe  
12 and I basically gave it under his direction.

13 Q. What does Ketamine do and, in particular, how does it  
14 help in your situation, where you were unable to provide  
15 an adequate level of pain relief with tramadol and where  
16 the second patient, the gentleman, was extremely  
17 disturbed from the result of his own injuries?

18 A. It's a very powerful pain relief.

19 Q. Very powerful ...?

20 A. It's very powerful pain relief. I mean, to be honest,  
21 we don't carry it, we're not licensed to give that drug,  
22 as paramedics, off our own backs, so it's not something  
23 that I know a lot about. It's something that I gave  
24 under the direction of the doctor who determined at the  
25 time that it was the best course of action, and that's

1 all we had available to us.

2 Q. I ask you because your statement makes plain that,  
3 having given the gentleman, in particular, the Ketamine,  
4 it calmed him down --

5 A. It did, yes.

6 Q. -- and stopped him struggling so much against his own  
7 injuries.

8 A. That's absolutely right, yes.

9 Q. Did you notice that in both cases the giving of the  
10 Ketamine had a beneficial effect in terms of calming  
11 them both down?

12 A. Yes.

13 Q. How long did you wait, after giving the Ketamine, before  
14 it was then appropriate to try to start moving them?

15 A. I can't be sure of exact times. I know that we first  
16 had to extricate the girl, so, as you can appreciate, it  
17 was very hard to -- the nature of her injuries was such  
18 that her legs had to be -- another reason why we felt it  
19 so important to give adequate pain relief is that they  
20 were both conscious and really knew what was going on,  
21 and they had really quite awful leg injuries and their  
22 legs had twisted round several times. Both -- all the  
23 bones had fractured and they had twisted round, the  
24 muscles had twisted round many times, and we had to  
25 untwist them, and in fact, they had twisted so much

1 they'd entwined in each other, so we had to untwist  
2 their legs from each other.

3 To do that, obviously, is very painful, we don't  
4 want to cause them undue distress, so we had to do that  
5 to her, we had to rearrange her body and extricate her  
6 first before we could do the gentleman.

7 Q. I'm bound to say that my Lady has heard from the British  
8 Transport Police officer whom I mentioned, and he  
9 particularly recalls helping you --

10 A. There were people helping, yes.

11 Q. -- with that process of trying to untwist their legs so  
12 that they could be aligned and straightened on the  
13 stretchers.

14 A. That's right.

15 Q. Was, on account of her condition, a decision taken to  
16 take out her first, do you recall, or was it because she  
17 was closest to the door?

18 A. It was because she was closest to the door, yes, and it  
19 would have been impossible to remove him without  
20 removing her first, because of the way they were lying.

21 Q. Did you help put her on the stretcher and then lift the  
22 stretcher up on to the carriage of the train so that she  
23 could be passed through the train to the crossover  
24 tunnel and the exit?

25 A. That's absolutely correct. That's what I did.

1 Q. Do you recall her condition altering in any way as she  
2 was passed across, laterally across the carriage on the  
3 stretcher?

4 A. I don't, no.

5 Q. Did you accompany her to the other side of the train, or  
6 did you stay with the gentleman?

7 A. I stayed with the gentleman.

8 Q. So you wouldn't have seen what happened to her once she  
9 was placed on the train?

10 A. No.

11 Q. Was he then --

12 LADY JUSTICE HALLETT: Sorry, just before you do, her  
13 condition as you passed her over?

14 A. Was the same as it had been.

15 LADY JUSTICE HALLETT: So how would you put that?

16 A. She was still conscious and -- I mean, to be -- I did --  
17 I talked to her, but I never really got any reply to any  
18 questions I asked, so I really -- I'm not too sure that  
19 she really heard what I was saying, to be honest, but  
20 her condition didn't change in that respect, all the  
21 time I was with her.

22 LADY JUSTICE HALLETT: Sorry, Mr Keith.

23 MR KEITH: Not at all, my Lady. Thank you.

24 I suspect that my Lady asked that question because  
25 your statement refers to the fact that you did have some



1 ability to look at her a little more closely when she  
2 had been moved from the place on the track, or next to  
3 the track, where it was extremely difficult both to see  
4 and to move her around, to when she was placed on the  
5 train, so you got a slightly better idea as to her  
6 condition once she had been put on a stretcher.  
7 You then go on to say:  
8 "She was still alive, but only just", which seems to  
9 suggest you had a better understanding of her condition  
10 at that point.  
11 A. To be honest, I really can't recall any more than is in  
12 that statement at the time.  
13 Q. Saying of a casualty she was "still alive but only  
14 just", do you think, looking back at that phrase now,  
15 but being unable to remember what it was you were  
16 referring to, that that may have been a reference to  
17 a difficulty in breathing or a lack of consciousness,  
18 perhaps, that would have made you think that her levels  
19 of life were dropping?  
20 A. I can't say, I'm sorry. I really can't say.  
21 Q. All right. So Samantha Badham left. Did Mr Desmond  
22 accompany her, do you know? Did he leave the scene?  
23 A. He did, yes, he did leave the scene and accompany her.  
24 Q. You stayed with the gentleman, Lee Harris?  
25 A. That's right.

1 Q. He wouldn't have been moved by then, so maybe it was  
2 then that you uncrossed and straightened his legs for  
3 the purposes of him being then brought out?

4 A. We'd given him the Ketamine to relieve his pain some  
5 time before that, and it had had a time to work and he'd  
6 relaxed a bit and we were able to -- we were able to  
7 turn him, yes, to a position where we were able to put  
8 a -- extricate him on a stretcher.

9 Q. Do you recall there being any delay brought about by an  
10 absence of a stretcher, or was the stretcher there  
11 available for you when you determined with Mr Nation,  
12 who had stayed with you, that the time had come for him  
13 to be moved?

14 A. I don't recall a delay in the stretcher, no.

15 Q. When he was moved, did you go with him, or did Mr Nation  
16 go with him?

17 A. Mr Nation went with him.

18 Q. So you were actually left there at the end --

19 A. Yes.

20 Q. -- on your own, because everybody else had departed with  
21 the two casualties?

22 A. That's correct.

23 Q. Did you go back into the train yourself, where I think  
24 you came across another paramedic you knew to be called  
25 Peter?

1 A. Yes.

2 Q. Peter Taylor --

3 A. Peter Taylor.

4 Q. -- we understand. Was a gentleman on a stretcher being  
5 carried out, a black male with very severe leg injuries?

6 A. That's correct, yes, and I assisted --

7 Q. Possibly, Garri Hollness.

8 Because you saw he was being brought out on  
9 a stretcher and was severely injured, did you help with  
10 the carriage of him out of the train, in particular by  
11 holding the remains of his leg?

12 A. I did, yes.

13 Q. Do you recall, when Lee and Sam had been moved from  
14 their position next to the train, whether there were, by  
15 that stage, many more emergency personnel or do you  
16 think they had been gathering throughout this time and  
17 you'd not seen them arrive?

18 A. There were an awful lot of people on the train, yes.

19 There were a lot of firemen and police as well.

20 I remember that. Yes, there were an awful lot more  
21 people than when we arrived.

22 Q. When you went on to the train, did you stay in that  
23 carriage, the carriage where you'd been assisting  
24 throughout, or alongside it, or did you go to the front?

25 A. Initially? Initially, obviously, I assisted --

1 Q. After the gentleman and the lady had been moved away,  
2 stretchered off?

3 A. I went up the train, inside the train, yes.

4 Q. How far?

5 A. All the way, to the --

6 Q. To the bombed carriage?

7 A. All the way to the bombed carriage, through the bombed  
8 carriage, and then, yes, I met -- I saw a -- an  
9 ambulance officer there, a London Ambulance Service  
10 officer who I asked if there was anything else I could  
11 do, anybody else I could assist, and he said, no, that  
12 there was nobody else alive left, and he suggested that  
13 we do an equipment sweep just checking for equipment,  
14 which I did with him, and we went through the whole  
15 train doing that.

16 Q. A check of everybody?

17 A. Yes, to check for equipment for us, because there was  
18 nobody else being treated at that point.

19 Q. You, yourself, were not obliged to carry out a process  
20 of checking the bodies in the main bombed carriage to  
21 see whether or not there were any still alive?

22 A. No, I didn't have to do that.

23 Q. But you did gain some impression, and no doubt you have,  
24 regrettably, a recollection of the inside of that  
25 carriage?

1 A. Some recollection, yes.

2 Q. You walked off the end of the train towards  
3 Russell Square?

4 A. That's correct, yes.

5 Q. So you then went out a different way to that which you  
6 had come in?

7 A. I did, yes.

8 Q. You emerged at Russell Square. Were there the patients  
9 there who had been brought off the front of the train  
10 being treated?

11 A. There were quite a few being treated, yes, in the  
12 station, above ground in the station.

13 Q. Were there enough, did you sense, paramedics to be able  
14 to deal with the priority 2 casualties or priority 1,  
15 perhaps, casualties that were there?

16 A. Yes, I did. There were lots of ambulance crews there.

17 Q. So were you needed?

18 A. The person in charge, who I'm not too sure who he was  
19 but he was in charge, he said I wasn't needed, and I was  
20 to go over the road to Tesco's and get a drink and wait  
21 there until I was -- he would come and find me if I was  
22 needed.

23 Q. There is a reference in your statement to the fact that,  
24 afterwards, you checked some priority 3 casualties at  
25 the Russell Square end, I think perhaps to keep an eye

1 on them, and then there was some sort of debrief  
2 process, a HOT debrief there, where you got together  
3 with some other paramedics and the EMTs and discussed  
4 what happened?

5 A. Yes, that's correct. I was in Tesco's and then I was  
6 requested to go round the corner to the hotel, there's  
7 a hotel round the corner, just to assess some people  
8 that had obviously walked out of the train that end, and  
9 I did so, and then, yes, there was a -- it was the same  
10 ambulance officer that was on the train with me that  
11 requested that we do an equipment sweep, he had some  
12 sort of debrief with a few of us that were there.  
13 I didn't know any of them, to be honest. I'd never  
14 seen them before.

15 Q. Then you walked back to your place of work?

16 A. Round the corner, yes.

17 Q. Round the corner?

18 A. Yes.

19 MR KEITH: Mr Sinclair, thank you very much. Will you stay  
20 there, though, because there may be some further  
21 questions for you?

22 LADY JUSTICE HALLETT: Before the next questions, and having  
23 done that, you even went to Tavistock Square to see if  
24 you could help, I note.

25 A. I did, I walked -- because that's round the corner, yes,

1 I saw it on the news, actually, and thought I'd go and  
2 have a look:

3 LADY JUSTICE HALLETT: Mr Coltart?

4 Questions by MR COLTART

5 MR COLTART: Only a few questions on one topic, if I may.

6 We know that you arrived at King's Cross at 9.32, that's  
7 what the computerised records tell us.

8 A. Right.

9 Q. I just want to ask you in a little more detail about the  
10 circumstances of your deployment to King's Cross.

11 A. Okay.

12 Q. I've got your witness statement in front of me and I'm  
13 going to use this as a point of reference, which I hope  
14 will assist -- give this exercise some structure.

15 A. Okay.

16 Q. You said:

17 "From 7.00 in the morning, we had a course of calls  
18 to deal with. The second was a patient whom we took to  
19 University College Hospital. Whilst I was booking the  
20 patient in at the hospital, I became aware of staff  
21 talking about an explosion on the Underground."

22 So the first that you've heard of any form of  
23 incidents on the Underground is from overhearing  
24 a discussion at the hospital?

25 A. That's correct, yes.

1 Q. This is University College Hospital, Euston Square,  
2 isn't it?

3 A. That's correct, yes.

4 Q. So it's about half a mile down the road from  
5 King's Cross. You didn't see the Fire Brigade arrive by  
6 any chance, did you?

7 A. The Fire Brigade arrive at ...

8 Q. At Euston Square.

9 A. No. I mean, it's -- I wasn't -- Euston Square is around  
10 the corner. I was inside the hospital at the reception.

11 Q. Right. So having overheard this conversation inside the  
12 hospital about an explosion on the Underground, you go  
13 back outside to monitor your London Ambulance Service  
14 radio?

15 A. That's right.

16 Q. We'll hear from Mr Desmond in a minute, but am I right  
17 in thinking that he joins you in the ambulance and you  
18 both sit there?

19 A. He would have already been in the ambulance because  
20 I was booking a patient in, he would have been waiting  
21 for me in the ambulance already, so he was there  
22 already.

23 Q. Do you remember, when you got back to the ambulance,  
24 whether he said anything to you about --

25 A. No, I mean, I'd heard this, basically I'd heard one of



1 the doctors had rung in to say he wasn't going to be  
2 able to make it in because there had been an explosion,  
3 so I came back out and I said to Adam, you know, what  
4 I'd heard, and then we turned the radio up and had  
5 a listen, and as I said, there were several different  
6 channels that we used to work on, different sectors work  
7 on different channels, and we had our own channel, there  
8 was nothing going on there, and there was another  
9 channel that the motorcyclists and HEMS used, so we  
10 flicked to that one, and that's where we heard the  
11 Aldgate being declared by one of the motorcyclists.  
12 Q. Before we get to hearing about Aldgate, you say in your  
13 statement:  
14 "I called on my mobile to our comms room ..."  
15 That's the Central Ambulance Control.  
16 "They could only tell us that a large number of  
17 calls were coming in about four possible incidents."  
18 In fact, do you recall Mr Desmond trying several  
19 times to get through to the Central Ambulance Control on  
20 his own mobile phone?  
21 A. I don't remember, no.  
22 Q. We'll hear from him in a moment. You say:  
23 "We continued to monitor the radio. We heard  
24 Larry Perkins declare a major incident at Aldgate."  
25 Then you say -- I'm only asking because it's

1 marginally different from what you have told us this  
2 afternoon:

3 "We had heard mention of King's Cross station. As  
4 this was the closest station to us, we self-activated  
5 and went there."

6 A. I don't recall exactly how I'd heard of King's Cross.  
7 I think actually -- no, I do, that was the -- when I say  
8 I'd heard the doctor who had rung in to say that he  
9 couldn't come in because there had been an explosion on  
10 the Underground, that's when King's Cross was mentioned.

11 Q. So King's Cross was mentioned --

12 A. At the beginning, yes, it was.

13 Q. -- in the conversation that you overheard?

14 A. Yes, it wasn't --

15 Q. Sorry, it's my fault entirely, I'm talking across you,  
16 I'm going to let you go first and then I'll follow  
17 after.

18 A. So, yes, I hadn't heard that on our radio, I'd only  
19 heard the Aldgate being -- incident being declared on  
20 the radio.

21 Q. You then set off for Aldgate?

22 A. Well, we requested first whether or not they wanted us  
23 to attend and we didn't hear anything back from them, so  
24 we basically determined that they were very busy and had  
25 an awful lot going on, so we thought we'd start making

1 our way there, as we awaited the reply, really.

2 Q. So I suppose, if you hadn't travelled up the Euston Road  
3 and past King's Cross, you, in all likelihood, would  
4 have ended up at Aldgate?

5 A. Yes, that's right.

6 Q. You mentioned a manager, an Ambulance Service manager  
7 who was present there at the same time. Can you  
8 remember who that was, by any chance?

9 A. Present where?

10 Q. You mentioned, when you were answering questions to  
11 Mr Keith, that you ran this course of action past one of  
12 your managers who happened to be at the hospital?

13 A. I'm sorry, that was a team leader.

14 Q. Oh, I am sorry. My mistake.

15 A. He was a team leader paramedic. He was working on  
16 another ambulance out of Bloomsbury that day. I don't  
17 know what his call sign was, but he was there at the  
18 hospital at the same time, green and available, like we  
19 were, and we both -- he decided that we should make our  
20 way.

21 Q. So he was green and available as well?

22 A. Yes.

23 Q. But he, too, had heard nothing about King's Cross, which  
24 was why he was prepared for you to go to Aldgate?

25 A. I think we both determined that we were going to go to

1 Aldgate and I believe he ended up at Aldgate, he drove  
2 past King's Cross to Aldgate, but we stopped.

3 Q. Here they are, as we now know, desperately short of  
4 ambulances at King's Cross, but he doesn't know about  
5 it, drives straight past it, and ends up at Aldgate?

6 A. I can only -- I wasn't in the ambulance with him, I can  
7 only assume, I don't really know what happened, but  
8 I know that we saw what was happening at King's Cross  
9 and stopped.

10 It's quite possible that he took a different route  
11 to Aldgate. We weren't following him. It's quite  
12 possible he drove a different route and didn't go past  
13 King's Cross, and that's why.

14 MR COLTART: Thank you very much.

15 LADY JUSTICE HALLETT: Mr Saunders?

16 Questions by MR SAUNDERS

17 MR SAUNDERS: You complete your triaging upstairs --

18 A. Yes.

19 Q. -- take your equipment downstairs, because you're no  
20 longer going to be wearing a triage hat, you're now  
21 going to administer medical aid?

22 A. Sorry, repeat the question.

23 Q. Yes. Upstairs, you've been triaging.

24 A. That's correct.

25 Q. We've heard a number of witnesses explain that to us.

1 But by the time you finish there and are going  
2 downstairs, you take equipment with you --  
3 A. Yes.  
4 Q. -- because you're going to administer aid?  
5 A. Yes, yes.  
6 Q. Part of that -- and again, we've heard some of what's  
7 carried in the kit -- the kit bag you have contains  
8 tramadol?  
9 A. The paramedic drugs pack does, it did at the time, and  
10 it doesn't anymore.  
11 Q. I say "you" because, although you're a medical  
12 technician, you are with Mr Desmond, who is a paramedic?  
13 A. That's correct.  
14 Q. You're together?  
15 A. Mm-hmm.  
16 Q. Therefore, it's in that bag. Mr Desmond is going to  
17 tell us that he administers tramadol to Sam Badham --  
18 A. Yes.  
19 Q. -- if he gives his evidence as per his statement.  
20 Did you -- because you were administering to  
21 Lee Harris -- give him tramadol?  
22 A. No, it wasn't that I was administering to Lee -- it  
23 wasn't that we had roles of who was giving what to --  
24 you know, drugs to different -- to certain people. It  
25 was -- to be honest, no -- what was the question again,

1     sorry? It was whether or not I --

2     Q. It's all right, it's my fault, not yours. All right?

3     We know that the two of you are together. I'm not  
4     suggesting for a moment that you deliberately split, but  
5     it was easier in a way, you were mainly dealing with  
6     Lee Harris, Adam Desmond was mainly dealing with  
7     Sam Badham. Would that be right?

8     A. I mean, I think I was -- because Lee was so distressed  
9     I suppose and combative, I was trying my best to  
10    reassure him. So I suppose, yes, you're right, most of  
11    my attention was taken with him.

12    Q. As I understand it, Mr Desmond's evidence will be that  
13    he did administer tramadol to Sam Badham.

14    A. I believe he did, yes.

15    Q. All I'm asking is, it's obviously a pain relief.

16    A. It is, yes.

17    Q. Very serious, very potent pain relief, and it was  
18    obvious why.

19    A. Tramadol?

20    Q. Tramadol.

21    A. It's not particularly potent, I'm afraid, but it is  
22    the pain relief that we had.

23    Q. It's the best you had.

24    A. It's all we had at that time, yes.

25    Q. If they were both in extreme pain, why would it be given

1 to Sam and not to Lee Harris?

2 A. I understand. I can't say for sure because it's five  
3 years ago, but the course of action, as I recollect it,  
4 would have been -- obviously, Ketamine is -- was the  
5 best painkiller we had available to us. We didn't have  
6 that with us. The doctor had that. So we had to  
7 request it from the doctor, because we knew we needed  
8 something very strong, so we would have requested it  
9 from the doctor, but that would have taken time. So in  
10 that time, we would have given what we had, which was  
11 tramadol to Sam, but in the time it took us to  
12 administer it to her, we would have -- the doctor,  
13 I think, came with the Ketamine, and so we had no call  
14 to administer it to Lee because we had Ketamine in  
15 instead.

16 Q. Because Ketamine is a general anaesthetic which is  
17 described as being very strong, powerful?

18 A. It's -- yes.

19 Q. The only problem with Ketamine, or one of the problems  
20 with Ketamine, is if somebody has a head injury. Were  
21 you aware of that?

22 A. There were -- there was no -- the injuries to the --  
23 that were obvious to them were lower leg injuries.

24 Q. Exactly. I was going to come on to that. Her Ladyship  
25 has heard some of the evidence, but there was nothing

1 obvious to you --

2 A. No.

3 Q. -- that Lee was suffering any head injury?

4 A. Nothing at all, no.

5 Q. What you were able to observe was traumatic lower limb

6 injuries?

7 A. That's right.

8 Q. You've described the dose that was given and you thought

9 it was a low-level dose.

10 A. Well, I know that it was about -- well, it was

11 3 millilitres of volume, volume of Ketamine that we

12 injected into the muscle, so it wasn't a large volume.

13 Q. It may be that you weren't aware of this, you were

14 simply given it by Dr Bland.

15 A. I was giving it under instruction.

16 Q. So it's better for me to ask him, then, the sort of

17 dosages?

18 A. Absolutely.

19 Q. But you were given it and you then administered it

20 straight intramuscular?

21 A. Yes.

22 Q. Can I ask you this: you've tried for intravenous access

23 with Sam and with Lee.

24 A. It's important to note, obviously, that I, at the time,

25 wasn't qualified to place an intravenous cannula, so



1 I assisted the paramedics to do that. It wouldn't have  
2 been me personally that would have been doing that  
3 procedure.

4 Q. All right, is it better, again, then, for me to wait for  
5 Mr Desmond to come and ask him about that?

6 A. I would have thought it would be more beneficial, yes.

7 Q. All right. You've described that Sam is given the  
8 oxygen and we understand that, because of the state that  
9 Lee was in, the mask wouldn't have stayed on his face?

10 A. He was too combative.

11 Q. But after he's had the Ketamine, was there any  
12 consideration given, when he is then calmed down, to him  
13 having oxygen?

14 A. We didn't have any oxygen available to us because we'd  
15 given it to Sam.

16 Q. So the one bottle you had between you had gone with Sam?

17 A. She'd already gone, yes, so we didn't have any  
18 available.

19 Q. Did you think or think it was necessary to call for more  
20 for Lee?

21 A. To be honest, we were concentrating on extricating him  
22 and I don't know, because I wasn't with him after that,  
23 but I would have hoped that, as soon as we'd got him out  
24 of that tight space and into the train and on the way  
25 up, he would have had some oxygen.

1 Q. Was it the situation that, after the Ketamine, he  
2 obviously becomes much calmer?  
3 A. Yes, but he was still conscious.  
4 Q. Exactly what I was going to come on to. He's still  
5 conscious.  
6 A. Yes.  
7 Q. Therefore, it's not as if he has any respiratory  
8 problems --  
9 A. Absolutely none at all.  
10 Q. -- that would have alerted you to thinking "This man  
11 needs oxygen immediately"?  
12 A. No.  
13 Q. You've been asked about the reference to Sam Badham,  
14 that she was "alive, but only just". I think it's  
15 right, is it, Mr Sinclair, that you soon become aware  
16 that Sam doesn't make it.  
17 A. Yes.  
18 Q. By the time she's upstairs, we know that she dies at  
19 ground level. So you know well before this statement is  
20 made that that was the position?  
21 A. Yes.  
22 Q. That she hadn't survived at all.  
23 A. Yes.  
24 Q. I think you, as you've said, stayed with Lee Harris.  
25 You then are able to get a board for him.

1 Can I just ask this, there's some confusion as to  
2 whether he's on a stretcher or board outside or inside  
3 the carriage. Your recollection, I think from your  
4 statement, is that he's on a board outside and then, as  
5 it were, lifted into the carriage on a board?

6 A. Absolutely, yes, that's the only way we could have got  
7 him out. He was very -- he was quite a big ...

8 Q. So it may be Mr Johnson was mistaken, the officer who  
9 thought Lee was placed in, carried on and then put on to  
10 a stretcher?

11 A. That would be wrong, yes.

12 Q. That would be wrong?

13 A. Yes.

14 MR SAUNDERS: Then again to you, Mr Sinclair, I hope it  
15 doesn't, because it's not intended by the family to seem  
16 trite by saying, but the Harris family wish me, on their  
17 behalf, to thank you very much for all the efforts you  
18 made for both Lee and obviously his long-term partner  
19 Sam, notwithstanding she didn't survive beyond the  
20 ground position, for everything you tried to do for both  
21 of them. Thank you very much.

22 LADY JUSTICE HALLETT: Mr Patterson?

23 Questions by MR PATTERSON

24 MR PATTERSON: You've just been asked by Mr Saunders about  
25 the fact that, in effect, while upstairs, you had your

1 triage hat on, but then, when you moved downstairs with  
2 Mr Desmond, you, in effect, had a transition into  
3 actually giving treatment.

4 A. Yes.

5 Q. Was that a very clear-cut transition in your role or was  
6 it something less than --

7 A. It was very clear-cut, yes. Adam came up to me with my  
8 hard helmet and said that we were needed downstairs and  
9 we went down to treat, yes.

10 Q. Just help us who perhaps aren't familiar with the way  
11 the Ambulance Service works. That was a decision that  
12 was made, not by you, but by the paramedic whom you were  
13 teamed with, Mr Desmond?

14 A. I think it was -- you'd have to ask him exactly how he  
15 came by the knowledge that we were needed down there.  
16 I'm not sure, because I wasn't with him. But he was  
17 certainly the person who told me and came and got me,  
18 yes.

19 Q. Is it just a paramedic who can deal with triage and  
20 treatment or can you, as an emergency technician, also  
21 deal with both those things but perhaps to a lesser  
22 degree?

23 A. Precisely. Both to a lesser degree, yes. In terms of  
24 triage, the same. But treatment ...

25 Q. There will be times, obviously, when you have your

1 equipment with you that you can use for treatment  
2 purposes, albeit that you won't be using it because you  
3 are engaged simply in triage?

4 A. Yes.

5 Q. We've heard already this morning that, when triage takes  
6 place in a major incident like this one, the whole  
7 approach is based on the assumption that those who will  
8 provide the treatment will follow on the heels very  
9 quickly of those doing the initial sieve or triage.

10 A. Mm.

11 Q. On that particular morning, were you ever asked to go  
12 with those who were doing that initial sieve or that  
13 initial triage exercise?

14 A. No, we didn't arrive -- we arrived after those people  
15 who did the triage sieve, so ...

16 Q. I think you were there from certainly about 9.30 or so,  
17 weren't you?

18 A. I'm not sure of times, I couldn't tell you.

19 Q. We've heard evidence of, I think, a telephone call at  
20 9.32 by Mr Desmond. But in terms of Mr Taylor, who  
21 seems to have been the first Ambulance Service paramedic  
22 who moved right through the carriage performing that  
23 initial sieve, that initial triage exercise, you weren't  
24 asked, for example, to accompany him with actual  
25 treatment?

1 A. No, as I said, the only person I saw, the first person  
2 I saw and I remember seeing when I got there was  
3 Phil Bell, who was in the response car and he told me to  
4 go to the ticket hall to triage.

5 MR PATTERSON: Thank you very much.

6 LADY JUSTICE HALLETT: Any other questions for Mr Sinclair?  
7 Ms Gallagher, sorry, I didn't see you behind there.

8 Questions by MS GALLAGHER

9 MS GALLAGHER: Just very briefly, Mr Sinclair, on one  
10 matter.

11 You've described in some detail already your arrival  
12 at the station with Mr Desmond and Mr Desmond going back  
13 to call in a major incident quite quickly after you  
14 arrived, because it was apparent there was a major  
15 incident.

16 Now, from his statement -- and we'll hear from him  
17 in due course -- he refers to, at that stage, asking for  
18 30 ambulances to be sent. So according to his  
19 statement, he obviously considered that very substantial  
20 resources were required at that stage.

21 Was he aware, when he returned to make that call,  
22 that you were being asked by Mr Bell to deal with the  
23 priority 3s in the hall?

24 A. I don't know, I'm sorry, I don't know.

25 Q. Just one more matter which follows on from that.

1 Was there any discussion between you and Mr Bell at  
2 this point about whether it would be appropriate for you  
3 to go and find the source and deal with more severely  
4 injured patients, or did the two of you just get on with  
5 dealing with the priority 3s? Was there any discussion  
6 about priorities at that stage?

7 A. At that stage, no. I wasn't in that ticket office for  
8 all that long and I just did my best to triage them as  
9 quickly as I could.

10 MS GALLAGHER: Of course, we've heard that earlier about the  
11 ten-minute period. I've nothing further, thank you very  
12 much, Mr Sinclair.

13 LADY JUSTICE HALLETT: Any other questions of Mr Sinclair?

14 Thank you very much, Mr Sinclair, those are all the  
15 questions we have. It's plain from what I've heard  
16 that, as soon as you and your colleague, Mr Desmond,  
17 realised you might be needed, you rushed to the scene  
18 and it seems that, when you personally realised your  
19 services were needed on the train, you rushed there  
20 also.

21 You couldn't have done anything more, you  
22 personally, to save the lives of Lee Harris and  
23 Sam Badham and I'm sure, as you've heard from  
24 Mr Saunders, the families are very grateful. Thank you  
25 very much.

1 Mr Keith, we have how many more witnesses this  
2 afternoon?  
3 MR KEITH: Two.  
4 LADY JUSTICE HALLETT: I think we'd better shorten our  
5 break, had we not?  
6 MR KEITH: By all means.  
7 LADY JUSTICE HALLETT: Five minutes.  
8 (3.31 pm)  
9 (A short break)  
10 (3.36 pm)  
11 MR KEITH: My Lady, may I invite you to call Adam Desmond.  
12 MR ADAM MARTIN DESMOND (sworn)  
13 Questions by MR KEITH  
14 MR KEITH: Good afternoon, Mr Desmond.  
15 A. Good afternoon.  
16 Q. Could you give the court your full name, please?  
17 A. Adam Martin Desmond.  
18 Q. Mr Desmond, in July 2005, were you on duty at Bloomsbury  
19 ambulance station as a full paramedic?  
20 A. Yes.  
21 Q. As we've heard from Mr Sinclair, were you crewed with  
22 him in an ambulance with a call sign E, for Echo, 107?  
23 A. Yes, I was, yes.  
24 Q. You had brought in a patient to the A&E department at  
25 UCH?



1 A. Yes.

2 Q. A busy morning. You had then heard over the radio  
3 messages concerning Aldgate and then King's Cross?

4 A. Not entirely in that order. The first I knew of  
5 anything happening was Sam coming out to tell me about  
6 the phone call he'd heard from a doctor struggling to  
7 get to King's Cross.

8 Q. Right.

9 A. Then we monitored the radio and we heard Aldgate being  
10 declared a major incident.

11 Q. You decided, along with Mr Sinclair, to self-activate  
12 yourselves?

13 A. Yes.

14 Q. To say "We're ready, we can go, we can help, where do  
15 you want us to go?"

16 A. Yes.

17 Q. Your statement records how you tried to ring your  
18 control room via mobile telephone but couldn't get  
19 through.

20 A. That's correct.

21 Q. Is that just because there was no answer, or the mobile  
22 wasn't working?

23 A. There was no answer. It was just ringing and ringing  
24 and ringing, which led me to believe something serious  
25 was happening as well.

1 Q. Did you have a radio which you could have --  
2 A. A mainset radio in the ambulance but no personal  
3 handheld radios.  
4 Q. Right. You couldn't use the mainset radio in the  
5 ambulance?  
6 A. I think we tried, but got no reply.  
7 Q. So that didn't work either?  
8 A. No.  
9 Q. So you carried on trying and, in the end, did you make  
10 some sort of connection?  
11 A. I don't think we did. I had a brief chat with  
12 Ken Murphy, who was the team leader on the other  
13 ambulance, and we both agreed to self-activate.  
14 I think, when we left, we called up saying, "Not sure if  
15 you can hear us, but we're going" -- I've just heard  
16 Sam's evidence. I must say I was driving that day, and  
17 I was going to King's Cross. Sam may have thought we  
18 were going to Aldgate, but my intention was to drive to  
19 King's Cross. But he had no control over that, of  
20 course.  
21 Q. That was a message you sent through the mainset radio,  
22 you think?  
23 A. Yes.  
24 Q. You set off to King's Cross, then, and you no doubt  
25 arrived fairly speedily because you used your sirens and

1 your lights?

2 A. We did.

3 Q. When you arrived, do you recall seeing there a Fast  
4 Response Unit as well as an ambulance?

5 A. Yes.

6 Q. So we know roughly from the times of their arrivals that  
7 your own must have been about 9.20 or thereabouts.

8 A. That would sound about right.

9 Q. That sounds about right. No doubt, when you arrived,  
10 the first priority was to try to find out what the  
11 position was?

12 A. Yes.

13 Q. Whom did you talk to, do you recall?

14 A. I think it was Phil Bell, the emergency medical  
15 technician, who got there in a car, but I -- I mean,  
16 it's a long time ago. I think possibly, even before  
17 that, I declared a major incident off the bat of seeing  
18 the 100 or so people covered in soot.

19 Q. Coming out of the station?

20 A. I'm not sure I did speak to Phil before or after that  
21 declaration.

22 Q. All right. Let's have a look at your two radio  
23 messages, if we may. 9.32, [LAS565-27]. E107 at the  
24 bottom of the page:

25 "... for information, I do appreciate how busy you

1 are. We have come ['from', it should be] UCH to  
2 King's Cross rendezvous point under the instruction of  
3 our team leader on E104."  
4 Mr Murphy?  
5 A. Yes.  
6 Q. "So we are showing green available. We are currently at  
7 King's Cross rendezvous point. Have you had a report  
8 about what's happening at King's Cross?"  
9 Central Ambulance Control:  
10 "My knowledge, it's just a minor one, something to  
11 do with something on the British Rail platform 9, 10,  
12 11."  
13 You may not know this, but there was a report  
14 earlier, a phone call into Central Ambulance Control of  
15 somebody falling over on one of the British Rail  
16 platforms and hurting their head.  
17 A. Oh.  
18 Q. E107:  
19 "Our understanding from handover on scene, there's  
20 been a large explosion at King's Cross involving two  
21 train casualties in excess of 100. We'll find out more  
22 for you now you know where we are, I can get out of the  
23 truck. We'll find out more for you and give a report."  
24 It seems that you had some sort of handover process,  
25 you'd spoken to somebody --

1 A. Yes.

2 Q. -- perhaps Mr Bell --

3 A. Yes.

4 Q. -- and you discovered that there were 100 casualties.

5 Did you then return to the main concourse where you  
6 started to set up a temporary casualty area or a field  
7 hospital for dealing with those passengers who had made  
8 it up to ground level?

9 A. Yes, I approached a police officer and asked him --  
10 there were loads of double-decker buses on the opposite  
11 carriageway of Euston Road. I asked him to commandeer  
12 three of them for P3 patients, and I asked him to set up  
13 field hospitals in the ticket hall or -- I don't know if  
14 it was a customer lounge or a first-class lounge, or  
15 something like that, it was near the front on the  
16 left --

17 Q. The GNER lounge?

18 A. Something like that, near on the left, and also the  
19 McDonalds on York Way. I don't know why I chose those  
20 places, just two places I saw, probably, when I was  
21 talking to him.

22 Q. They carried out your wishes?

23 A. They did, yes.

24 Q. You obviously saw Phil Bell there, because you mentioned  
25 him. Did you see an ambulance paramedic called

1 Paul Rixon?

2 A. I don't remember seeing Paul, no.

3 Q. Do you know him?

4 A. Yes.

5 Q. You didn't see him on the pavement or on the concourse?

6 A. I don't remember seeing Paul, no.

7 Q. For the first few minutes that you were there, did you

8 then involve yourself in overseeing the setting up of

9 these casualty receiving stations --

10 A. Yes.

11 Q. -- and trying to put this process into place?

12 A. I think I gathered Sam and a couple of other people and

13 just said, airway, breathing -- just ABCs and then moved

14 them on, just very quick assessment and move them on,

15 something like that.

16 Q. That's why he went off to go and deal with triage --

17 A. Probably, yes.

18 Q. -- the priority 3s that were coming up from the

19 station --

20 A. Yes.

21 Q. -- alongside Mr Bell?

22 You then made another call at 09.39, 565-32. E107

23 again:

24 "I have a report for you for the situation at

25 King's Cross ...

1 "On arrival, we cannot seem to find an officer in  
2 charge here from the LAS, so we'll assume the role of  
3 Silver ..."

4 That, in essence, was the role that you had taken to  
5 yourself, wasn't, it Silver medic?

6 A. Yes.

7 Q. "We are getting reports of a large explosion in one of  
8 the tunnels. Two trains have been involved. We have  
9 probably 400 casualties in the main foyer of  
10 King's Cross train station, majority of which seem to be  
11 walking wounded at the moment. Everybody has the  
12 effects of smoke inhalation, but they all look pretty  
13 stable from what I can see."

14 At this stage, Mr Desmond, the walking wounded were  
15 coming up who were less severely injured than those whom  
16 you encountered later?

17 A. Absolutely.

18 Q. "From what I can see I have about 4 ambulances on scene  
19 here. I would like to make ambulances 15, that's 15, to  
20 King's Cross station, access is from City Road and  
21 Euston Road."

22 Did you, despite asking for four ambulances or  
23 noting that there were four ambulances' worth of less  
24 severely injured, ask for 15 further ambulances because  
25 you anticipated there may be more severe injuries coming

1 later?

2 A. Yes, it was based on the assumption that, if it was  
3 a train crash, it's two trains, I know how long they  
4 are, I know how many people are on them at that hour, so  
5 it was based on an assumption around that, that if  
6 there's 400 or so here, there's probably a lot more down  
7 there still.

8 Q. You couldn't guarantee that they would all be as little  
9 injured as the ones who had initially come out?

10 A. No, correct.

11 Q. During this time, did you receive more and more  
12 information as to the fact that the incident had been  
13 caused by a bomb?

14 A. No. I think I first realised something was very, very  
15 bad down in the train when I saw a policeman being more  
16 or less held up by two of his colleagues because he was  
17 crying so much. So I think, at that point, I realised  
18 we had to go down pretty sharpish.

19 Q. Your statement records that you were aware of an  
20 explosion occurring at the Piccadilly Line and also that  
21 a bomb had exploded on a bus in Tavistock Square.

22 A. Right.

23 Q. We know that that, of course, occurred at 9.49. So you  
24 must have been aware of the severity of what was going  
25 on before you went down to the train?



1 A. Yes.

2 Q. How did it come about that you then left that command  
3 post, if you like, to go down yourself to the train with  
4 Mr Sinclair?

5 A. I remembered seeing an LAS officer with a Silver tabard  
6 on. So I took it to mean we were no longer Silver, or  
7 I was no longer Silver, and I had seen this distressed  
8 police officer and I thought really our -- we were  
9 better served, Sam and I were better served downstairs  
10 on the train. I must say I didn't hand over to that  
11 officer in the silver tabard. He had a clipboard. He  
12 seemed to be doing the job. So down I went, with Sam.

13 LADY JUSTICE HALLETT: Before you went down, sorry to  
14 interrupt, Mr Keith, before you went down, nobody had  
15 come up and said, "Look, don't worry about the P3s,  
16 we've got people desperately injured downstairs"?

17 A. Not to my recollection, my Lady, no, not to my  
18 recollection.

19 MR KEITH: Yet during the time the injuries had -- more and  
20 more severely injured people had been appearing at the  
21 top of the escalator, had they not?

22 A. Yes, more and more injured, head injuries and arm  
23 injuries that look bad but aren't always that bad. The  
24 head bleeds well, so it might look rather dramatic, but  
25 they're walking and they're breathing and talking, so,

1 yes. But they were -- they did have more injuries, to  
2 answer your question, yes.

3 Q. Did you know the name of the person in the silver  
4 tabard?

5 A. No, I didn't.

6 Q. Does the name Mr Brennecke mean anything to you?

7 A. Nothing, no.

8 Q. We know that a substantial number of ambulances arrive  
9 from London Ambulance Service between 9.15, when the  
10 first one arrived, and 10.00 or 9.55, after the  
11 Tavistock bomb had gone off.

12 Did you see them arrive or see their occupants, did  
13 they come up and make themselves known to you while you  
14 were in charge at the top area?

15 A. One or two may have done, but not lots, no. One or  
16 two --

17 Q. You didn't have a tabard, yourself, on?

18 A. No.

19 Q. All right. When you went down, did you take the  
20 equipment from your ambulance?

21 A. Yes.

22 Q. As we've heard, it's a single -- the oxygen bag is  
23 a single bag?

24 A. It is, yes.

25 Q. What else did you have with you?

1 A. A first response bag and my paramedic bag.

2 Q. Shared between the two of you or your own?

3 A. It's a personal issue paramedic bag to paramedics.

4 Q. So Mr Sinclair had his own?

5 A. The first response bag is vehicle issued, the oxygen bag  
6 is vehicle issued, but the paramedic bag is individually  
7 issued.

8 Q. When you went down, were you delayed at all in any way  
9 on the platform or were you able to go straight into the  
10 tunnel?

11 A. We stopped to discuss the issue of if it was chemical  
12 incident, we asked the fire officer briefly, and he was  
13 satisfied it wasn't, so we carried on.

14 Q. You went to the train, as we know from Mr Sinclair, and  
15 you boarded through the side of the fourth carriage, on  
16 the other side of which were some casualties.

17 A. That would sound about right, yes.

18 Q. Can I ask you, please, about those casualties? Whom do  
19 you recall seeing first as you exited on the tunnel wall  
20 side of that fourth carriage?

21 A. Samantha Badham.

22 Q. We know something of the condition in which she was in.  
23 What do you recall of her state of consciousness and her  
24 ability to respond?

25 A. I was -- Phil Nation handed over to me --

1 Q. He was already there?

2 A. He was already there. He told me what her injuries  
3 were. Some were obvious, and he explained about Lee as  
4 well and that there was a third party further down the  
5 way that was dead.

6 Q. Did you see that third party at all?

7 A. Yes, I did.

8 Q. Did you go over and assess or triage him in any way or  
9 were you just aware of him there?

10 A. No, I was aware of him there. I didn't triage him.

11 Q. Did you, yourself, ever approach him for any purpose or  
12 any need or --

13 A. No, not at all, no.

14 Q. You were concentrating on the two living casualties?

15 A. Sam and Lee, yes.

16 Q. You obviously gained some appreciation of the extent of  
17 Samantha Badham's injuries?

18 A. Yes.

19 Q. Did they, in the main, concern massive leg and head  
20 injuries?

21 A. Yes.

22 Q. What was the priority in terms of her medical condition,  
23 of stabilising her?

24 A. She was breathing and she was acknowledging me, in that  
25 she would -- if I whispered in her ear, she would

1 squeeze my hand. So my priority was pain relief for  
2 her. Pain relief because I knew what we were going to  
3 do further down the way in a few --

4 Q. Which would be to try to get her out?

5 A. To untwist her leg from Lee's and then to remove her,  
6 yes.

7 Q. So in terms of pain relief, you, as a paramedic, as  
8 opposed to the EMT --

9 A. Yes, yes.

10 Q. -- what were you able to do for Sam?

11 A. I gave her tramadol.

12 Q. What is tramadol?

13 A. Tramadol is an opiate synthetic, so it's man-made, it's  
14 not that strong. If you went to your GP tomorrow with  
15 back pain, they'd give you 600 milligrammes a day.  
16 I gave Sam 100 milligrammes. So it gives you an idea of  
17 the potency and the dose.

18 Q. Was that the maximum --

19 A. No, 200 milligrammes was the maximum dose.

20 Q. I was going to say, the maximum, by way of the type of  
21 analgesic that you were able to give her, that you had  
22 on you.

23 A. Yes, sorry.

24 Q. So tramadol is the main pain-relieving drug that you  
25 were able to dispense as a paramedic?

1 A. Yes, we have Entonox as well, but that has to be  
2 breathed through a valve, it's quite demanding, and Sam  
3 wouldn't have had the energy to do that, and we didn't  
4 have any on us.

5 Q. How did you administer it?

6 A. I administered it by injection into her muscle.

7 Q. What are the differences in terms of the rate of  
8 absorption between intramuscular injection and  
9 intravenous injection?

10 A. Intravenous injection takes effect with about 5 to  
11 10 minutes, full effect 5 to 10 minutes. Intramuscular  
12 is around 10 to 30 minutes.

13 Q. Why were you not able to provide it intravenously?

14 A. Because of her injuries, her peripheries, her blood  
15 vessels in her arms, had shut down so much I couldn't  
16 find any veins.

17 Q. You administered the intramuscular injection because you  
18 were the paramedic?

19 A. Yes.

20 Q. Tell us about the oxygen that she had. Why did she get  
21 oxygen and not Lee Harris?

22 A. Sam got oxygen because Sam was quiet. Lee was able to  
23 talk and he was -- he was also combative and, in our  
24 experience, combative patients take oxygen masks  
25 straight off, and Sam was much quieter than Lee. So it

1 was deemed that she was more life-threatening at that  
2 stage, so that's why Sam got oxygen.

3 Q. So that we're clear about it, even if you'd had a second  
4 oxygen mask and second oxygen bottle, do you think that  
5 that would have been able to have been kept on Lee in  
6 the state in which he was?

7 A. I think it would be extremely unlikely.

8 Q. Because of the way in which they are intertwined, very  
9 closely lying -- lying very closely to each other, in  
10 essence, did they receive medical treatment and medical  
11 attention and the care of you and Mr Sinclair  
12 simultaneously?

13 A. Yes.

14 Q. You couldn't apply an intramuscular injection  
15 simultaneously, but you could keep an eye on both of  
16 them and be aware of both their conditions  
17 simultaneously?

18 A. Yes, you could. You had to keep a close eye on them, so  
19 you wouldn't deviate from one too long to look to the  
20 other. But, yes, yes, you could.

21 Q. Because Phil Nation was there, so there were two  
22 paramedics and one EMT, did that mean that one of you  
23 concentrated more on one and the other paramedic more on  
24 the other?

25 A. Exactly, yes.

1 Q. You concentrated more on Sam?

2 A. Yes.

3 Q. We've heard that both received an intramuscular  
4 injection of Ketamine.

5 A. Yes.

6 Q. How did that come about?

7 A. The Ketamine arrived shortly after I had given Sam  
8 tramadol. I think, had I known Ketamine was available,  
9 I probably would have waited just for the Ketamine and  
10 we would have given Ketamine because it works so much  
11 better.

12 Q. How did it arrive, how was it made available?

13 A. It turned up. It was there suddenly, two syringes were  
14 there. I don't remember -- I just -- they were there.

15 Q. Her Ladyship has heard evidence from a British Transport  
16 Police officer, then PC Johnson, who says that the cry  
17 went out for morphine or for opiates of some sort and he  
18 went off down the train to find a HEMS doctor who could  
19 come back and dispense the required level of analgesic  
20 which you didn't have: namely, the Ketamine. Do you  
21 remember somebody going off to find a doctor?

22 A. No.

23 Q. But it was there?

24 A. Yes.

25 Q. It was also, we presume, therefore, injected



1 intramuscularly?

2 A. Yes.

3 Q. Because you and Mr Nation were both there, you were  
4 obviously both therefore aware that she had received  
5 both tramadol and Ketamine?

6 A. Yes.

7 Q. In terms of their effects, are there any issues  
8 concerning the administration of both, one after the  
9 other?

10 A. You need to keep a close eye on the respiratory rate,  
11 yes.

12 Q. In lay language, is that because Ketamine is  
13 a depressive on respiratory function?

14 A. Yes.

15 Q. It suppresses the breathing?

16 A. Yes.

17 Q. Is that a substantial risk or a minor risk?

18 A. No, if you weigh the two pros and cons up, the benefit  
19 of Sam having pain relief far outweighed the risk of any  
20 respiratory depression. If she did get respiratory  
21 depression, we could easily deal with it.

22 Q. Did you have something on you in fact, a drug called  
23 naloxone, which can deal with reversing the effect on  
24 respiratory function?

25 A. Yes.

1 Q. It allows breathing more easily to take place?

2 A. Naloxone reverses the effects of opiates and codeine.

3 Q. Of which --

4 A. Tramadol is --

5 Q. Is one?

6 A. Yes.

7 Q. Could you explain for us, please, why the benefit of the  
8 analgesic so outweighed any possible risk in terms of  
9 the adverse effect on Sam of the high level of pain that  
10 she was suffering from?

11 A. With high levels of pain comes high blood pressure, and  
12 if you have high blood pressure with traumatic limb  
13 amputation, you can get bleeding, very, very, very  
14 severe bleeding, and we didn't want that. We wanted Sam  
15 to retain the blood she had left to circulate in the  
16 rest of her body. So we didn't want her becoming  
17 distressed or we didn't want her blood pressure going up  
18 at all.

19 Q. How long do you think -- I appreciate it's very hard to  
20 determine now, but how long do you think she received  
21 treatment for by the side of the train?

22 A. 15 -- 10, 15 minutes. I wouldn't like to be pinned down  
23 on that. I'm just going through my head how long it  
24 takes me to draw up a drug and get someone on  
25 a stretcher. It was all very quick. It felt very

1 quick, the removal.

2 Q. Finally, in relation to the treatment that she  
3 received -- forgive me, I may not, I think, have asked  
4 you this already -- can you remember the amounts of --  
5 the amount of the Ketamine that she received?

6 A. I didn't administer the Ketamine, but I know it to have  
7 been 3mls.

8 Q. Who administered it?

9 A. Phil.

10 Q. Phil Nation?

11 A. Yes.

12 Q. And 3mls, 3 millilitres?

13 A. 3 millilitres of fluid, yes. I don't know what the  
14 milligrammes were of Ketamine.

15 Q. You don't know what the dosage in the liquid was?

16 A. Exactly. You can 1,000 milligrammes in 1ml or  
17 1 milligramme in 1ml, so I don't know what the  
18 milligrammes were.

19 Q. You can say that the liquid carrier was a very small  
20 amount of liquid?

21 A. Yes.

22 Q. 3 millilitres. In relation to the tramadol, which she  
23 received first, it was the standard dose, you said,  
24 I think of 100?

25 A. It was 100 milligrammes of tramadol, yes.

1 Q. How was she taken from the side of the train on to the  
2 train and then out?

3 A. On a spinal board.

4 Q. Was she placed on that beside the train before being put  
5 inside the train?

6 A. Yes.

7 Q. No doubt, a number of you placed her as gently as you  
8 could on that?

9 A. Yes.

10 Q. Did you have to try to align her legs, straighten her  
11 legs, before you put her on the stretcher?

12 A. Yes, we did, yes.

13 Q. That was no doubt extremely difficult and an unpleasant  
14 task. Did it seem to you that the Ketamine and the  
15 tramadol that she had had had allowed to you carry out  
16 that difficult process as best you could?

17 A. Yes, I think it did, because she didn't seem to grimace  
18 too much.

19 Q. Did her condition change or alter in any way, as far as  
20 you were able to tell in those conditions, between the  
21 administration of drugs and the time that she was taken  
22 out of the train?

23 A. No, her level of consciousness remained the same in my  
24 opinion and, just before we moved her, I whispered in  
25 her ear, whilst I was holding her hand, that I was going

1 to take her outside now, and when I looked up, she  
2 smiled at me and squeezed my hand. So I took that to  
3 mean she had understood what I said.

4 Q. You were assisted by members of the Fire Brigade.

5 A. I think so, and London Underground as well.

6 Q. Together, all of you tried to carry her up the stairs,  
7 up the escalators, to ground level.

8 A. Correct, yes.

9 Q. Did her condition change in the course of getting to the  
10 surface?

11 A. Yes.

12 Q. Where?

13 A. About 10 steps from the surface.

14 Q. How did you notice?

15 A. She lost her colour and her arms came out to the sides  
16 of the spinal board.

17 Q. What did that indicate to you?

18 A. That she'd stopped breathing.

19 Q. So immediately was she placed on the ground?

20 A. No, because we were on the stairs. She would have slid  
21 off the board. We continued up the ten steps under my  
22 instruction and on to the pavement outside, where we  
23 placed her down.

24 Q. As fast as you could safely go?

25 A. Yes, of course, yes.

1 Q. Then what happened?

2 A. I started trying to resuscitate her, I intubated her  
3 with a tube into her lungs and some of my colleagues --  
4 I was the only medic with the group that had carried her  
5 up, but some other medics were on the pavement, they ran  
6 over and assisted me with CPR.

7 Q. So while you intubated her by attempting to force air  
8 into her lungs --

9 A. Yes.

10 Q. -- they were doing the pressing on the chest, the chest  
11 compressions --

12 A. Exactly, yes.

13 Q. -- to simulate heart activity?

14 Were there several rounds or courses of CPR, do you  
15 remember?

16 A. Yes, in my head, I've got three or four minutes of CPR  
17 before a HEMS doctor said we should stop.

18 Q. It will no doubt be asked, in due course, by my learned  
19 friends whether there was any other step that you could  
20 have taken to try to bring her back to life, to simulate  
21 activity in the heart or the lungs.

22 Was there anything else that you think you could  
23 have done?

24 A. No.

25 Q. Why was that?

1 A. Because the defibrillator showed asystole, which is  
2 a flatline. There was no electrical activity at all in  
3 her heart, and her injuries were so catastrophic  
4 externally I could only imagine that the internal  
5 injuries were also as dramatic, so I -- in hindsight,  
6 I probably shouldn't have started resus, but I did.

7 Q. Your view was that she had died --

8 A. Yes.

9 Q. -- and there was nothing you could do, and your view was  
10 supported, therefore, by the female doctor from the HEMS  
11 unit who came up as well?

12 A. Correct, yes.

13 Q. Dr Kehoe, I think?

14 A. Dr Weaver.

15 Q. Therefore, your ability, or your attempts to save  
16 Samantha Badham failed and you no doubt returned to  
17 other casualties?

18 A. Yes.

19 Q. Did you go back down to the train?

20 A. Yes, I did.

21 Q. On the way down or, rather, when you reached the bottom,  
22 had Mr Sinclair and Lee Harris, the gentleman, gone?

23 A. Yes.

24 Q. As well as Phil Nation?

25 A. Yes.

1 Q. Can I come back to him now, because, of course, you'd  
2 left him when you had come up with Samantha Badham?

3 A. "Him" being?

4 Q. Sorry, Lee Harris, the gentleman who was next to  
5 Samantha Badham.

6 In relation to his treatment, do you know whether or  
7 not he received both tramadol and Ketamine or not?

8 A. He received just Ketamine.

9 Q. He received just Ketamine?

10 A. Whilst I was with him, he received just Ketamine.

11 Q. Was that because, as you heard Mr Sinclair say, you  
12 think by the time that the tramadol had been  
13 administered to Samantha Badham, the doctor had appeared  
14 with the two syringes of Ketamine and, therefore, you  
15 proceeded straight to Ketamine?

16 A. Exactly, yes.

17 Q. Can you assist us with any changes in his condition that  
18 are relevant for our purposes before you left with  
19 Samantha Badham?

20 A. I can't, no.

21 Q. When you returned to the carriage, did you meet a police  
22 officer?

23 A. I did.

24 Q. Did you ask him whether there were any further  
25 casualties to whom you could attend?



1 A. Yes, I did and he wasn't sure, but I asked if I could  
2 borrow his torch and he let me have it.  
3 Q. Where did you go?  
4 A. I went through to the front carriage.  
5 Q. To the bombed carriage?  
6 A. Yes.  
7 Q. No doubt, with a torch, you looked in?  
8 A. Yes, I did.  
9 Q. Were there still paramedics, police officers or  
10 firefighters in there dealing with the casualties or was  
11 it empty?  
12 A. It was emptied. It was a crime scene by then, and so --  
13 Q. There were only the deceased there?  
14 A. Yes.  
15 Q. So you didn't need to go in?  
16 A. No.  
17 Q. Therefore, did you then return to the surface and meet  
18 up with your colleagues?  
19 A. Yes, I did.  
20 MR KEITH: Mr Desmond, thank you very much indeed. Those  
21 are all the questions I have for you.  
22 A. Thank you.  
23 LADY JUSTICE HALLETT: Mr Coltart?  
24 Questions by MR COLTART  
25 MR COLTART: Just one short topic, if we may. Could we have

1 back on the screen LAS565, please, page 27 [LAS565-27], I'm told.  
2 This is your first call when you arrive to Central  
3 Ambulance Control. You say you know how busy you are.  
4 You've gone under the instruction of the team leader and  
5 you're showing green:  
6 "Have you had a report?"  
7 The response is:  
8 "My knowledge, just a minor one from N361, who was  
9 something British Rail platform 9, 10, 11."  
10 I think Mr Keith mentioned something about someone  
11 having fallen over on the platform or something of that  
12 kind. But in fairness, N361, as I understand it, was  
13 Mr Bell who had arrived at King's Cross at about 9.15,  
14 and he had asked for a couple of ambulances to attend  
15 because he'd seen some walking wounded coming out of the  
16 train station.  
17 But there's no reference, is there, during the  
18 course of your telephone conversation with Central  
19 Ambulance Control, to a call they had received about  
20 five minutes later from Stacey Rixon, who's declared  
21 a major incident?  
22 A. No, there doesn't appear to be, no.  
23 Q. That's quite a different matter, isn't it? Asking  
24 "Could we have a couple of ambulances to King's Cross?",  
25 to declaring a major incident, is plainly two very

1 different things?

2 A. Very different.

3 Q. With very different consequences?

4 A. Very, very different consequences, yes.

5 Q. Is it fair to assume that you had no idea, when you

6 called back later, at 9.39, to declare your own major

7 incident, that that had already been done?

8 A. Yes, otherwise I wouldn't have declared.

9 Q. There would have been no need?

10 A. No.

11 Q. So does it really boil down to this: that it was

12 perfectly obvious to you that a major incident had

13 occurred, but it was by no means obvious that the London

14 Ambulance Service was aware of that fact?

15 A. I'm not sure. Can you ask it again, sorry?

16 Q. It was a rather long question.

17 A. The last bit.

18 Q. I'll do my best. I might have to read it off the

19 screen. But the thrust --

20 A. Although I was aware there was a major incident, it

21 would appear to me that the London Ambulance Service

22 weren't?

23 Q. Yes, because, otherwise, if you had known that the

24 London Ambulance Service was already aware about the

25 major incident, there would have been no need for you to

1 call?

2 A. True. It doesn't necessarily imply they didn't know  
3 there was one. It implies the person I spoke to didn't  
4 tell me there was one.

5 Q. Would you expect -- it may be that we're straying into  
6 areas which we ought to ask of people from Central  
7 Ambulance Control, but let's just see if we can make any  
8 progress with it.

9 If someone -- you or one of your paramedic  
10 colleagues -- did call in a main incident at 9.20 and  
11 spoke to Ms Smith, for example, in Central Ambulance  
12 Control, and someone else phoned in ten minutes later to  
13 declare a major incident, spoke to Ms Jones, might one  
14 expect Ms Smith and Ms Jones --

15 A. To have communicated that, yes, you would.

16 Q. Or to have shared the same information, whether on their  
17 computer screen or otherwise?

18 A. Yes.

19 MR COLTART: All right, thanks very much.

20 LADY JUSTICE HALLETT: Mr Saunders?

21 Questions by MR SAUNDERS

22 MR SAUNDERS: In fact, Mr Desmond, may I thank you for the  
23 clear way in which you've given that evidence because  
24 I have now very, very few questions to ask. You've  
25 obviously heard some of what I've prefaced by asking

1 your colleague, Mr Sinclair. I think you've dealt with  
2 every single thing that I had.

3 Can I just confirm this: but for the Ketamine  
4 arriving for Lee Harris, there would have been nothing  
5 to stop either you or Phil Nation administering tramadol  
6 for some relief?

7 A. Correct.

8 Q. So for Mrs Harris and the family, they know that the  
9 Ketamine he received was as soon as he could receive  
10 some pain relief?

11 A. Yes, the reason Lee didn't get tramadol was because it  
12 would have been futile with Ketamine there. Ketamine  
13 is -- was the gold standard, and the tramadol -- it  
14 would far outweigh the tramadol.

15 Q. So whatever the dosage was he received, that was far  
16 better for him in the state that he was in than any  
17 amount of tramadol, really?

18 A. Yes, probably, yes.

19 Q. Then, as I say, you've answered everything else that we  
20 had to ask you. Thank you very much indeed. As I've  
21 said to all your colleagues, the family are very  
22 grateful for all your efforts that day.

23 A. Thank you very much.

24 MR SAUNDERS: Thank you very much, Mr Desmond.

25 LADY JUSTICE HALLETT: Mr Patterson?

1 MR PATTERSON: No questions, thank you.

2 LADY JUSTICE HALLETT: Ms Gallagher?

3 Questions by MS GALLAGHER

4 MS GALLAGHER: One very brief matter. Mr Desmond,

5 can I just clarify one very short matter for

6 completeness?

7 You've been taken by Mr Keith, and then again by

8 Mr Coltart, to your first call at 9.32, and Mr Keith

9 also took you to your second call at 9.39 in the records

10 in LAS565, but we don't need them on screen, just before

11 anyone rushes to do that.

12 There's a reference in the second call to you

13 requesting 15 ambulances, and there's no reference to

14 any number of ambulances being requested in the first

15 call, but in your statement, Mr Desmond, you refer to,

16 on your first call, requesting that 30 ambulances have

17 been sent.

18 Can you just help us with that distinction between

19 what you say in your statement and what appears on

20 screen in LAS565?

21 A. Only that my statement was the next year and --

22 Q. That's right, it was January 2006.

23 A. Right, and I've made a mistake there. It should be 15,

24 not 30.

25 MS GALLAGHER: Thank you very much, Mr Desmond.

1 LADY JUSTICE HALLETT: Any other questions for Mr Desmond?  
2 It looks as if those are all the questions we have  
3 for you, Mr Desmond. Thank you for trying so hard to  
4 save two very precious young lives. Thank you.  
5 A. Thank you, my Lady.  
6 LADY JUSTICE HALLETT: Yes, Mr Keith?  
7 MR KEITH: My Lady, we still have Phil Nation.  
8 LADY JUSTICE HALLETT: I think we ought to carry on, I'm  
9 afraid, unless it's going to cause anybody very serious  
10 problems.  
11 MR KEITH: There's much to be said for finishing this area  
12 I'll ask Mr O'Connor to call him.  
13 MR PHILIP JAMES NATION (affirmed)  
14 Questions by MR ANDREW O'CONNOR  
15 MR ANDREW O'CONNOR: Can you give your full name, please.  
16 A. Certainly. It's Philip James Nation.  
17 Q. Mr Nation, in 2005, I believe you were a paramedic with  
18 the London Ambulance Service?  
19 A. That's correct.  
20 Q. You mention in your police statement that, as you put  
21 it, you were attached to HEMS, that is the Helicopter  
22 Emergency Medical Service.  
23 A. That's right, yes.  
24 Q. As I understand the position, it's this: you remained an  
25 employee of the London Ambulance Service, but you spent

1 some of your time working as part of the emergency --  
2 the Helicopter Emergency Medical Service, which is  
3 a charity?

4 A. That's correct, we go through a process of application,  
5 assessment, interview, and then, if that's successful,  
6 we're seconded to HEMS for a period, usually of about  
7 nine months, sometimes longer, sometimes shorter.

8 Q. During that period of secondment, there will be some  
9 periods of time -- a day, a month, or something of that  
10 nature -- when you are actually stationed at the  
11 Royal London Hospital ready to go out on emergency  
12 calls?

13 A. Throughout that secondment, your time is split between  
14 the control room in tasking the aircraft and its  
15 resources and the other half of your time is actually  
16 working upon the aircraft and its other resources.

17 Q. I see, so you gave up your ordinary work with the LAS  
18 altogether?

19 A. I didn't work in an ambulance for the nine months I was  
20 at HEMS, no.

21 Q. I see. On 7 July 2005, by chance, as we understand it,  
22 there was a meeting going on which brought together  
23 either all of, or a large proportion of, the HEMS  
24 doctors and paramedics in London. Is that right?

25 A. That's correct. It was a clinical governance day.



1 Ordinarily, there would be the duty crew, which would be  
2 a doctor and paramedic, fire crew, admin staff and  
3 others. On a governance day, everybody's in, so we had  
4 a significant amount of people on the pad.

5 Q. So when what we all know happened did happen -- that is  
6 a series of events happening simultaneously which  
7 required HEMS to deploy a large number of people all  
8 over London -- it was very lucky that they were all in  
9 the same place and so it made it much easier to deploy  
10 them?

11 A. It was. It was a strange coincidence.

12 Q. You were told that morning that you were going to be  
13 deployed in a group of four medics consisting of  
14 Dr McKenzie, Dr Bland, yourself and a second paramedic  
15 called Gino Kempton?

16 A. That's correct.

17 Q. You were deployed from the Royal London Hospital by  
18 helicopter?

19 A. That's also correct, yes.

20 Q. HEMS only had one helicopter, as I understand it?

21 A. It only ever has had.

22 Q. It only ever has had one. We've heard from other HEMS  
23 medics -- we'll hear from more -- that many of them, on  
24 that day, understandably, were deployed by car?

25 A. Yes, the first team went to Aldgate. With its proximity

1 to the Royal London, it makes little point in taking the  
2 time to lift the aircraft and land it in such a tight  
3 space, so much quicker to go by land to there.

4 Q. You, in any event, went by helicopter?

5 A. We went by helicopter.

6 Q. How close to the station itself did you land?

7 A. We landed in Argyll Square, which is just to the south  
8 of the station. Two minutes' walk.

9 Q. On the helicopter, the medical team -- that is you and  
10 the three others -- were you involved at all in  
11 operating the radio or was that something done by the  
12 flight crew?

13 A. No, there's a -- normally a fair degree of radio silence  
14 in the back of the aircraft. This is to enable the  
15 pilots to continue talking to Air Traffic Control, which  
16 is quite busy, usually. So unless there's anything of  
17 a safety nature, we tend to keep ourselves quiet in the  
18 back.

19 Q. Once you disembark from the helicopter, do you then have  
20 your own independent radio communication with the  
21 Control Centre or anyone else?

22 A. We have a mobile phone. At the time, we had, I believe,  
23 analogue radios that had a waxing and waning degree of  
24 effectiveness. So I think, between the four of us, we  
25 may have had a handset, yes, but I can't recall clearly.

1 Q. Let me explain why I keep asking you about radios.

2 A. Sure.

3 Q. Could we see, please, [LAS565-31]? Mr Nation, if you look

4 at 09.37, the first of the 09.37 entries, you'll see

5 a call from HEMS to the CAC, that's the Central Control,

6 which says:

7 "Status updated to amber to scene."

8 A. Okay.

9 Q. Would that be you taking off or about to leave the

10 Royal London?

11 A. No, as part of the HEMS response, there's a car that

12 I believe was equipped with an MDT unit. From my

13 knowledge, that looks to be -- amber to scene would be

14 an MDT message, a computer message from a car unit to

15 the control room. It wouldn't have been made from the

16 aircraft.

17 Q. That's not you at all?

18 A. No, all of the communication between the aircraft and

19 the control room are via a radio or telephone.

20 Q. I see. Well, let me show you two more entries. It may

21 be that one or other of them, or neither of them,

22 relates to you.

23 Can we see page 34 [LAS565-34] of the same document, please?

24 09.41, Mr Nation, do you see there:

25 "Status updated to red."

1 That looks as though it's the same person who sent  
2 the earlier message.

3 A. It could well have been us. That contradicts what I've  
4 just said. AS1 call receipt would be normally the  
5 receipt of a 999 call in the control room, so it could  
6 well be that this is just how the information was  
7 recorded for the log, and it was us calling in.

8 Q. The reason why I'm asking you these questions, Mr Nation  
9 is, if we then go on to page 38 [LAS565-38], we see at 09.46 a HEMS  
10 call which seems to suggest that HEMS is arriving at  
11 King's Cross.

12 The query is: did you arrive at 09.41, 09.46 or  
13 neither?

14 A. From my knowledge, the one I'm looking at right now, the  
15 09.45, where it says "RT channel 7", that would be our  
16 usual daily method of contact with our control room, so  
17 I would say that would be the reliable one.

18 Q. Thank you, Mr Nation. You arrived, then, just under an  
19 hour after the blast --

20 A. Mm-hmm.

21 Q. -- in Argyll Square as you've said.

22 A. Mm-hmm.

23 Q. You then have a minute or two to get to the station  
24 itself.

25 A. It took a bit longer than that because of the huge

1 amount of people that were between ourselves and  
2 King's Cross that were being evacuated. And also -- it  
3 may have been mentioned earlier -- there was a huge  
4 amount of roadworks and building works going on and  
5 around St Pancras and King's Cross, which meant we had  
6 to cross over obstacles in the middle of the road and  
7 what have you, so it took a little bit of time.

8 Q. Did you have much equipment to carry?

9 A. I believe we had a big medical drugs bag each, or  
10 a medical equipment bag each.

11 Q. So five minutes or so?

12 A. At the very most.

13 Q. Describe the scene as you arrived at the station.

14 A. On approach, it was like walking against a football  
15 crowd coming the other way. There was a huge amount of  
16 people looking very bemused, confused. Some had  
17 obviously come from the station, others were travellers  
18 in the area that were getting caught up in it. But  
19 nobody really had a bit of an idea.

20 But it was very calm, just a large amount of people,  
21 as I say, like walking against a football crowd. As we  
22 got nearer the station, it became obvious that people  
23 had sooty faces and had obviously been evacuated from  
24 some kind of incident and we made our way towards the  
25 one ambulance we could see outside the front that had

1 its lights flashing.

2 Q. Dr McKenzie was the leader of your group?

3 A. He was.

4 Q. He tasked you and Dr Bland to go underground on,  
5 essentially, a reconnaissance mission. Is that right?

6 A. Yes, we spoke initially to Mr Rixon, who was manning the  
7 ambulance. Within about a minute of the conversation,  
8 a BTP officer emerged from the entrance to the  
9 Underground and he was clearly overwhelmed by what he'd  
10 seen, he collapsed, he was trying to get his information  
11 out as fast as possible, we tended to him enough to get  
12 the information we needed, and it was in response to  
13 that information that Dr Bland and I were tasked forward  
14 to the scene.

15 Q. So you and Dr Bland were going underground within  
16 a minute or two of arriving at the scene?

17 A. Certainly no more than that, yes, two to three minutes  
18 at the very most.

19 Q. You describe in your statement how, possibly, at the  
20 Underground concourse level, one set of stairs down, you  
21 and Dr Bland triaged a couple of priority 3 casualties.

22 A. As I mentioned earlier, due to the building works going  
23 on at King's Cross and around there, there seemed to be  
24 a number of entrances into and around it and, as I made  
25 my way down the stairs into the immediate sort of

1 vestibule area, I don't remember huge amounts of people  
2 that the other guys have alluded to, but I do remember  
3 a couple of people that were shocked but otherwise  
4 uninjured, and we basically told them to make their way  
5 out in the anticipation of further coming up, and that  
6 would have been what I was alluding to, I would imagine.

7 Q. You carried on down?

8 A. We then carried on down the stairs, yes.

9 Q. Were you being guided or were you making your own way  
10 down?

11 A. From what I remember, there was either an LU or a fire  
12 officer in that area, and he said, "If you make your way  
13 down to the Piccadilly Line platform", I believe he said  
14 eastbound, so we went down the escalator and made our  
15 way there. On arrival at the platform area, we were met  
16 by another fire officer and, as far as I remember,  
17 that's the amount of contact we had at that point.

18 Q. Did the fire officer point you in the direction of the  
19 tunnel?

20 A. We paused briefly to speak to him. Dr Bland is quite  
21 experienced in CBRN issues, he had a brief conversation  
22 with him about safety, and about whether there was any  
23 angle from that, and the fire officer said that his team  
24 were down there, there didn't appear to be -- that there  
25 had been an explosion and pointed us in that direction

1 as we climbed down onto the platform. It was some walk  
2 from the platform to where the carriages were, then we  
3 met my colleague on his way out, who gave us another  
4 further sit rep, Mr Tompkins.

5 Q. Is it Mr Tompkins who gave evidence earlier?

6 A. Yes, that's right.

7 Q. He described meeting you and passing you in the tunnel?

8 A. That's correct. He was going out. We encouraged him to  
9 go and find Dr McKenzie and further reports, so that he  
10 would have a better sit rep as MIO.

11 Q. Then you carried on to the train?

12 A. Carried on to the train.

13 Q. You climbed on to the train?

14 A. Climbed on to the train. Having looked at the pictures  
15 earlier, it would have been carriage 4.

16 Q. Could we see, then -- it's [INQ10283-12]. So you're  
17 familiar now with the crossover tunnel, the two  
18 entrances to the train, you believe you got on halfway  
19 up?

20 A. Probably --

21 Q. Carriage 4 anyway?

22 A. Carriage 4, yes.

23 Q. You're still with Dr Bland at this stage?

24 A. Yes.

25 Q. Were you here for Mr Taylor's evidence?



1 A. I was, yes.

2 Q. Do you recall Mr Taylor describing at some point on the  
3 train meeting you and a HEMS doctor?

4 A. I don't recall that at all.

5 Q. It's unclear and I don't think Mr Taylor could tell  
6 us --

7 A. Not at that time. I recall seeing Mr Taylor much later,  
8 but certainly not at that time, no.

9 Q. Not as you arrived?

10 A. No.

11 Q. Was it very shortly after you got on to carriage 4 that  
12 your attention was drawn to the casualties on the far  
13 side of the carriage?

14 A. No, there was a bit of a delay in so much as I made my  
15 way forward to carriage 1 where the bomb had gone off  
16 with Mr Bland, because there was nobody between us and  
17 there at that point.

18 When we got to carriage 1, there was an absolute  
19 hive of activity, there was a lot of firemen and, as the  
20 other guys have alluded to, it was literally a question  
21 of moving limbs and body parts to try to ascertain who  
22 was salvageable and who wasn't.

23 I'd probably been there about -- I would say no more  
24 than a minute, and I felt some tugging at the back of my  
25 suit. You have to remember I'm in a bright orange suit

1 with a bright yellow hat, I was quite conspicuous. And  
2 the tugging at the back of my suit was a BTP inspector,  
3 and it was he who alerted me to the patients further  
4 back along the train.

5 Q. Might it have been a BTP constable, Mr Johnson?

6 A. Yes, very possible, very, very possible, we had a bit of  
7 a debate, a short, short-lived debate. I'm afraid,  
8 initially, I was a bit reluctant, just due to the scale  
9 of what I had in front of me, and I thought, you know,  
10 "Which way do I turn? I've got a huge amount of  
11 patients in front of me". I had a very quick chat with  
12 Mr Bland, and Mr Bland assured me that he would be okay,  
13 and that, if this guy was this worried, to go with him,  
14 but it was definitely no more than a minute. Very, very  
15 quick.

16 Q. One of the pieces of evidence that Mr Johnson gave was  
17 that he came up to the carriage, to the front carriage,  
18 to get some pain-relieving drugs, and it may well be  
19 that he made more than one trip.

20 Did that become an issue, the first time he came up,  
21 when he caught your attention, or is that not your  
22 memory?

23 A. I can remember him tugging at my suit, and he said,  
24 "Look, you've got to come with us, we've found people,  
25 we desperately need help, you've got to come with us".

1 As I say, we had this short conversation.

2 I ascertained with my colleague that he was okay where  
3 he was with the support he had, so I went with who I now  
4 know to be PC Johnson.

5 Q. You went back with him?

6 A. I went back with him.

7 Q. There was no discussion of Ketamine with Dr Bland at  
8 this point?

9 A. I didn't know what I was going to find at that point.

10 Q. So you go back to carriage 4 with Mr Johnson?

11 A. I did.

12 Q. You are shown the door, you look out of it?

13 A. They'd forced the doors open between the train and the  
14 tunnel wall, and he basically pointed out the three  
15 casualties that were down there.

16 Q. Was it simply the three casualties at that point, or was  
17 there anyone assisting them, any LAS staff, for example?

18 A. No, they'd -- from my recollection, they had been  
19 triaged, I could see the gentleman that had been triaged  
20 as deceased, I could see him clearly on that. I could  
21 see Mr Harris, he was very, very hard to miss with his  
22 agitated activity, and I could see Ms Badham to his  
23 immediate right.

24 I think what's not been made clear is just how close  
25 these three people were together, you -- almost on top

1 of each other, the three of them.

2 Q. Did you then get down?

3 A. I did. With the assistance of the policeman, I lowered  
4 myself down into this space, and I'd just like to  
5 illustrate the fact that I'm not the biggest person in  
6 the world, I had trouble standing in that space between  
7 the tunnel wall and the train, it really was limited,  
8 which I think influenced an awful lot of decisions that  
9 were taken there and then.

10 Q. You've been in court all day. You've heard the evidence  
11 that the other witnesses have given about how Sam Badham  
12 and Lee Harris were lying --

13 A. Mm-hmm.

14 Q. -- what condition they were in.

15 A. Mm-hmm.

16 Q. What was your estimation of those things?

17 A. I had an immediate access to the Afro-Caribbean  
18 gentleman and, although he had been triaged as dead,  
19 I did feel for a pulse and check for breathing and there  
20 was none. Mr Harris, as the other guys mentioned, was  
21 clearly agitated and he was laying on his front, his  
22 left leg was multiply fractured and entwined around the  
23 left leg of Ms Badham. His right leg was fractured at  
24 his mid-femur and it was up the tunnel wall, and I think  
25 part of his agitation was he could see his own leg, he

1 realised it was in an horrendous position and he was  
2 looking at his leg and screaming and shouting at us to  
3 get him out of there.

4 I obviously took note of the severity of his  
5 injuries, but given the fact that he was able to scream  
6 and shout, I took encouragement that his brain was being  
7 perfused and that his central organs were working  
8 sufficiently.

9 I then quickly turned my attention turned to  
10 Ms Badham. She was a very different prospect. Her left  
11 leg was multiply fractured throughout its length. Her  
12 right leg had almost gone. It was from mid-thigh down,  
13 just -- there was no tissue, there was no evidence of  
14 where that was. I remember severe injuries to her arms  
15 and she was very much a quieter patient.

16 I leaned in very closely to her, I said, "We're here  
17 to get you out, hang on, hang on, we're here to get you  
18 out". She was trying to mouth something to me, but  
19 unfortunately, to this day, I can't really say I heard  
20 clearly what it was.

21 Q. You formed the impression, though, that she could  
22 understand what you were saying.

23 A. Yes.

24 Q. What decisions did you make about the treatment that  
25 they needed?

1 A. I very rapidly realised that these two people needed  
2 more than we could offer at the time. If they were  
3 going to stand any chance of survival, they really  
4 needed surgery and very quickly. I was aware that they  
5 had been through, first, an explosion, then exiting the  
6 train, and then the deceleration of that train between  
7 the tunnel and the train itself and, to be quite frank,  
8 I was astonished they were able to talk to me at this  
9 time. For the traumas their bodies had been through, to  
10 still be able to talk to me, I -- it astonished me.  
11 Purely based on the basic respiratory consciousness  
12 level, responses of the patients, Sam was priority 1 out  
13 of the two, she needed to be out and on her way to help  
14 ASAP. Lee very closely behind.  
15 So being quite aware of the situation, I had very  
16 little hope that we'd get any kind of interventions done  
17 there. It's very much in those situations you move  
18 people to where you have the best access to them. So my  
19 immediate thought was to do what we had to do to get  
20 them out of that tiny little space, get them to a wider  
21 area where we could complete the interventions, and then  
22 as quickly on to surgery as possible.  
23 That would tie in with my nine months of experience  
24 of HEMS with people with similar injuries at that point.  
25 Q. Did that involve getting some Ketamine for them?

1 A. I had a very quick assessment and a look to see.  
2 Obviously, the gold standard would be to get IV access,  
3 and then we could have given morphine intravenously.  
4 I've seen that work. As I say, nine months into my HEMS  
5 secondment, unlike the other guys, I had a lot of  
6 experience of using the stronger drugs. I knew that  
7 would have been the gold standard.  
8 Along with what Adam was saying, it was a balancing  
9 question in between, not giving so much analgesia that  
10 we had a negative effect, in terms of affecting  
11 respirations, but quite the opposite. If you try  
12 lifting and manipulating fractures and cause high levels  
13 of pain, not only do blood pressures go up, it starts  
14 a cascade of things that would have had a very negative  
15 effect on the pair of them.  
16 So, yes, it was --  
17 Q. Did you rule out trying to get IV access?  
18 A. I had a very quick assessment. I believe Adam might  
19 have had an attempt, I can't remember if I had an  
20 attempt. But a combination of it being dark, multiply  
21 fractured limbs, having their cardiovascular system shut  
22 down and the fact that they were beneath the level of  
23 our feet and we were overreaching as it was, it just  
24 wasn't possible in that space, so, yes, it was ruled out  
25 quite quickly.

1 Q. So did you then need to make contact with Dr Bland  
2 somehow for him to authorise Ketamine?

3 A. I did, I was aware we had Ketamine, I was aware it was  
4 absolutely the right drug for this circumstance, it  
5 would have been preferable to give it IV, but it wasn't  
6 an option, and I'm afraid I cannot remember how  
7 I communicated with Dr Bland, but communication was made  
8 with Dr Bland, "We have two seriously injured patients,  
9 we need Ketamine, we will be giving it IM", and it  
10 turned up.

11 Q. I think the answer is that Mr Johnson, the BTP officer,  
12 whom you had first met, took the message up to Dr Bland?

13 A. Yes and I think I was probably having those  
14 conversations with PC Johnson while Sam and Adam were  
15 administering the other pain relief and trying to manage  
16 the patients.

17 Q. You've mentioned Mr Sinclair and Mr Desmond. They  
18 arrived after you?

19 A. Yes, I had not been there very long before I had  
20 their -- gratefully had their assistance.

21 Q. We've heard then that the Ketamine came back.

22 A. It did.

23 Q. You administered the Ketamine, as we've heard, to  
24 Sam Badham. Is that right?

25 A. I believe I did, yes.



1 Q. You were aware that she'd already had the tramadol at  
2 that point?

3 A. I was, yes.

4 Q. You've heard what Mr Desmond said about the possible  
5 complications of taking or being given Ketamine after  
6 tramadol?

7 A. I can only reiterate what Adam said. I had every  
8 confidence that the three of us could manage those  
9 complications quite comfortably and, to be truthful,  
10 respiratory depression is often balanced out by painful  
11 stimuli, and the fact that they were in such discomfort,  
12 we really didn't anticipate their respirations dropping  
13 off at all.

14 It was as if the pain relief and the -- it was  
15 trying to balance the scales, as it were, and although  
16 we'd considered it, we didn't really anticipate.

17 Q. You could manage the complications --

18 A. Yes, we could.

19 Q. -- and there was great advantage in giving the Ketamine?

20 A. Undoubtedly, if we can settle them, it -- it would have  
21 been absolutely inhumane to have untangled their legs  
22 without some form of analgesia, considering what they'd  
23 already been through.

24 Q. How quickly after you gave the Ketamine to Sam Badham,  
25 were you able to put her on to the board and she was

1 then lifted up on to the train?

2 A. Pretty rapidly.

3 Q. A few minutes?

4 A. At the most.

5 Q. You stayed down with Lee Harris when Sam Badham was  
6 taken away, is that right?

7 A. I did.

8 Q. What was the time period then between Sam Badham being  
9 taken away and, I think, Mr Desmond going with her and  
10 getting Lee Harris onto a board and up on to the train?

11 A. Immediately that Sam had been removed from the space and  
12 on to the train, me and Sam set about moving Mr Harris.

13 So as long as it took to pull his legs to length, which  
14 has the effect of pain relief and, also, if they were  
15 bleeding, would have shut down any bleeding.

16 He'd settled from his agitated state at this point,  
17 and I was aware that Ketamine, as a side effect, has  
18 a very sedative effect. It's not only an analgesia,  
19 it's not only an anaesthetic drug, it also has sedative  
20 and amnesiac properties, so it's absolutely the right  
21 drug for that situation. It seemed to settle him. In  
22 my experience of having used it before, this was not an  
23 uncommon pattern for trauma patients who had had  
24 Ketamine administered. But I was aware that it has  
25 a window, when it's effective, so we rapidly pulled his

1 legs to length, manoeuvred him on to the scoop  
2 stretcher, lifted him on to the train.

3 I have to differ with Sam here, I thought Sam had  
4 gone with Lee, because I remained behind to double-check  
5 there was nobody else that I could see, which there  
6 wasn't. So my belief was Sam had gone with Lee.

7 Q. The process of getting Sam Badham and then Lee Harris on  
8 the train required, first of all, stretchers?

9 A. Yes.

10 Q. Was there any delay obtaining the stretchers --

11 A. Not that I recall.

12 Q. It also required people to carry the stretchers?

13 A. It did.

14 Q. We've heard about the policemen and firemen who did  
15 that.

16 A. Yes.

17 Q. Was there any delay in finding those people?

18 A. Absolutely not. They were magnificent.

19 Q. You've already said that you stayed down by the side of  
20 the train --

21 A. I did.

22 Q. -- when first Sam and then Lee were taken away?

23 A. Mm-hmm.

24 Q. You mention in your statement that you were aware of  
25 other casualties. You've already mentioned the man who

1 had been triaged as dead, that's Mr Frederick.

2 A. Mm-hmm.

3 Q. Were there any other casualties? If it helps to show us  
4 by reference to this plan, were you aware of anyone else  
5 down on that side of the train?

6 A. Given the fact that we'd found these three people there,  
7 I'd anticipate that there might be further. I tried to  
8 make my way, first, initially, towards the front of the  
9 train and then initially the other way, but you can  
10 probably just see, with the tunnel wall being in the  
11 design that it was -- what you probably can't appreciate  
12 is the amount of wiring that was there -- and I just  
13 couldn't force my way further down the side of the train  
14 to see, it was that dark, I'd satisfied myself there was  
15 nobody immediately in those spaces that I could find  
16 that needed further treatment, so I climbed back on to  
17 the train.

18 Q. I think it was at that point that you came upon some  
19 people carrying a stretcher with a --

20 A. I was briefly interrupted by a fireman who offered me  
21 some water. I hadn't realised just how hot and how red  
22 and whatever, he took my helmet off, poured a bottle of  
23 water over my head to cool me down and then baby-fed me  
24 another bottle of water, which was very greatly  
25 appreciated and, yes, I jumped down into the double

1 space there, still very conspicuous in my orange and  
2 yellow, and I was walking back towards the platform  
3 where I anticipated these people had been removed to, to  
4 go and offer my services there, and I heard someone  
5 shout "Medic", and when I turned round, there was  
6 a group of policemen carrying a scoop stretcher with an  
7 Afro-Caribbean gentleman on it, and every time they  
8 lifted it, I think it was his left leg was dropping  
9 through a gap at the bottom of the stretcher and this  
10 was understandably distressing them and preventing them  
11 from carrying him any further, so I did my best to  
12 splint that and put it in a position that we could carry  
13 him back down to the platform.

14 Q. Then you helped to carry them back to the platform?

15 A. I did, yes.

16 Q. That person was almost certainly Garri Hollness, who  
17 gave evidence earlier this week.

18 A. Yes.

19 Q. When you got to the platform -- and by this, do we mean  
20 the Piccadilly Line Underground platform?

21 A. The platform from which I'd entered, yes.

22 Q. Did you see another HEMS doctor, Dr Mulcahy, treating  
23 a different casualty?

24 A. There was a hive of activity on the platform at this  
25 point. The subsequent HEMS response seemed to have

1 amalgamated there and, yes, the first group, if you  
2 like, of patients or people treating a patient I came  
3 across was Dr Mulcahy, yes.

4 Q. He was treating a female patient --

5 A. He was.

6 Q. -- who we think was Susan Levy.

7 A. Okay.

8 Q. Tell us what happened with her.

9 A. Alistair Mulcahy was at the patient's head end. There  
10 were three or four London ambulance technicians,  
11 paramedics, assisting him. She was clearly very pale  
12 and in extremis, she looked quite -- in quite a bad way,  
13 and Alistair was gathering equipment to anaesthetise her  
14 and to intubate her.

15 With HEMS, one of the reasons you would put someone  
16 off to sleep at scene is anticipated in hospital course  
17 and, with a lot of our patients, we were anticipating  
18 that the hope would be they would get straight into  
19 surgery, as this would be the definitive care and, just  
20 with my experience, I took it that Alistair was  
21 following this pathway.

22 I introduced myself and offered to assist him. He  
23 had some of the bits he needed to do this, but not all  
24 of them, so I ran back along the platform and basically  
25 pinched bits, not without knowledge, but from the other

1 HEMS teams, to make up the missing parts. I then stayed  
2 at the head end with Mr Mulcahy, and assisted him in  
3 intubating the patient and then stabilising her.

4 Q. How long did that process take, do you think?

5 A. No more than four or five minutes. As the other guys  
6 have said, time is -- I thought I'd spent half an hour  
7 from start to finish on that day. I'd been in the  
8 tunnel two and a half hours, and time just seems to flow  
9 and slow down randomly, so my guess would be, at the  
10 quickest, five minutes, at the outside, ten.

11 Q. Was the patient, in fact, resuscitated at this point?

12 A. I don't recall that. But you must appreciate I was  
13 going backwards and forwards trying to get the bits that  
14 Alistair didn't have, so it may well be I didn't witness  
15 that, but it was going on.

16 Q. In any event, she was stabilised?

17 A. She was.

18 Q. You then, I think, helped to carry her to the surface?

19 A. I did, with everybody else. We each took a hand on the  
20 scoop, and carried her up the stairs.

21 Q. Were you with her when she was put into an ambulance?

22 A. We handed her over onto an ambulance trolley and then  
23 she was wheeled away. That was the last I saw.

24 Q. Did you go back down underground at that point?

25 A. No.

1 Q. What did you do then?

2 A. I was aware that the rest of our response was making its  
3 way back up to the ticket hall. I started gathering our  
4 equipment along with Gino and then we reconvened at  
5 a bus stop outside the station where I met up with the  
6 rest of the HEMS response, Dr Weaver, Dr Davies, all the  
7 other paramedics that had, I believe, come from Aldgate  
8 to us, and then from there we tried to ascertain some  
9 kind of communication with red base in the LAS to see if  
10 we needed to be dispatched anywhere else.

11 Obviously, when we'd left the Royal London some two  
12 hours before, I was aware a team had gone to Aldgate,  
13 I was aware of an incident at Edgware Road, I was aware  
14 of our incident.

15 When we emerged into the daylight, Gino and I, the  
16 talk was of eleven different sites where numerous  
17 numbers of casualties were arriving, and I think  
18 Mr Davies was quite keen to offer our services where we  
19 were needed again. But what with the trouble with the  
20 communications, it took some time to ascertain that.  
21 When it was eventually ascertained, we were put into  
22 cars and driven back to the Royal London to change to  
23 rekit, to restock, and then we remained on the helipad  
24 from probably 1.00 to about 6.00 in the evening when we  
25 were eventually all stood down.



1 MR ANDREW O'CONNOR: Mr Nation, thank you. Those are all my  
2 questions. There may be some more from others.

3 LADY JUSTICE HALLETT: Mr Coltart?

4 Questions by MR COLTART

5 MR COLTART: The lady who was treated on the platform right  
6 at the end was a lady called Susan Levy.

7 A. Yes, sir.

8 Q. I represent her interests. I've just got a very few  
9 questions in relation to that. In order to assist you  
10 with the timing, we know from other evidence Lee Harris  
11 was put into the back of the ambulance upstairs at about  
12 10.50. So if one assumes that it had taken the  
13 stretcher-bearers perhaps five minutes or so to get from  
14 the train back up to the surface level, he probably left  
15 you at about 10.45.

16 So it was some time shortly after that, can we take  
17 it, that you found yourself with Dr Mulcahy and the  
18 other people who were treating Mrs Levy on the platform?

19 A. Mm-hmm.

20 Q. In relation to the other people who were there, you may  
21 know some or all of them. Simone McAdam, do you know  
22 her? She is from the Cycle Response Unit.

23 A. Yes, I know Simone very well, but I had no contact with  
24 her that day.

25 Q. Right. Did you see her there at the time with -- do you

1 remember?

2 A. Treating Ms Levy?

3 Q. Yes.

4 A. There was Mr Mulcahy and there were several LAS members  
5 of staff. She may well have been part of that group,  
6 but I don't recall I'm afraid.

7 Q. As far as Dr Mulcahy is concerned, I don't know if you  
8 can clear this up for us, it may help us next week, is  
9 he from South Africa or Australia?

10 A. Not to my knowledge, no.

11 Q. Not that he's prepared to admit to, anyway.

12 A. No, not to my knowledge, sir.

13 Q. Are any of the HEMS team -- I know it sounds like a daft  
14 question, but we're trying to work out who was doing  
15 what, where, on the train. Are any of the doctors from  
16 the southern hemisphere?

17 A. HEMS recruits from all over the world, New Zealand,  
18 South Africa, so people do come through the system.

19 To my knowledge, not that I am aware of at that  
20 time. But there were ex-HEMS reggies that had offered  
21 themselves up, that had come to the governance day, that  
22 may well have been there that weren't part of the  
23 current team. I just can't recall, I'm afraid.

24 Q. Right. Thank you very much.

25 As far as this particular patient was concerned,

1 Mrs Levy, that was the first dealings that you had had  
2 with her on that day?

3 A. Yes, it was.

4 Q. Can you recall what it was that Dr Mulcahy didn't have  
5 with him that he might have needed which you nipped off  
6 to borrow from somebody else?

7 A. Dr Mulcahy had his own kit. He had a laryngoscope,  
8 which is the method for lifting the tongue and opening  
9 the airway in order to insert the tube into the airways  
10 to facilitate -- ventilate the patient.

11 There's a standard kit dump that we do at HEMS when  
12 we anaesthetise someone at the side of the road that  
13 tries to mimic as much as possible the Royal College of  
14 Anaesthetists' protocol for this procedure in order to  
15 make it safe, and I think, given my training, I went and  
16 gathered all the other bits that formed this standard  
17 kit dump. As Mr Mulcahy had been through the HEMS  
18 system in the past, it would be something that he was  
19 familiar with and I was familiar with, and then it  
20 brought a uniformity to anaesthetising Mrs Levy there.  
21 Basically, just to bed it all in properly, and it tries  
22 to cover most eventualities.

23 So although I can't remember individual bits of  
24 equipment, I would have tried to have make up as much of  
25 this kit dump as possible.

1 Q. That's very helpful. You joined in with the others in  
2 the attempts to revive or resuscitate Mrs Levy on the  
3 platform?

4 A. In so much as managing her airway with the doctor, yes.

5 MR COLTART: You will be aware that, sadly, she died later  
6 in hospital. Her family are here today and I know that  
7 they would like me to thank you for your efforts on that  
8 day.

9 LADY JUSTICE HALLETT: Mr Saunders?

10 Questions by MR SAUNDERS

11 MR SAUNDERS: Mr Nation, it appears, does it not, that from  
12 the time of your arrival, within a matter of minutes,  
13 you're with Lee Harris and Sam Badham?

14 A. Pretty quickly, yes.

15 Q. Whether you express it to Police Constable Johnson in  
16 the terms you did, you quite rapidly return with  
17 Dr Bland with exactly what you wanted, the Ketamine?

18 A. Yes, as I say, I've got very vague recollections, but  
19 I'm sure -- I know I didn't leave either Lee or Sam  
20 until they'd been removed from their position. I get  
21 quite good at using runners ordinarily at scenes, and it  
22 must be Mr Johnson that took that role.

23 Q. You obviously passed on exactly the right message.

24 A. Absolutely.

25 MR SAUNDERS: Mrs Harris has waited many years to see you

1 and to thank you. She will do it personally, but may  
2 I publicly, on her behalf, thank you for all the efforts  
3 you made in respect of Lee and his partner, Sam Badham.

4 A. Thank you.

5 LADY JUSTICE HALLETT: Thank you, Mr Saunders.

6 Ms Gallagher? Any other questions for Mr Nation?

7 Mr Nation, that seems to complete the questions.

8 Save this from me: HEMS seems to be an excellent  
9 organisation, but obviously your response can only be as  
10 quick as when you're alerted to respond. Who takes the  
11 decision as to whether or not an incident requires the  
12 attendance of HEMS?

13 A. As I mentioned at the start of my evidence, for every  
14 shift we do clinically, we do a shift in the control  
15 room tasking the HEMS response.

16 From experience, as soon as you're aware of a major  
17 incident, you attempt to task HEMS as quickly as  
18 possible to get the doctors and the medical incident  
19 officer cover there very quickly. It would have been  
20 the gentleman that was in control that day acting as the  
21 HEMS control paramedic.

22 LADY JUSTICE HALLETT: He needs to get the information from  
23 where?

24 A. He would be picking up the information in the LAS  
25 control room via the different sectors. From my

1 recollection, I believe HEMS had already been tasked to  
2 an unrelated incident to the bombings, so the helicopter  
3 had had to make its way back, and obviously there was  
4 a slight delay in so much as we were doing the  
5 unprecedented act of putting teams together to fly them  
6 into each scene, which, to my knowledge, had not been  
7 done before, other than possibly at train crashes in the  
8 past.

9 LADY JUSTICE HALLETT: Thank you very much. You've heard  
10 what your efforts mean to the families, Mr Nation. May  
11 I echo the thanks that you've heard. Thank you very  
12 much.

13 A. Thank you, my Lady.

14 LADY JUSTICE HALLETT: Right, Mr O'Connor? Were you going  
15 to try to ask me to have some statements read?

16 MR ANDREW O'CONNOR: No, I was simply going to remind you  
17 that they were there and say that no doubt we can read  
18 them on Monday.

19 LADY JUSTICE HALLETT: Are you sure that is what you were  
20 going to say?

21 MR ANDREW O'CONNOR: Very sure, my Lady.

22 LADY JUSTICE HALLETT: Very well. I am sorry if we haven't  
23 quite completed, but I suspect it won't take too long to  
24 read those statements.

25 MR ANDREW O'CONNOR: No, it won't.

1 LADY JUSTICE HALLETT: Very well. Monday morning. Thank  
2 you.  
3 (4.45 pm)  
4 (The inquests adjourned until 10.00 am on Monday,  
5 13 December 2010)  
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