

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

Hearing transcripts - 15 December 2010 - Morning session

1 Wednesday, 15 December 2010

2 (10.00 am)

3 LADY JUSTICE HALLETT: Yes, Mr Keith?

4 MR KEITH: Good morning, my Lady. My Lady, the first

5 witness this morning is Susan Harrison, please.

6 Good morning. Can you hear me?

7 THE WITNESS: Good morning. Yes, I can.

8 MR KEITH: I know that there is a lady with you. Could

9 I ask, please, that you be sworn?

10 MS SUSAN CLAIRE HARRISON (affirmed)

11 (Evidence given by videolink)

12 Questions by MR KEITH

13 MR KEITH: I would be very grateful if you could give the

14 court your full name, please?

15 A. Susan Claire Harrison.

16 Q. Is it Ms Harrison or Mrs Harrison?

17 A. I'm actually Mrs Greenwood as well, actually, apologies.

18 Q. That's quite all right.

19 A. That's my husband --

20 Q. I'll call you Ms Harrison, if I may, because that is the

21 name that appears in the documents that we have.

22 Ms Harrison, in July of 2005, were you working as

23 a registered operating department practitioner at the

24 Great Ormond Street Hospital?

25 A. That's correct.

1 Q. What do you do in that job? What does it entail?

2 A. I assist the anaesthetist and the -- with his equipment
3 and putting the patient to sleep. I assisted the
4 surgeon with instruments, sort of in a scrub role, what
5 they call a scrub role, and the recovery room as well,
6 making sure the patients are safe and pain-free,
7 et cetera, before they go back to the ward area.

8 Q. Thank you. You were, therefore, at that time -- and
9 perhaps since -- travelling in the morning from
10 Turnpike Lane down to either King's Cross or
11 Russell Square.

12 A. Yes, that's correct.

13 Q. That morning, were you debating in your mind whether or
14 not to get off at King's Cross and walk, or to travel
15 onwards to Russell Square and then walk the much shorter
16 distance to Great Ormond Street?

17 A. Yes, that's correct.

18 Q. Unfortunately, what was the decision that you reached?

19 A. I stayed on the train.

20 Q. Do you recall that morning whether or not the train was
21 particularly busy?

22 A. Yes, it was horrendously busy. I had had to wait for
23 about four trains to get to -- even get on that one, and
24 I couldn't even read a book, it was that crammed.

25 Q. When the train arrived, did you get on to the first

1 carriage?

2 A. Yes, I did.

3 Q. Do you recall through which door you entered the train?

4 A. Yes. The front set of doors by the driver's carriage,
5 the double doors. I always got on there, if I could.

6 Q. When you entered the carriage, did you stay in that
7 standing area, or did you move slightly down the inside
8 of that carriage?

9 A. I stayed there.

10 Q. What do you recall, if anything, of the blast itself?

11 A. I remember a sort of a sheer force, really, around you,
12 a pressure, when the blast went. There was no noise for
13 me, it was just silent, and a bit sort of starry and
14 black, but it was the force you could feel.

15 Q. What was your first conscious thought, collected
16 thought, after the moment of the explosion, do you
17 recollect?

18 A. Yes, I recollect thinking exactly that it was an
19 explosion and that being -- being in emergency care, we
20 had been kind of waiting for something like this in
21 London, if you like, we were planning, and it just fit
22 to me, that's what it felt like, and it fit.

23 Q. Where did you find yourself lying?

24 A. I was lying on the floor -- my first conscious thought
25 was I was lying on the floor. I, in fact, was lying

1 underneath someone, but I didn't know that until

2 a little bit after my injuries --

3 Q. Was it dark, do you recall?

4 A. Yes, it was dark, but I distinctly remember seeing some

5 form of light, but whether that was coming from inside,

6 outside, or the other carriage, I don't know, but it was

7 very dim, because I was able to see my legs, so it

8 couldn't have been pitch black.

9 Q. Do you recall whether the carriage was quiet, eerily

10 quiet, or whether -- sorry to press -- you could hear

11 the sounds of people in pain, groaning?

12 A. Oh, absolutely. There was incessant screaming from

13 someone and lots of shouting and they were my first --

14 my first memories of screaming and shouting, panic.

15 Q. We know that you had remarkable presence of mind and you

16 were able to apply a tourniquet to your own leg. How

17 did you discover that you were injured?

18 A. I just happened to look down and saw my injuries on my

19 left leg and my experience told me that I knew I would

20 require an amputation. Therefore, I decided to

21 tourniquet my leg at that point.

22 Q. Do you recall what you used to tourniquet your leg?

23 A. Yes, I was wearing a cardigan with a belt around it, and

24 I took that belt off and used that belt round my leg.

25 Q. That was your most severely damaged leg, your left leg.

1 Do you recall whether or not you were able to do
2 anything for your slightly less but nevertheless
3 severely injured right leg?

4 A. I didn't know at that time that my right leg was
5 injured. As far as I was aware, that was my only
6 injury, my left leg.

7 Q. Did it take you quite a long time to get the tourniquet
8 on to your left leg?

9 A. It took a few attempts, because there was metal railings
10 and bars that were lying across my legs, and I had to
11 try and manoeuvre it underneath to get to my thigh.

12 Q. Did you apply the tourniquet before you became aware
13 that you were, in fact, lying across another person,
14 Shelley Mather?

15 A. Yes, it wasn't until after I'd applied the tourniquet
16 that I realised that I was lying across Shelley.

17 Q. How did you first appreciate that?

18 A. Sorry, I'm not sure I understand.

19 Q. How did you first become aware that you were actually
20 lying on top of somebody else?

21 A. I don't really know, to be honest, how I became actually
22 aware, physically aware, but I guess I saw them, I guess
23 I looked and saw her there. I don't really remember.

24 Q. I think you should have with you a diagram or a sketch
25 that you made when your statement was taken from you

1 in August of 2005, our [INQ8811-2].

2 A. Yes, I do.

3 Q. Ms Harrison, did you mark on that plan how you were
4 lying across, perpendicularly, a lady, Shelley Mather,
5 who was underneath you?

6 A. Yes, that's correct.

7 Q. We can see there that you've marked a body, yourself,
8 lying across the stick outline of another person?

9 A. Yes, that's correct.

10 Q. Were you facing her? So were you lying in such a way
11 that your face was looking up at her face or away from
12 her?

13 A. I was looking down on her. So I was -- I could look
14 sort of that way at her, we were -- just underneath me,
15 I was that way and her head was there, and mine was
16 here, so I could --

17 Q. So you could see her face?

18 A. I could see her face, yes, absolutely.

19 Q. Can you tell us, if you can recall, what you recall of
20 your conversation and how you consoled each other and
21 comforted each other at this terrible time?

22 A. I remember apologising for not being able to get off
23 her, because I couldn't move and I said that I couldn't
24 get off her and she said that that was okay or words to
25 that effect, and I don't remember whether it was her

1 that asked me or whether I asked her about pain and we
2 both said we weren't in pain, and I said to her,
3 I believe, that, "Someone will come, we'll be fine,
4 someone will come and save us", and we just held hands.
5 I think I may have told her that I'd lost my leg,
6 but I can't be 100 per cent at this time, five years'
7 later, I can't be 100 per cent.

8 Q. She told you that she wasn't in pain.

9 A. That's correct.

10 Q. Was she able to tell you whether or not she had, for
11 example, difficulties in breathing or whether or not she
12 was struggling in any way?

13 A. She didn't say anything of that nature. I guess
14 I assumed anyway, because I was laying across her, that
15 there would be problems.

16 Q. Whilst you were talking to her and holding each other's
17 hands, it seems that you were also able to call out to
18 other people in the carriage around you telling them to
19 be calm, that help was on the way. Do you recall that?

20 A. I do. That was actually before that, I think. Yes,
21 I do remember saying that and thinking that everyone
22 needed to relax -- well, not relax, sorry, that's the
23 wrong word, to calm down.

24 Q. Do you think it helped? Did your words, your calls out,
25 help the carriage, do you recall?

1 A. Probably not. Because people were in pain and
2 traumatised, I shouldn't think so, but nonetheless
3 I said that.

4 Q. There is some suggestion in the evidence that you gave
5 to the London Assembly, because we know you gave
6 evidence later to the London Assembly, that at least one
7 or two of the people around you were comforted by you
8 trying to tell them to calm down and it reduced the
9 noise level a little. Do you recall that?

10 A. I don't, but that's nice to know.

11 Q. You were unable to move because of the injuries of your
12 legs. Do you have any concept of how long you remained
13 in that position?

14 A. To me, I didn't have my watch, my watch had been blown
15 off, so I didn't have a concept of time in terms of
16 actual time, but it felt to me like about half an hour,
17 but I believe it was slightly longer than that.

18 Q. What do you first recollect of somebody from outside
19 coming into the carriage?

20 A. I remember a shining of a torch of some kind and there
21 were people -- in particular, a gentleman came to what
22 we term triage, and he went to one person before he came
23 to me and, yes, then he was triaging me.

24 Q. Do you recall which way he came into the carriage? Did
25 he come from the driver's end, the front, or the rear?

1 A. From my recollection, he came from behind me, which
2 would have been the driver's end.

3 Q. Do you know how he triaged you? Do you know what
4 conclusion he reached, which priority he gave you?

5 A. Yes, he tagged me with priority 1.

6 Q. Did you speak to him at all?

7 A. Yes, he asked me my name and I told him my name is Sue,
8 and he said -- I believe he said something along the
9 lines of, "You'll be fine" or, "We'll help you", or
10 something. Words of comfort, anyway.

11 Q. Because you were lying across Shelley, did he then
12 triage Shelley next before moving away?

13 A. He did, but I don't remember what he labelled her,
14 I don't remember the conversation he had with her,
15 I don't remember at the moment.

16 Q. You'd been able to keep yourself going and focused
17 during all that time that you waited.

18 Was your ability to cope with your injuries and to
19 survive then adversely affected, did you feel yourself
20 deteriorating after the paramedic had moved away?

21 A. Quite rapidly deteriorating, actually. I felt very
22 confused and very like I was going to lose
23 consciousness, or that's my conclusion that I came to,
24 and I felt that I couldn't really talk properly.

25 Q. What happened?

1 A. I believe that I slumped forward on top of myself, sort
2 of, and he saw me and my recollection is he saw me and
3 he said, "Sue, are you still with us?" and I went to
4 say, "No", but I recall hearing in my head that I was
5 groaning, and I believe he said something along the
6 lines of, "Get her out of here", or, "Take her out", or
7 something like that.

8 Q. Can you remember how they lifted you up and dragged you
9 out of the carriage?

10 A. Yes, to my knowledge, there was only him in the carriage
11 at that time, but I was then pulled backwards by
12 someone, I don't know who, and then taken, taken out of
13 the train.

14 Q. Your statement records how you recall somebody noticing
15 that you had a tourniquet on your left leg and a debate
16 as to whether or not it should be taken off. Was that
17 in the carriage?

18 A. Yes, that was in the carriage. I believe it was in the
19 carriage. Because the paramedic who triaged me said,
20 "No, leave it on".

21 Q. I think you also had the presence of mind to add your
22 view to the debate and you said, "No, don't take it off
23 yourself"?

24 A. I think I said, "Don't take it off, I'll die", or
25 something like that.

1 Q. Because you were aware, of course, professionally, that
2 the tourniquet was what had perhaps prevented even
3 greater blood loss from the remains of your left leg?

4 A. Absolutely, no doubt.

5 Q. Do you recall Shelley, the lady underneath you, making
6 any sound or reacting when you were pulled off her?

7 A. I believe there may have been a groan, but I couldn't
8 tell -- I couldn't say 100 per cent that that was
9 correct, that it came from her and not someone else, but
10 I believe there was a groan as I was lifted.

11 Q. Do you have any memory of being taken down the tunnel?

12 A. Yes, my memories are different, I believe, to what
13 actually is fact, so -- as I've been told later, but my
14 memories are that I was carried along on a blanket of
15 some kind and I was laid on the tracks at some point,
16 because I remember feeling the track down my spine, and
17 someone was trying to give me water and I was trying to
18 refuse because I said I was going to have an operation
19 and I couldn't have water, and, yes, I can't really
20 remember, but I know they're not true (inaudible).

21 Q. When you gave evidence to the London Assembly, you told
22 that Committee that you believed that you'd had to be
23 resuscitated on the surface outside Russell Square
24 station.

25 Is that something that you discovered later?

1 A. Yes, it is, yes, it is.

2 Q. You were taken, I think, to UCHL. Is that right?

3 A. Yes, that's correct.

4 Q. You spent two weeks in the intensive care unit there?

5 A. Yes, that's correct.

6 Q. They were able to save your right leg. Is that correct?

7 A. Yes, that's correct.

8 Q. You received a number of other injuries and you were

9 treated for those whilst you were at UCHL. Is that

10 correct?

11 A. Yes, that's correct.

12 Q. Do you have any other recollections -- I appreciate it's

13 very difficult -- but any other memories of the lady

14 with whom you spent that time in the carriage,

15 Shelley Mather?

16 A. The only other thing that was probably important was, at

17 the time, I thought she was of ethnic origin because of

18 the soot and markings on her face, and I don't believe

19 she was wearing her glasses, but I couldn't be

20 100 per cent, because I believe she wore glasses.

21 MR KEITH: Thank you very much, Ms Harrison, that's very

22 helpful indeed. I have no further questions for you,

23 but some of my other colleagues might.

24 MR COLTART: No, thank you.

25 MR SAUNDERS: Nothing, thank you, my Lady.

1 LADY JUSTICE HALLETT: Mr Patterson? Does anybody have any
2 other questions for Ms Harrison?
3 Ms Harrison, I'm Lady Justice Hallett, I'm the
4 coroner conducting the inquests. It seems there are no
5 other questions for you.
6 You did, as Mr Keith said, display incredible
7 presence of mind and courage. I appreciate how
8 difficult it must have been for you to give evidence
9 again about what happened that day and what happened to
10 you. Thank you very much for helping me and I'm sure
11 that what you've been able to tell us will also be of
12 great comfort to Shelley Mather's parents and family
13 knowing that she wasn't in pain and that you were there
14 to comfort her. So thank you very much indeed.
15 A. Thank you.
16 MR KEITH: Thank you, my Lady. May I invite you to call
17 William Kilminster, please?
18 MR WILLIAM BRIAN KILMINSTER (sworn)
19 Questions by MR KEITH
20 MR KEITH: Good morning. Could you give the court your full
21 name, please?
22 A. It's William Brian Kilminster.
23 Q. Mr Kilminster, you, in 2005, were a fully qualified
24 paramedic, were you not?
25 A. That's correct.

1 Q. I think you'd been a paramedic by 2005 for some eleven
2 years and you were a team leader at the Camden ambulance
3 station?

4 A. That's correct.

5 Q. That morning, you were on duty there. I think your tour
6 of duty had started fairly early, at 7.00 in the
7 morning?

8 A. Yes.

9 Q. Were you single-crewed to a fast response vehicle?

10 A. I believe I was on Echo -- I can't remember the call
11 sign now, but I was on a single responder.

12 Q. Echo Charlie 52?

13 A. That's the one.

14 Q. How wide an area would you normally be expected to cover
15 as the single-crewed member of that fast-response
16 vehicle?

17 A. The 52 call sign covers --

18 Q. Sorry, could I invite you to keep your voice up? It's
19 quite hard to hear in this large courtroom.

20 A. The area I was covering was the north Camden area, so
21 it's sort of Swiss Cottage, Hampstead, the bottom part
22 of Cricklewood and down towards the St John's Wood area
23 was the area that I was covering at that point.

24 Q. Are you ever double-crewed, or are you ordinarily only
25 single-crewed?

1 A. As a fast response car, single-crewed.

2 Q. Did you have with you all the equipment that we've heard
3 is normally carried by a full paramedic?

4 A. Yes, we do.

5 Q. So paramedic bag, oxygen, defibrillator?

6 A. Yes, all the emergency life support equipment, yes.

7 Q. Your statement shows that, around about 9.15, you were
8 travelling in your vehicle from Hampstead to Camden
9 ambulance station and you heard a message being
10 broadcast over the radio set in the car concerning an
11 incident in King's Cross.

12 A. That's correct.

13 Q. So what did you do?

14 A. I made my way back to the station to -- because I knew
15 our other car, which covers the Camden area, had been
16 moved down towards King's Cross, so I moved to the
17 centre of the Camden area for cover.

18 Q. So you drove there?

19 A. Yes, drove.

20 Q. To make yourself available if you were to be called
21 upon?

22 A. Or to cover the area that Peter Taylor would have been
23 covering as well.

24 Q. Then, after that, were you, yourself, activated to
25 attend King's Cross?

1 A. I was activated by the MDT.

2 Q. Can we have a look, please, at the details kept by the
3 Central Ambulance Control at LAS565? Could we go,
4 first, to page 12 [LAS565-12], please?

5 There is, at 9.18, a call at the bottom of the page,
6 EC52, which is you, EC52, Central Ambulance Control,
7 "nil reply".

8 As a matter of interest, do you recall trying to
9 call but not getting through or having some sort of
10 short attempt?

11 A. I don't recall that, to be honest.

12 Q. You don't recall that. Can we now go to page 21 [LAS565-21]? At
13 09.24, where the cross is, we can see there:

14 "Status updated to amber to scene Russell Square
15 Underground station."

16 So you were dispatched, in fact, to Russell Square
17 station.

18 Then at 26, at 09.30, so six minutes later, we can
19 see -- we can't see because I think I might have the
20 wrong reference. Page 26, I'm sorry. I think I may
21 have said the next page. Page 26 [LAS565-26]. At 09.30, EC52,
22 Charlie 52, that's you, on scene. So you arrived at
23 09.30?

24 A. Yes.

25 Q. When you arrived, could you see any other emergency

1 medical personnel present?

2 A. I couldn't see any emergency service vehicles at all
3 on-site.

4 Q. What was your first priority on arrival? Was it to find
5 somebody who could brief you as to what to do?

6 A. It was to find a member of the station staff initially
7 to get an initial brief and then assess the scene for
8 reporting back to Control.

9 Q. Because you couldn't see anybody else, did you assume
10 that you had therefore been the first person to arrive?

11 A. That's correct.

12 Q. So in the absence of finding another medical officer to
13 whom you could speak, did you try to find some
14 London Underground staff members?

15 A. I found some staff up in the upper foyer.

16 Q. They were in the foyer. Were there casualties, by that
17 time, in the foyer of Russell Square as well?

18 A. In the foyer, there were about 15 to 20 casualties
19 sitting in that area.

20 Q. In what state were they, in general terms?

21 A. Very quiet, just huddled together.

22 Q. Did you receive any information from the
23 London Underground staff as to what had occurred?

24 A. They said there had been an incident on a train down at
25 platform level, so I made my way downstairs to assess

1 what had happened downstairs.

2 Q. Were you able, or did your training permit you, to carry
3 out any kind of medical treatment of the casualties who
4 you'd met in the foyer?

5 A. Initially, with the major incident plan, we wouldn't
6 treat any patients initially, we would try and get an
7 insight of what's going on at the incident and then come
8 back to report and then start doing triaging after that.

9 Q. Therefore, was your view that you were the first person
10 there of great importance because you knew that, as the
11 first person there, you had to carry out the triage
12 process?

13 A. That's correct.

14 Q. The form that you completed -- because we know that you
15 had to fill out a form, an LAS NHS Trust assignment
16 record -- showed that you ticked one or two boxes in
17 relation to who you found on the scene. Could we have
18 a look at that, please? It's [LAS619-6].

19 Right at the top of the page, if you could highlight
20 the call sign, EC52, right above it, that's the one, we
21 can see this is your form. Just under there, we can see
22 that you've ticked the box "First LAS response on
23 scene"?

24 A. That's correct.

25 Q. Was this assignment record something you prepared

1 afterwards?

2 A. It was done after the incident whilst still on the
3 scene.

4 Q. Underneath that, we can see that under the box or under
5 the heading "Also on scene" you've ticked "Police". Is
6 that because there were some police officers in the
7 foyer as well?

8 A. That was done after, so all the other responses that
9 were there at some point. Because the BASICS and
10 Fire Brigade weren't there when I first got there.

11 Q. Right, because you've also ticked "Fire and other LAS",
12 so my question to you was did you tick the "other LAS"
13 because they subsequently arrived?

14 A. That's correct.

15 Q. Did you have a triage kit with you, the labels?

16 A. I had one triage pack.

17 Q. Did you tell the London Underground staff in the foyer
18 that you were unable to intervene medically with the
19 casualties because you had to go down to the track and
20 see what the condition was?

21 A. That's correct.

22 Q. I think, Mr Kilminster, that you've had previous
23 experience of major terrorist attacks in London?

24 A. I've been -- I was at St Mary Axe, the Baltic Exchange.

25 Q. So in those -- on those occasions, did you also attend

1 as a first responder?

2 A. No, I was on an ambulance at those points.

3 Q. You made your way down to --

4 LADY JUSTICE HALLETT: Sorry, just before you go down -- I'm
5 sorry to interrupt -- can we go back to you trying to
6 find out what was going on from the London Underground
7 staff?

8 A. Yes, my Lady.

9 LADY JUSTICE HALLETT: Was it easy for you to find the sort
10 of person you wanted, the kind of level of staff you
11 wanted to get accurate information from? What kind of
12 process was that?

13 A. There was a gentleman there in Underground uniform, I'm
14 not sure if he was the station supervisor, but he
15 started imparting information to me about what he'd
16 ascertained from the people coming up from downstairs.

17 LADY JUSTICE HALLETT: What exactly did he say? Can you
18 remember?

19 A. His exact words I can't remember, my Lady.

20 LADY JUSTICE HALLETT: Well, the --

21 A. It was along the lines of there had been an explosion on
22 the train and there was people downstairs still.

23 LADY JUSTICE HALLETT: You understood he'd gained that
24 information from the passengers themselves?

25 A. From the passengers themselves.

1 LADY JUSTICE HALLETT: Thank you.

2 MR KEITH: Did you know that other medical personnel would
3 be following up behind?

4 A. I know there had been other vehicles being sent
5 following me, as I was first responder, but once we
6 declare a major incident, there will be a minimum number
7 of vehicles being sent automatically to site as well.

8 Q. When you first went down -- because we'll come in
9 a moment to how you came back up again -- when you first
10 went down, did you know that a major incident had been
11 declared?

12 A. No.

13 Q. You were hoping, or perhaps expecting, that some sort of
14 message would go out and there would, for sure, be
15 further medical personnel?

16 A. I would be hoping that, yes.

17 Q. How did you get down?

18 A. I had to walk down the spiral staircase because the
19 lifts had been put out of action.

20 Q. That took some time, no doubt?

21 A. About four or five minutes, it's quite a hefty walk.

22 Q. On the platform, were there any casualties?

23 A. I recall seeing a male on the last bench seat towards
24 the tunnel end of the platform, well, the train end of
25 the platform, with a leg injury.

1 Q. Was it particularly serious, do you recall?
2 A. I do not recall.
3 Q. Were you able to triage him or not?
4 A. I didn't triage him. There was a first aider dealing
5 with him at that point, and they also informed me that
6 there was further casualties in the tunnel.
7 Q. So was the position that you didn't want to stop?
8 A. I still didn't want to carry on -- I needed to get on.
9 Q. You had to carry on.
10 Did you have any means of communication once you
11 descended to platform level?
12 A. I believe I had a handheld radio from the car, but there
13 was no signal downstairs.
14 Q. Was that a London Ambulance Service phone or your own
15 mobile?
16 A. A service phone and a service handheld.
17 Q. But neither worked?
18 A. No.
19 Q. Did you receive any more information from the
20 London Underground staff who were on the platform?
21 A. Apart from saying there's more people in the tunnel,
22 that was all I had at the time.
23 Q. So it reinforced what you'd already been given to
24 understand, which is that there had been a serious
25 incident in the tunnel?

1 A. That's correct.

2 Q. So what did you do next?

3 A. I made my way back up to the surface to get the report
4 on the vehicle radio set.

5 Q. Did you contemplate going further into the tunnel before
6 going back upstairs?

7 A. At that point, no. I was on my own. If there were any
8 other additional problems in there, I may not be able to
9 get back to get the initial report out and make sure
10 we've got the additional vehicles coming.

11 Q. When you got back upstairs, did you meet a fellow
12 paramedic whom you recognised?

13 A. I met Paul Ward coming into the foyer area, who's an
14 officer of the Ambulance Service, and shortly after
15 that, Stacey -- Tracey Russell and Liam Whittaker
16 arrived.

17 Q. Sorry, Tracey Russell?

18 A. And Liam Whittaker.

19 Q. What position or role had Paul Ward taken, did you know?

20 A. He took over as Silver. I relayed what I'd found to him
21 and he was making a report to Control.

22 Q. So you were assured that he would pass on everything
23 that you told him?

24 A. Correct.

25 Q. So by this stage, there were a number of you there. He

1 reported in that there were a large number of
2 casualties, including possible fatalities, and also that
3 there was -- that the tunnel was full of smoke. Was
4 that information, do you think, that you had passed to
5 him?

6 A. I believe so, yes.

7 Q. So what did you decide to do with him at that stage?
8 How did you divide up the responsibilities thereafter?

9 A. Paul took over -- Paul Ward took over as
10 Incident Commander. I went forward as forward triage,
11 taking the ambulance crew with me, to act as a three-man
12 response team in the tunnel, because we didn't know what
13 we were going into.

14 Q. Between the three of you, did you further subdivide your
15 roles, that one of you or perhaps two of you would
16 triage and one would treat? How did it work?

17 A. I went forward as triage and the others were coming in
18 behind to start initial -- additional triage and
19 treatment as necessary on the way through.

20 Q. So were you confident that you had enough -- that there
21 were enough colleagues with you to treat those whom you
22 had triaged, or those you expected to triage?

23 A. I wouldn't say we were confident to treat enough people
24 or enough people to treat what we would find down there,
25 but we can make an initial start.

1 LADY JUSTICE HALLETT: When you decided you were going down
2 with your team and Paul Ward was staying up as Silver,
3 with your major incident experience, would you expect
4 then that he should be visible to anybody else arriving
5 so that they can all find out what's going on?
6 A. That's correct. I believe he should don the Silver
7 jacket, be visible.
8 LADY JUSTICE HALLETT: So he becomes the point of contact?
9 A. He's the point of contact on arrival.
10 LADY JUSTICE HALLETT: For others arriving?
11 A. That's correct, my Lady.
12 MR KEITH: The two colleagues who went with you --
13 Tracey Russell, nee Brooker, and Liam Whittaker had
14 arrived at 9.31 in ambulance G108, so may we take it
15 that they went with you fairly quickly after that, down
16 the stairs?
17 A. Went back downstairs, yes.
18 Q. At some point after 9.30?
19 A. Yes.
20 Q. In terms of the equipment that you took, could you
21 perhaps have a look, please, at your incident report
22 which is [LAS681-2]? Halfway down that page, you'll see
23 there the words:
24 "We went forward as a forward assessment team.
25 I advised them to remove body armour. We took two sets

1 of oxygen, three paramedic packs, two dressing packs and
2 two triage packs and torches."

3 Was that the combination of all the material you had
4 between the through of you?

5 A. From the vehicles, yes, that we could carry with us.

6 Q. Was there a limit on what you could carry? Did you have
7 to leave some equipment behind?

8 A. We took an initial aid kit with us rather than
9 protracted equipment.

10 Q. You walked all that equipment back downstairs, down the
11 spiral staircase to the platform?

12 A. Back downstairs again, yes.

13 Q. Again, were there casualties still on the platform and
14 were you asked to look at them?

15 A. There was still one male on the platform with his leg
16 injury.

17 Q. The same person you'd seen earlier?

18 A. The same that was there earlier.

19 Q. Did you have an opportunity this time to briefly check
20 him?

21 A. We quickly checked him over and I believe we triaged
22 him. I can't remember what we classified him as, at the
23 moment.

24 Q. It's likely, because he was conscious and --

25 A. I believe 1 or a 2.

1 Q. -- talkative, he was a 2 or a 3?
2 A. A 1 or a 2, because he wasn't able to walk.
3 Q. A 1 or a 2?
4 A. Yes.
5 Q. Right. Did somebody lead you down the tunnel?
6 A. There was a member of station staff who came in with us
7 and some police officers, who, by that point, had
8 arrived, and we were making our way down the tunnel by
9 torchlight.
10 Q. How long did that take?
11 A. It's about 200 metres, so a couple of minutes, there was
12 no sort of track of time down there, it was a bit sort
13 of ...
14 Q. Of course. Did you come across any casualties in the
15 tunnel before you reached the train?
16 A. There was a female in front of the train with a member
17 of the Underground staff who had a lower limb injury.
18 Q. Did you triage her?
19 A. She was triaged priority 1.
20 Q. Were you able to -- were there people around you whom
21 you could ask to move persons whom you had triaged?
22 A. I believe we asked the police officers who were
23 following behind us to move this lady up to the platform
24 level and up to the ground level from there, if
25 possible.

1 Q. So were there a number of police officers coming into
2 the tunnel, in fact, behind you?
3 A. Yes.
4 Q. This police officer may have been a British Transport
5 Police officer. Do you recollect that?
6 A. I don't know, I'll be honest.
7 Q. Then you entered the train. Did you have to haul
8 yourself up or was there a ladder?
9 A. There's steps at the front of the train. We climbed in
10 through the driver's cab.
11 Q. The first carriage was, of course, the carriage in which
12 the bomb had detonated.
13 A. Correct.
14 Q. It was, as we have heard, a terrible scene.
15 Were you immediately aware that there were human
16 remains strewn literally across the middle part of the
17 carriage?
18 A. There were body parts in most of the carriage.
19 Q. When you entered, were you aware of whether or not there
20 were other members of the emergency services in the
21 carriage already?
22 A. I couldn't see anybody at that point. Again, we were
23 walking by torchlight. There was no torches from the
24 other side, so we assumed we were the only ones there at
25 that point.

1 Q. One of the first people that you came across was a black
2 male who was on the seats to your right as you entered
3 the carriage --
4 A. Yes.
5 Q. -- who had lost one of his legs, you thought, due to the
6 explosion. Did you triage him?
7 A. Yes, he was triaged priority 1.
8 Q. Do you recall or were you able to see what happened to
9 him thereafter, whether or not he was moved at that
10 point or not?
11 A. I believe he was still there at some time as we were
12 moving forward.
13 Q. He was. So he wasn't, in fact, moved at that time?
14 A. Not at that point, no.
15 Q. Then you triaged a white female who had lost both of her
16 legs and that may have been Gillian Hicks.
17 A. I believe it is.
18 Q. Again, she wasn't able to be moved at that early stage?
19 A. No.
20 Q. In relation to both of them, were their conditions such
21 that there was an immediate medical need for them to be
22 moved straight out?
23 A. They were both priority 1, but at the moment we're
24 looking at rescue triage rather than treatment triage.
25 So we have to assess who else is in there as well rather

1 than treating initially.

2 Q. If somebody is assessed as priority 1 but they need
3 immediate medical treatment, perhaps because they have
4 respiratory problems or there is something that needs to
5 be done by way of intubation or an intravenous line, is
6 that something that you can do straightaway or must you
7 carry on with the triage?

8 A. Not initially, we carry on with triage to make sure
9 we've got an overall view of the number of patients we
10 need to get out safely.

11 Q. How did you divide up between you and Mr Whittaker and
12 Ms Russell who was going to triage which part of the
13 carriage?

14 A. I think we were leapfrogging at that point, we were
15 moving forward while one was assessing, carry on and
16 moving forward.

17 Q. Was the ability to triage affected by the conditions in
18 the carriage?

19 A. It was a bit. It was quite dark in there, but we were
20 assessing respirations and heart rates of the patients.

21 Q. It was very hot, we understand.

22 A. Very hot, dusty, confined in some of the areas with
23 damage that was carried out to the carriage.

24 Q. Was it difficult to move along the carriage?

25 A. It was quite difficult with the remains and bodies that

1 were still there.

2 Q. As you moved through the carriage, did you, in fact,
3 come across a pile of bodies?

4 A. There was a pile in one of the doorwell areas.

5 Q. Were you able to see in that pile anybody moving?

6 A. There was a female in there who was moving her arm, but
7 physically still couldn't get to her at that point.

8 Q. Why was that?

9 A. The debris that was in the way and other bodies as well.

10 Q. Do you know whether or not she was triaged subsequently
11 by one of your colleagues who was able to get through to
12 her or not?

13 A. I don't know.

14 Q. There obviously came a time later when you had satisfied
15 yourself, as had your colleagues, that everybody in the
16 carriage had been assessed one way or t'other.

17 A. Yes.

18 Q. But you don't know whether or not the people you could
19 see moving initially as you entered the carriage were
20 triaged immediately or a little later?

21 A. No, we couldn't get that far.

22 Q. In your statement, you make reference, however, to,
23 specifically, two females on the floor, whom you
24 describe as embracing each other, they were lying, in
25 fact, one on top of the other.

1 A. To the right-hand side, yes.

2 Q. On the right-hand side as you walked towards the rear of
3 the carriage. You marked them on your plan. Perhaps we
4 could have a look at your plan, at point E?

5 So you came into the carriage from the left-hand
6 side and the E, we think, is the E underneath the D.
7 It's rather faint.

8 A. Yes.

9 Q. But were they located, then, between those two double
10 doors on the right-hand side as you went to the rear?

11 A. They were.

12 Q. Did you triage them, do you recall?

13 A. I'm not sure if I triaged them or Liam triaged them, but
14 one was a priority 2 and one was a priority 1.

15 Q. In fact, we'll hear evidence in due course that they
16 were triaged, I think, by Mr Whittaker, but you must
17 have become aware, then, of the fact that they had been
18 triaged as P1 and P2?

19 A. And moved forward, yes.

20 Q. Is that because you were all triaging in a very close,
21 confined area?

22 A. I think it was, yes.

23 Q. Then, as you continued to move towards the end of the
24 carriage, did you come across further deceased
25 passengers but mixed together with some live casualties?

1 A. We did, yes.

2 Q. At that stage, did you come across some medics who had
3 arrived from the rear of the train from King's Cross,
4 Stacey Rixon and Peter Taylor?

5 A. Yes, I saw a light and jackets coming through the other
6 end of the carriageway at that point, and then I saw
7 Peter Taylor and Stacey.

8 Q. Were they able to get into the carriage or did you see
9 their torch through the door?

10 A. They were -- at that point, I think they were in the
11 doorway coming into the carriage.

12 Q. Could you see whether they were actually able to get
13 into the carriage?

14 A. I couldn't see that far, it was still too dark.

15 Q. At that stage, did you then come across a male who was
16 lying across some seats with a very faint pulse?

17 A. Yes, that's the --

18 Q. Marked at G.

19 A. Yes.

20 Q. Could you tell us, please, what you remember of him?

21 A. He was sitting upright but slumped forward a little bit.
22 Peter Taylor was already the other side, because he
23 asked me to --

24 Q. Sorry, who was the other side?

25 A. Peter Taylor.

1 Q. Peter Taylor was there.

2 A. He was triaging him at that point, but he said he wasn't
3 breathing but he had a pulse, could I confirm, because
4 he wasn't 100 per cent sure.

5 So I assessed the patient, he did have a very weak
6 carotid pulse, but he wasn't breathing. We ensured the
7 airway was open and checked again, because I wasn't
8 100 per cent happy to leave him with a pulse, but with
9 the triage sieve that we use, if they're not breathing
10 we have to leave them and move on.

11 Q. Mr Taylor has given evidence to my Lady and he recalls
12 how, as you've just said, quite correctly, under the
13 triage sieve, because he wasn't breathing, he would
14 ordinarily have been certified as dead --

15 A. Correct.

16 Q. -- because he had an open airway and was still not
17 breathing, but that, because he'd found the pulse,
18 a very faint pulse, he'd asked you for your second
19 opinion. He thought by the time you checked the
20 gentleman, who we know to be called Philip Beer, that he
21 had no pulse at all and was, therefore, neither
22 breathing nor indicating a pulse.

23 A. I recall he had --

24 Q. That's very slightly different, because you, of course,
25 thought he still had a faint pulse?

1 A. I recall him having a faint carotid pulse. But no
2 breaths.

3 Q. So in essence, you found nothing different or the
4 conclusion you reached was the same as that reached by
5 Mr Taylor.

6 A. Correct.

7 Q. Namely, no breathing and a very faint pulse?

8 A. That's correct, yes.

9 Q. So what did you decide?

10 A. With the protocol we were using in a major incident for
11 triage sieving, we had to leave him there and carry on
12 looking for other survivors.

13 Q. As far as you are aware, did you ever come back to him
14 and see whether or not he was still indicating a pulse?

15 A. Not after we did the final check of the second
16 assessment of his respirations.

17 Q. I'm so sorry, later, you came back?

18 A. I did two sets of respiration checks on him, because
19 I could feel the pulse, but I wasn't happy at that
20 point, so I did a second set of respiration checks.
21 Then we said, "Yes, he's not breathing, we're going to
22 move on".

23 Q. On that second check, would you have tried to see
24 whether or not he was still indicating a pulse?

25 A. Not initially. It was respiration check first, but

1 I was feeling at the time and I don't recall a pulse at
2 that point.

3 Q. So you did check for a pulse?

4 A. Yes.

5 Q. But found none on the second time that you went
6 through --

7 A. The cycle.

8 Q. -- the cycle?

9 A. Yes.

10 Q. That, therefore, seems to be why Mr Taylor thought that,
11 when you had ultimately reached your decision, he was
12 showing neither respiratory function nor a pulse?

13 A. That's correct.

14 Q. So is it the position, Mr Kilminster, that you went, as
15 I've asked Mr Taylor before, the extra mile in seeing
16 whether there was, in fact, anything you could do for
17 Mr Beer, despite the fact that, on the triage sieve, you
18 would ordinarily have been obliged to move on as soon as
19 there was no respiratory function?

20 A. That's correct, we had a second check.

21 Q. In your statement -- could we have the plan back again
22 on the screen, thank you -- you then describe how at
23 F -- which was the place where you came across two live
24 casualties alongside two or three dead passengers -- you
25 moved a deceased passenger out of the way in order to be

1 able to access the living casualties underneath?

2 A. That's correct.

3 Q. Did you triage them?

4 A. We triaged the two patients on the floor as priority 1s.

5 Q. Do you recall anything of them?

6 A. One male had a lower leg -- or leg injuries, and

7 a female, I don't recall what injuries that she had.

8 Q. Was she the P1?

9 A. She was a P1 as well, yes.

10 Q. She was the P1. Do you remember whether she was moved

11 at all?

12 A. I think she was only moved when we actually extricated

13 her from the carriage.

14 Q. Did you extricate her from the carriage?

15 A. No.

16 Q. Having then carried out those triages, did you then move

17 back towards the front, again checking those persons who

18 had not already been triaged?

19 A. We moved backwards, forwards -- we moved back towards

20 the front of the carriage again, doing a secondary

21 sweep. Because we met up with Peter Taylor, some of the

22 roles changed slightly and there was some initial

23 treatment going on on the patients at that point.

24 Q. Did you have to move any of the deceased passengers very

25 far?

1 A. We -- I think one lady was moved into the second
2 carriage and then we moved two casualties to the single
3 door towards the rear of the carriage.

4 Q. But not out of the carriage?

5 A. But not out of the carriage.

6 Q. Whilst this triage process and the movement of some of
7 the deceased passengers was going on, do you recollect
8 whether or not people were starting to be evacuated?

9 A. I believe patients at A -- A, B and C had been evacuated
10 by that point, I think --

11 Q. So the people that you had first triaged on entry into
12 the carriage?

13 A. -- and taken out towards the Russell Square end.

14 Q. Do you know who was evacuating them, who was helping in
15 that process?

16 A. I don't know.

17 Q. Firefighters, police?

18 A. Probably firefighters, police and ambulance staff that
19 were turning up, but I don't recall seeing who actually
20 carried which patients out.

21 Q. While you were doing this, do you recollect a boom or
22 a rumble inside the tunnel?

23 A. There was a rumble and a pressure wave -- like
24 a pressure build-up.

25 Q. Did you subsequently discover that that was the bomb

1 detonating in Tavistock Square?

2 A. I was told that after the event, yes.

3 Q. We know that was at 9.47.

4 A. Mm-hmm.

5 Q. How long -- I appreciate it's very difficult -- do you
6 think you had been in the carriage by the time you felt
7 or heard that rumble?

8 A. I don't recall.

9 Q. How fast a process was the triage process in the context
10 of this carriage? Is it designed to be as quick as you
11 can properly make it?

12 A. I don't know what the timescale is set to be for
13 triaging, but we were working our way through for live
14 casualties. So it can be 30 seconds, 40 seconds
15 a person, once we're coming across them.

16 Q. There were obviously a large number of casualties in the
17 carriage. Might this triage process -- and I'm mindful
18 that you were being assisted by Mr Whittaker and
19 Tracey Russell and, of course, also by Mr Taylor who had
20 come in from the other end -- might this triage process
21 have taken about 10 minutes or so, quarter of an hour,
22 or is that --

23 A. It's possible, I couldn't say timings down there.

24 Q. The rumble, no doubt, made you consider whether or not
25 there was a secondary device?

1 A. Correct.

2 Q. Did you and your colleagues consider that possibility?

3 A. Once that went off, yes. And I said to them "If you
4 want to leave, we leave now, but we leave as pairs with
5 a patient, if possible".

6 Q. Did anybody leave?

7 A. No, everybody stayed.

8 Q. You go on to describe how, having decided to stay, you
9 continued to try to help a casualty at D in the middle
10 of the carriage, a female with blond hair.

11 A. That's correct.

12 Q. Do you recollect whether you were able to assist her?

13 A. We physically couldn't get her out of the pile or
14 physically get her out to assess her properly. By the
15 time we got to her, she was deceased.

16 Q. This was the lady whom you described earlier as moving
17 her hand or her arm --

18 A. That's correct.

19 Q. -- in the pile? You checked her and you realised there
20 was no respiration under the sieve, the triage sieve?

21 A. Yes.

22 Q. Did you also check for a pulse?

23 A. No, once there's no respirations, we don't continue on
24 at that point.

25 Q. But you had, of course, in the case of Mr Beer?

1 A. Yes.

2 Q. Was there a particular reason why you didn't go that
3 extra mile in relation to --

4 A. We just physically couldn't get her out to check her
5 properly.

6 Q. Is that because she was trapped, surrounded by deceased
7 passengers?

8 A. She was still covered and trapped by deceased bodies.

9 Q. The evacuation process continued and speeded up
10 a little, did it not, at this stage?

11 A. It did.

12 Q. More and more emergency personnel came into the
13 carriage, and I want to ask you what you can recollect
14 now about the two ladies who were together, Sue Harrison
15 and Shelley Mather. They were the two ladies at E.

16 A. Yes.

17 Q. You describe how they were evacuated. Do you remember
18 the process of their evacuation?

19 A. I don't personally, no.

20 Q. You do appear to know from your statement that one lady
21 survived and one didn't. Was that something that you
22 discovered later?

23 A. I discovered that later, yes.

24 Q. You didn't see one of the ladies being taken out to the
25 front of the train and attempts made --

1 A. I knew one lady had been taken out to the front of the
2 train who was having trouble breathing.

3 Q. How did you know that?

4 A. Because I saw them doing that one, extricating her.

5 Q. Was that -- were the attempts to help her with her
6 breathing taking place, did you see, inside the carriage
7 or after she was taken out of the carriage?

8 A. There was an attempt inside the carriage to help her
9 breathe, a needle chest decompression and then she was
10 moved out of the carriage to extricate her and that's
11 the last time I saw her.

12 Q. You don't know whether or not the attempts to alleviate
13 the pneumothorax took place outside the train as well?

14 A. I don't know that one, no.

15 Q. Did you assist with the extrication of the second lady,
16 Susan Harrison?

17 A. I didn't, no.

18 Q. What happened after that? Did a HEMS doctor arrive?

19 A. A HEMS doctor arrived stating that he was the medical
20 incident officer and all patients are to be conveyed
21 towards the King's Cross end of the train and out that
22 way rather than to Russell Square.

23 Q. There was a designated medical incident officer,
24 Dr Mackenzie --

25 A. I don't know the names.

1 Q. -- who my Lady has heard evidence from, but we know
2 there was another doctor who gave some advice in
3 relation to the alleviation of Shelley Mather's
4 pneumothorax and was asked, according to Tracey Russell,
5 whether or not he had any needles for the purposes of
6 trying to attempt decompression.

7 Do you recollect there being a second HEMS doctor,
8 therefore, inside the carriage?

9 A. I only recall the orange suits and one gentleman saying
10 he was -- he's the medical incident officer and that
11 direction that he gave us.

12 Q. But you recall, therefore, that there was more than one
13 HEMS orange-suited person?

14 A. There was quite a few orange suits turning up.

15 Q. Right. Did the lighting ever improve?

16 A. Later in the incident, it did, when the Fire Brigade
17 started bringing some lights down for us. Otherwise, we
18 were working by torchlight.

19 Q. Was that before or after you'd finished this triage
20 process?

21 A. Towards the end of triage.

22 Q. After the lights were installed and after you were told
23 to evacuate to the King's Cross end, did you
24 nevertheless try to identify any further survivors who
25 had been missed on your first sweep?

1 A. We carried on searching again, just in case, with better
2 lighting.

3 Q. Are you confident that you were unable to find any
4 further survivors?

5 A. We didn't find any others, no.

6 Q. You make reference to the fact that the last casualty to
7 be moved was a -- the -- a lady who was at position F.

8 A. That's what I recall, yes.

9 Q. Do you recall whether she was moved all the way out of
10 the carriage or whether she was placed at the end of the
11 carriage or perhaps at the end of carriage 2?

12 A. I didn't -- once she left carriage 1, I didn't see her
13 again at that point.

14 Q. When you left the carriage, was there anybody lying on
15 a stretcher or lying across the seats in the second
16 carriage?

17 A. When I left the carriage, there was no other survivors
18 on that -- on the train at all, because I did the final
19 sweep of the train itself.

20 Q. Then you think you went through the train picking up the
21 remaining medical bags and equipment left in the course
22 of this rescue operation?

23 A. Correct.

24 Q. Did you tell anybody that, as far as you were concerned,
25 no further survivors were there?

1 A. There was -- Paul Ward was on-site, in the carriage as
2 well, and then there was a police officer and a senior
3 fire officer, who I informed that we'd cleared this
4 carriage of all live casualties, and he said, "Okay,
5 it's now closed down, withdraw".

6 Q. When you left King's Cross station, because you went out
7 the King's Cross way as you said, did you have a chance
8 to look at a clock?

9 A. There was a clock in the station. It said -- I think it
10 was 11.42 or 11.45.

11 Q. Did you, at that point, then make contact with the
12 Silver ambulance commander?

13 A. Yes, I did, I found Steve Sale, who was the --

14 Q. Mr Sale?

15 A. Mr Sale, I informed him that all the -- all live
16 casualties were now removed from the platform and train
17 and all staff are now clear from the lower levels.

18 Q. Did you then carry on helping with the walking wounded?
19 I think some buses had been made available to transport
20 them to hospital.

21 A. There was some walking wounded still held on-site. So
22 they were being loaded up. I went to -- there was
23 a secondary triage upstairs, I saw Mr Nigel Ward and
24 I was giving him a hand.

25 Q. How long did you stay there?

1 A. After -- I can't recall.

2 Q. You prepared, subsequently, a document. Could we have
3 [LAS681-3], please? Part of your incident report. You
4 set out the key decisions that you made, and you
5 describe at the top of the page how you entered the
6 tunnel, your request for additional lighting, the
7 concern about a secondary device, and how you informed
8 your colleagues that the carriage was clear of
9 casualties.

10 But in terms of lessons identified, you refer there
11 to lack of communications -- you've already addressed
12 that --

13 A. Yes.

14 Q. -- because your mobile and your phone didn't work. But
15 in relation to the lack of lifting and carrying
16 equipment, in what way had that lack of equipment
17 hindered, do you think, the evacuation of the
18 casualties?

19 A. We were evacuating as quick as we could. We were
20 improvising some of the time, so I don't think it
21 delayed massively the amount of time that we were
22 getting casualties out. Really, it was access down
23 there was the main problem in the carriages.

24 Q. Trying to manoeuvre stretchers round --

25 A. Through the damage and through the bodies.

1 Q. There's been a considerable amount of evidence about how
2 medical personnel took jackets and clothes in order to
3 make rudimentary stretchers, particularly at the
4 Russell Square end?

5 A. Yes.

6 Q. Did you recall such improvisation having to be
7 undertaken?

8 A. I know one of these ladies was moved in, I think, police
9 jackets out of the train at the Russell Square end. We
10 didn't have any stretchers at that point.

11 Q. I think that was, in fact, Shelley Mather. There was
12 a lady moved to the front of the train, she was moved
13 with jackets and pieces of clothing tied together and
14 placed underneath her.

15 A. Quite possible.

16 Q. The lack of the adequate lighting you've addressed. You
17 had to work by virtue of your torches only at the
18 beginning --

19 A. Yes.

20 Q. -- but lighting came later.

21 In relation to best practice, you identified that
22 one benefit or one best practice, a lesson identified,
23 is a three-man forward team. Is there an additional
24 benefit in addition to the fact that you can remove
25 a member of the team and still have two members?

1 A. You would have quicker triage time because you can
2 leapfrog as you go through.

3 Q. Quicker triage time and presumably guaranteed response
4 by way of medical intervention after triage. One of you
5 can treat while the other one or two triage?

6 A. Basic treatment at that point, because you need to carry
7 on going forward until everyone is triaged.

8 Q. Yes. As with, for example, Mr Beer, the gentleman who
9 had a faint pulse but was not breathing, there was
10 a benefit there that you were able to seek, or Mr Taylor
11 was able to seek, a second opinion because he had
12 a colleague nearby.

13 A. Yes.

14 Q. If you had, although you did not, come across someone
15 who could have been saved by way of immediate perhaps
16 intubation, although the triage process didn't allow for
17 that, but subsequently, somebody could have left the
18 team in order to give some sort of medical intervention,
19 if you deemed it necessary?

20 A. I'm not sure about airway management in the situation
21 that we were in at that point. It would have been basic
22 life support to get them to the platform area where more
23 definitive care could have taken place.

24 Q. But the triage process evolved, didn't it?

25 A. It did.

1 Q. Because, as you triaged and as the number of people not
2 triaged reduced, you were releasing your colleagues to
3 be able to start giving immediate --
4 A. Life support.
5 Q. -- life support?
6 A. Yes.
7 Q. If there are three-man teams, you are guaranteed to have
8 a person available to start doing that immediate life
9 support the moment the triage process is ended?
10 A. That's correct.
11 Q. You were in a single-crewed vehicle. Do you think it
12 would have assisted if, as a first responder on a major
13 incident, you could have and perhaps might have had
14 three people in your team?
15 A. Can you ...?
16 Q. Yes. As it happened, you did end up in a team with --
17 A. Yes.
18 Q. -- Liam Whittaker and Tracey Russell and also
19 Stacey Rixon and Peter Taylor from King's Cross.
20 A. Yes.
21 Q. That was happenstance. You couldn't guarantee that they
22 would be there.
23 A. I couldn't guarantee it, no.
24 Q. In attending a major incident where there are multiple
25 fatalities, would it be sensible or would it be helpful

1 to know that there would, for definite, be three people
2 in a team to be able to triage and then turn immediately
3 to life support?

4 A. It possibly would help, but I couldn't guarantee,
5 depending on the number of casualties and things like
6 that.

7 Q. No, this is on the assumption that there are multiple
8 casualties and it's a major incident?

9 A. It could work that way, yes.

10 MR KEITH: Thank you very much. I've no further questions.

11 It's been very helpful.

12 LADY JUSTICE HALLETT: Mr Coltart?

13 Questions by MR COLTART

14 MR COLTART: Good morning, Mr Kilminster. I must explore
15 with you something which you've said towards the end of
16 your evidence, which is that the requirement to make
17 improvised stretchers didn't delay you significantly on
18 that morning.

19 When you first attended that scene and you learned
20 of multiple casualties and an explosion on the train,
21 did you ever envisage for a moment that the paramedics
22 would end up tying different bits of clothing together
23 in order to make stretchers for those injured people?

24 A. Probably not at that time, no.

25 Q. We'll hear in due course from Mr Whittaker and from

1 Ms Russell about what they had to do in order to make
2 those stretchers, but they were having to source
3 different bits of clothing, weren't they, from parts of
4 this dark and smoky carriage in order to tie them
5 together and make stretchers for these very badly
6 injured people to be carried out?

7 A. As I say, I don't recall where the kit came from that
8 they were using, but that's how we had to get them out,
9 yes.

10 Q. Other passengers, injured passengers, were evacuated
11 using blankets and sheets which had been sourced from
12 a hotel in Russell Square. Yes?

13 A. I believe so.

14 Q. But is it your evidence that none of this delays
15 significantly the evacuation process that morning?

16 A. We were getting them out as quickly as we could.

17 Q. There is no doubt about that at all, and there is no
18 doubt that the efforts of yourself and your colleagues
19 were valiant, if I may say so, but you were
20 significantly hampered, I suggest, by the lack of both
21 equipment and personnel available to you that morning.

22 A. Possibly, yes.

23 Q. We know from evidence which we've heard already in
24 relation to both King's Cross and Russell Square that
25 there was clearly a problem getting ambulances to both

1 those scenes that morning. You are aware of that,
2 aren't you?

3 A. I am aware, yes.

4 Q. You were the team leader or a team leader at Camden
5 ambulance station. Did you become aware in due course
6 of particular difficulties with the deployment of your
7 crews from that station?

8 A. I believe they came across the second -- the bus bomb,
9 so they were caught up in that.

10 Q. Were you not aware of a significant delay in their
11 initial deployment before they got caught up in the bus
12 bomb?

13 A. I wasn't, no.

14 Q. They never told you, on your return to the ambulance
15 station, or at any subsequent meeting, that they had sat
16 watching for over an hour on Sky TV waiting to be
17 deployed to either King's Cross or Russell Square?

18 A. When I got back to the station, there was no crews
19 there. I was there for a couple of hours on my own.
20 I didn't see anybody on the day. Nobody told me that
21 they were delayed on station at all.

22 Q. Let's just see if we can assist you with this. Could we
23 have on screen, please, [LAS69-2]? This is the major
24 incident debrief form of a paramedic called
25 Rachel Harris. She works from Camden, doesn't she, or

1 she did at the time?

2 A. She did at the time, yes.

3 Q. Can we just expand the middle of that page, please:

4 "Who dispatched you to the incident?

5 "Central Ambulance Control -- eventually. We

6 watched it on TV at Camden for over an hour. We were

7 then dispatched to a call. When we were green, we made

8 it clear that we were available. We responded to

9 a priority message from EC25 for urgent fluids and

10 stores."

11 She was then deployed, in fact, to Tavistock Square

12 to take those additional medications.

13 Can we go over the page [LAS69-3], please, to the next page?

14 Towards the bottom of the page, she expands upon this:

15 "We cover King's Cross, West End and Paddington

16 regularly. At least four Camden crews sat on station

17 watching it on TV, when EC were holding calls and needed

18 further resources at the incidents. Why were we

19 forgotten? I thought we acted professionally and it

20 worked well."

21 But you never had any discussion with her or any of

22 those four crews about the difficulties which they had

23 encountered that morning?

24 A. I didn't, no.

25 Q. Two more short matters, if I may. You've made reference

1 to hearing the bus bomb?
2 A. A rumble, yes.
3 Q. A rumble, you could sense it, and you thought that you
4 were on the carriage at the time that that happened?
5 A. Yes.
6 Q. It may be that we'll hear from your colleagues --
7 I think Mr Whittaker and Mr Ward -- that they thought
8 they might have been in the tunnel at the time that they
9 heard that rumble.
10 A. I don't --
11 Q. Does that assist you?
12 A. It doesn't, no.
13 Q. As far as you recollect it, you were already in the
14 carriage and working on the triage by then?
15 A. Yes.
16 Q. Finally this. In relation to the lady who was at
17 position F on your map -- shall we just get that back up
18 for a second?
19 At the bottom, the lady at position F who was the
20 last to be evacuated, I think it's right that when you
21 first came across her she was effectively buried, wasn't
22 she, under a pile of casualties?
23 A. I think there was two bodies on top of her at that
24 point.
25 Q. So she was unable to move at this point, you say in your

1 statement?

2 A. Yes.

3 Q. Later, when you saw her for the last time, was it when
4 you were following one of the HEMS teams out of the
5 station?

6 A. I believe that she was on the platform and they were
7 working on her, I had a rest there and then followed her
8 up. That was the last casualty.

9 MR COLTART: Thank you very much.

10 LADY JUSTICE HALLETT: Mr Saunders?

11 Questions by MR SAUNDERS

12 MR SAUNDERS: Mr Kilminster, can I just make sure that I've
13 understood correctly? As the first officer on the
14 scene, your principal role or task was reconnaissance?

15 A. Reconnaissance, yes.

16 Q. Not triage?

17 A. When I first went down on the scene, it was
18 reconnaissance and come back up again.

19 Q. Exactly. What would the position have been --
20 her Ladyship asked you a question about what you'd been
21 told, can you remember what you'd been told?

22 A. Yes.

23 Q. If, in fact, you'd had a very full description, would
24 you have needed to do reconnaissance anyway or could you
25 have gone to the next stage, which would have been

1 triage?

2 A. You still have to reconnaissance the scene to get an
3 accurate picture of what was going on.

4 Q. The acronym we've heard already is CHALET?

5 A. CHALET or METHANE.

6 Q. Or ...?

7 A. METHANE is the other one.

8 Q. Even if you'd had from a station supervisor good
9 intelligence as to what had happened downstairs, you,
10 yourself, would have still had to go down to assess what
11 the casualties were, what the hazards were, what the
12 access was like, because that's the information that you
13 may not have been able to get from anywhere else?

14 A. That's correct.

15 Q. You then having gone down, come back and gone through to
16 Central Control --

17 A. No, Paul Ward went through to Control.

18 Q. Forgive me, yes, you see Mr Ward, he's Silver, give the
19 information to him for that to be passed on. You then
20 go down, now adopting the role of --

21 A. Triage.

22 Q. -- triage. We've heard, as you will, I'm sure, be
23 aware, of two sites already: Aldgate --

24 A. I wasn't aware of the other two sites at that point.

25 Q. No, forgive me, we've heard the evidence already about

1 Aldgate and Edgware Road.

2 When you go back down to triage, it's quite clear

3 you've literally taken as much equipment as you could.

4 A. We did, yes.

5 Q. Mr Keith has already asked you, there was oxygen and

6 various bags, you couldn't have carried any more?

7 A. No.

8 Q. Was there ever a thought in your mind, as you were

9 initial triage, that you would only go down with triage

10 packs?

11 A. Initially, yes, but because we didn't know what we were

12 going into, we actually put our kit in a dump on the

13 train itself, so there was equipment to be used once we

14 got through the triage sieve.

15 Q. Because her Ladyship has heard the evidence that it can

16 be difficult, if you've got equipment with you; that you

17 may be stopped either by casualties or other emergency

18 service personnel, as it were, imploring you to treat

19 a casualty that they're dealing with?

20 A. That's correct, but we dropped all our kit in the

21 carriage as we got into the carriage and then carried on

22 forward.

23 Q. So that's how you were able to achieve that?

24 A. Yes.

25 Q. Then it meant, did it not, that as soon as triage had

1 taken place, you would have, only a short distance away,
2 the equipment to begin the treatment?
3 A. Some basic equipment, yes.
4 Q. You've used a phrase of a difference, as it were, in
5 triage: rescue as opposed to treatment.
6 A. Yes.
7 Q. I think it goes without saying that you were then
8 looking at, "How do we get the people out of here?"
9 A. In the correct order for the treatment.
10 Q. In the correct order, as opposed to a treatment triage,
11 which is normally used, is it not? "What order should
12 we be treating the casualties?"
13 A. Yes.
14 Q. So you knew, first of all, it was going to be rescue and
15 then it had to be the treatment of those that couldn't
16 be immediately extricated?
17 A. Yes. Once I met with Peter Taylor, we swapped from
18 rescue sieving to starting -- rescue.
19 Q. Because, by that stage, the two of you had met and you
20 were satisfied, "Right, we know now how many we have to
21 try to get out as priority 1s"?
22 A. Yes.
23 Q. "Let's see what we can do for those who are still here".
24 A. That's correct.
25 Q. Can I then, please, ask you about two matters in

1 relation to families that I represent?
2 Could we please have up [INQ10283-11]? Mr Kilminster,
3 I don't know whether you've ever seen this before.
4 A. Once.
5 Q. Can I very briefly help you? To the left is the
6 driver's cab where you enter.
7 A. Yes.
8 Q. To the right is the end of carriage number 1.
9 A. Yes.
10 Q. The markings there are where bodies are later recovered
11 from.
12 A. Okay, yes.
13 Q. Those that were murdered that day.
14 You've described that, in order to assist with
15 freeing two of the live casualties, you had to move two
16 people towards the end of the carriage.
17 A. Yes.
18 Q. I represent the family of James Mayes, who is top right.
19 A. Okay.
20 Q. It would appear, would it not, that he was one of those
21 that you had to move?
22 A. He was, he was laying in the middle of the corridor on
23 top of the --
24 Q. You're pointing, so her Ladyship can see, just below,
25 I think, the --

1 A. Where it says "pole", I think, 14, 15.
2 Q. So by 14 and 15 I think is where you're pointing to.
3 A. Yes.
4 Q. So Mr Mayes would have been there, was clearly -- it's
5 accepted, Mr Kilminster, but you had to move him --
6 A. We had to move him to get access.
7 Q. -- in order -- I'm sure although the Mayes aren't here
8 today, I'm sure they'd wish me to say they're very
9 bravely for all the effort you made and quite understand
10 why James had to be moved in the way he was.
11 Can I then ask you about one other? Because it's
12 unclear, but I've assumed, Mr Kilminster, that you
13 cannot give any further description about the lady who
14 herself was trapped. You thought you'd seen some arm
15 movement?
16 A. All I can remember is she had blond --
17 Q. That's what you've always said, I think, in all the
18 reports.
19 A. Yes.
20 Q. That's the only description you can give. Nothing else
21 about clothing or anything like that?
22 A. No, I'm sorry.
23 Q. I assumed that would be the position. The fact is this,
24 isn't it, that in any event, because you were still
25 triaging, you couldn't have stopped --

1 A. No.

2 Q. -- to have rendered any assistance, even if you could
3 have got to that lady?

4 A. We would carry on until we finished triaging.

5 Q. So you couldn't get to her anyway?

6 A. No.

7 Q. But even if you could have done, because of the stage
8 you were at, you had to complete triage and, as in fact
9 did happen, you came back?

10 A. That's correct.

11 Q. But by that stage, there was absolutely no sign of life?

12 A. That's correct.

13 MR SAUNDERS: Thank you very much indeed, Mr Kilminster.

14 LADY JUSTICE HALLETT: Mr Kilminster, can I just pursue one
15 of Mr Saunders' questions? You've attended other major
16 incidents, sadly.

17 A. Correct, my Lady.

18 LADY JUSTICE HALLETT: Mr Saunders asked you, even if you'd
19 had a full description from somebody at the scene when
20 you arrived, you would still have to go down to assess
21 it from, as it were, the medic's point of view?

22 A. As first on scene, yes, to get a detailed report back,
23 or a more accurate report back to Control.

24 LADY JUSTICE HALLETT: Would that apply to any major
25 incident or does it apply because of the particular

1 circumstances that this was underground in a tunnel?

2 A. To any major incident, my Lady.

3 LADY JUSTICE HALLETT: So even if you had arrived and found

4 a representative from another rescue service, whom you

5 knew had been used themselves, as it were, to major

6 incidents, and had said to you, "This is what I've got,

7 this is what I've seen", would you then still have had

8 to go down yourself on that first reconnaissance trip?

9 A. We'd still need rough casualty numbers and -- the sort

10 of casualty numbers that you have as well, so we would

11 still go down.

12 LADY JUSTICE HALLETT: But if you had really good quality

13 information from a fellow rescuer or a fellow emergency

14 services, I'm just wondering --

15 A. It would probably have fed back as that point, but then

16 we would still go forward to make one for the service

17 itself.

18 LADY JUSTICE HALLETT: Because, of course, in normal

19 circumstances, you can immediately radio and we don't

20 have this --

21 A. Delays.

22 LADY JUSTICE HALLETT: -- delay. Right, thank you. That's

23 all. I don't know if you wanted to pursue that,

24 Mr Saunders, thank you.

25 MR SAUNDERS: My Lady, no, thank you very much.

1 LADY JUSTICE HALLETT: Thank you. Mr Patterson?

2 Questions by MR PATTERSON

3 MR PATTERSON: Mr Kilminster, dealing with the
4 reconnaissance that you've just been dealing with, you
5 then came back up to the surface where you met
6 Paul Ward, who I think you said was Silver Command?

7 A. Yes.

8 Q. So the senior officer now at the scene.

9 You met with the crew from the ambulance,
10 Liam Whittaker and Tracey Russell. At that stage,
11 Mr Kilminster, was there any suggestion of a delay until
12 the British Transport Police gave you permission to go
13 downstairs with the rescue team that you have described?

14 A. There was no delay going back down to the platform, once
15 we got the kit together, we went straight back down to
16 the platform.

17 Q. Then in terms of the division of roles, you described
18 today that this forward team that you were leading, this
19 team of three, that there was a clear division of roles
20 with you doing triage and I think you said the other
21 two, so that would be Mr Whittaker --

22 A. Yes.

23 Q. -- and Mrs Russell dealing with initial triage and
24 treatment, is my note of what you said?

25 A. They were controlling things like exsanguinating

1 haemorrhage and things like that, so massive bleeding
2 they would stop and then we would carry on going
3 forward.

4 Q. You've described leapfrogging and so forth?

5 A. Yes.

6 Q. But in terms of who was doing what and what people knew
7 about their designated roles, was it a clear division of
8 roles as you went down towards the tunnel?

9 A. It's more of a fluid role, because you've all got --
10 each had a triage pack, so we were each triaging and --
11 sort of immediate care going forward.

12 Q. Were there any delays that might have been caused --
13 looking back now with the benefit of hindsight -- any
14 delays that might have been caused by any uncertainty as
15 to who was doing what?

16 A. Not going through the triage at initial points.

17 Q. In the incident report that you prepared, we saw it on
18 the screen a little earlier, I think you made that,
19 didn't you, very shortly after the events?

20 A. Yes.

21 Q. Was that the same day or some days later?

22 A. Some time after.

23 Q. In that, you described the decisions that you made. We
24 saw -- it can be put up again, if need be -- the heading
25 of "Key decisions made", but in that, what you indicated

1 within days of the incident was that the decision was
2 not to treat patients on arrival, to form a forward
3 triage team and you spoke of assessing rapidly and you
4 spoke of a forward assessment team?

5 A. Yes, same role, assessing the patients and triaging
6 going forward.

7 Q. My point is this: you made no reference in that report
8 to treatment or to the two members of your three-person
9 team having a treatment role.

10 A. All we would do, is, if they're exsanguinating bleeding,
11 a dressing would be applied and we would carry on to the
12 next people. That was the only treatment we would do
13 initially on the first sieve through.

14 Q. So although the words that you used were "assessing and
15 triaging", that did incorporate treatment, did it?

16 A. Basic treatment.

17 Q. Basic treatment?

18 A. Basic treatment.

19 Q. Is there a clear division between the basic treatment
20 that can be given at that initial stage and other
21 perhaps more complex treatment that has to wait?

22 A. It will be given as -- to stop exsanguinating bleeding
23 and, at that point, we'd then do the ABCs and carry on,
24 which is airway, breathing, circulation, which are the
25 triage checks we do, and carry on. We don't do anything

1 else until we finish the triage sieve.

2 Q. So, for example, if somebody stopped breathing in your
3 presence, would you feel able to try to resuscitate?

4 A. In this incident, no, and as a major incident, no, we
5 wouldn't attempt resuscitation if they are not
6 breathing.

7 Q. Unless I'm mistaken, I don't think the major incident
8 plan -- which covered all of this, didn't it?

9 A. It did.

10 Q. That's what you were working to, wasn't it?

11 A. Yes.

12 Q. Unless I'm mistaken, I don't think it deals with, does
13 it, treatment at that stage of the initial sieve, it
14 merely deals with triage?

15 A. It's triage and the exsanguinating bleeding side of
16 things it deals with, so we know -- we stop -- if limbs
17 are off and they're bleeding heavily, we would apply
18 dressings to try to stem that bleeding, but carry on.

19 Q. So that we're clear about it, that initial sieve, under
20 the major incident plan, does require a paramedic to use
21 dressings to stem the flow of blood?

22 A. Yes.

23 Q. So a paramedic can go that far at that initial sieve
24 stage?

25 A. Yes, correct.

1 Q. Can I ask you, please, Mr Kilminster, about the events
2 once you were in the carriage and, in particular, the
3 young man on the seats? I think we saw on the screen,
4 didn't we, that you had given the letter of the alphabet
5 G for the place where you found him, and we heard
6 evidence from Mr Taylor about Philip Beer?

7 A. Yes.

8 Q. Were you aware that Mr Beer had been talking and
9 breathing only a few minutes earlier?

10 A. No, I wasn't.

11 Q. We heard that from Mr Taylor. That's not something that
12 you heard, you didn't hear him crying out "Help me"?

13 A. Not on the scene -- not at the scene, no.

14 Q. You described that you checked his breathing. How did
15 you check his breathing?

16 A. You look, listen and feel for his breathing.

17 Q. Did you check his levels of consciousness?

18 A. Under the major incident plan, it doesn't come into
19 that. It's checking whether they are breathing or not
20 and he wasn't breathing.

21 Q. So checking levels of consciousness isn't something that
22 was done, because that comes later in the triage sort
23 rather than the initial triage sieve?

24 A. That's correct.

25 Q. You say there was a pulse, albeit very faint. In

1 neither your statement nor your report do you make any
2 mention of a second check later, by which stage there
3 was no pulse.

4 Are you sure that that is something that happened?

5 A. The second check took place straightaway after the first
6 one, because we weren't 100 per cent -- I wasn't happy
7 initially, so I checked it again, at that point, after
8 the first check. We didn't come back to him, we stayed
9 with him and did a second check.

10 Q. I see, so it's not a case of go away, deal with other
11 casualties and come back some minutes later?

12 A. No.

13 Q. This is what, within seconds of the first check?

14 A. Yes.

15 Q. In your statement, you deal with this. In your
16 statement you deal simply with pulse, albeit very faint.

17 A. Yes.

18 Q. Then you move on to describe other events, but you make
19 no mention in your statement of the pulse dropping from
20 very faint to no pulse.

21 Is there a reason why you didn't deal with that in
22 your statement?

23 A. I can't recall on why it wasn't put in there at that
24 point.

25 Q. But in any event, in the light of what you had seen with

1 this particular patient, you felt unable to categorise
2 him as a priority 1 and you felt that you were required
3 to categorise him, sadly, as a casualty to be treated as
4 dead?

5 A. Correct.

6 Q. How long after those dealings with that particular
7 casualty was it that you saw the other medical staff who
8 you described coming into the carriage?

9 A. Peter Taylor was already in the carriage from the other
10 side because he was dealing with the gentleman already.

11 So he was already on -- in the carriage with us.

12 Q. Then some time later, I think more medical staff
13 arrived, London Ambulance Service?

14 A. That's correct.

15 Q. HEMS, is that right? Can you help with the passage of
16 time, or is it too difficult?

17 A. I have no recollection of time down there, I'll be
18 honest.

19 Q. Then, in terms of division of roles, you said that there
20 was a change once you met Mr Taylor into roles, because
21 up until then it was triage and then there was a change,
22 I think you said some minutes ago, to treatment. Is
23 that right?

24 A. Because we'd assessed everybody -- all the survivors we
25 had, we then started treating some of the patients that

1 we had access to.

2 Q. Again, that change in the role, was that a clearly
3 defined change, so that everyone knew that now they
4 could give treatment if they wanted to give treatment?

5 A. Once we met up with the other team coming from the other
6 end, we knew they'd triaged everything their side, we'd
7 triaged everything our side, so we knew all the rescue
8 triage had been done, we were now looking at swapping to
9 treatment.

10 MR PATTERSON: Mr Kilminster, thank you very much. I have
11 no more questions.

12 LADY JUSTICE HALLETT: Ms Gallagher?

13 Questions by MS GALLAGHER

14 MS GALLAGHER: Just one very brief matter, Mr Kilminster.
15 Everything else has been covered by the people who have
16 questioned you before me.

17 We're aware that you were a very experienced
18 paramedic at the time of the bombings and we're aware
19 that, sadly, you've had experience of other major
20 terrorist incidents and I think you may also have
21 attended Paddington rail disaster, which you didn't
22 mention earlier --

23 A. Yes.

24 Q. -- when you were mentioning the terrorist-related
25 incidents. By 2005, do you recall when you'd most

1 recently had major incident training?
2 A. Going back that far, I can't remember.
3 Q. But you certainly had had major incident training by
4 that time?
5 A. I had, yes.
6 Q. Do you recall if you'd ever had, by that time,
7 interservice training, so training with other emergency
8 services, or was the training you'd received specific to
9 the LAS?
10 A. I had done some exercising with other services for major
11 incidents by that point, if I recall.
12 Q. Can you recall roughly when that was?
13 A. Not off the top of my head, no.
14 MS GALLAGHER: It's something we'll have to explore in
15 another way.
16 Thank you very much, Mr Kilminster.
17 LADY JUSTICE HALLETT: Any other questions? Ms Simcock?
18 Questions by MS SIMCOCK
19 MS SIMCOCK: Just one. Mr Kilminster, were you awarded an
20 MBE as a result of your actions on the day?
21 A. I was.
22 MS SIMCOCK: I'm very grateful, thank you.
23 LADY JUSTICE HALLETT: Any other questions for
24 Mr Kilminster?
25 Those are all the questions we have for you. You've

1 spoken very calmly and quietly about what you did that
2 day. I've no doubt your calmness belies, not only the
3 horror of what you saw, but the effect upon you. You
4 displayed a high degree of professionalism and you
5 carried on displaying it, even when you realised there
6 might have been another bomb. So thank you very much
7 for all that you did. You plainly thoroughly deserve
8 the MBE, thank you.

9 A. Thank you, my Lady.

10 MR KEITH: Thank you, Mr Kilminster.

11 LADY JUSTICE HALLETT: Shall we take a break?

12 MR KEITH: My Lady, yes.

13 LADY JUSTICE HALLETT: Thank you.

14 (11.25 am)

15 (A short break)

16 (11.40 am)

17 MR KEITH: My Lady, may I invite you to call Liam Whittaker?

18 DR LIAM DAVID WHITTAKER (affirmed)

19 Questions by MR KEITH

20 MR KEITH: Good morning. Could you give the court your full
21 name, please?

22 A. Liam David Whittaker.

23 Q. Mr Whittaker, in July of 2005, were you studying to
24 become a doctor?

25 A. Yes.

1 Q. Before you started studying at Dundee University, were
2 you already a full-time, qualified paramedic?

3 A. Yes.

4 Q. Therefore, in that July, had you returned to London to
5 carry on being a paramedic during a break from your
6 studies?

7 A. Yes, I had.

8 Q. Perhaps you will allow me to ask, did you subsequently
9 return to your studies and qualify as a doctor?

10 A. Yes, I did.

11 Q. You were carrying out, I think, some of your 20 weeks
12 a year as a paramedic then and, when you returned to
13 London, were you reassigned to the same ambulance
14 station where you had previously been a paramedic?

15 A. I requested to go there.

16 Q. Was that Islington?

17 A. Yes.

18 Q. That day, were you crewed to an ambulance with
19 Tracey Brooker, her maiden name, but now Tracey Russell?

20 A. Yes, I was.

21 Q. Was your ambulance G, for Golf, 108?

22 A. Yes.

23 Q. That morning, I think you'd been sent to N1, London N1,
24 to deal with a lady who had suffered an incident of some
25 sort and you took her to University College Hospital

1 London, and then you went to Tottenham Court Road, and
2 were you in a shop when Tracey Russell ran in to say
3 that you had to go immediately because a major incident
4 had been declared?

5 A. Yes.

6 Q. You abandoned what you were doing and returned to the
7 ambulance. Could you hear over the radio multiple
8 messages concerning incidents in London?

9 A. Yes, there was a lot of radio traffic.

10 Q. Amongst the addresses that you heard being mentioned,
11 was there reference to Russell Square?

12 A. Yes.

13 Q. So what did you decide to do?

14 A. Even though we knew it was against our better judgment,
15 we decided to self-deploy -- well, to drive past the
16 area to see if we would be needed.

17 Q. Was that because Russell Square was very close?

18 A. Yes.

19 Q. So you thought "We might as well drive past and see
20 whether we can help"?

21 A. Yes.

22 Q. Because it's perhaps on your way to anywhere?

23 A. We were driving straight past it.

24 Q. When you arrived, were you able to contact the Central
25 Ambulance Control to tell them what you were doing?

1 A. No.

2 Q. Why was that?

3 A. There was just too much radio traffic. The controls
4 were obviously very busy, and we were unable to get
5 through.

6 Q. At Russell Square, did you park right outside the
7 station?

8 A. Yes, outside the station entrance, ahead of the first
9 response vehicle that was already there.

10 Q. By the first response vehicle, as one of the vehicles,
11 the cars -- I think it was a Vauxhall Astra --

12 A. Yes.

13 Q. -- did you subsequently see Mr Kilminster and
14 subsequently see Mr Ward?

15 A. Yes.

16 Q. Therefore, it was one of their two cars?

17 A. Yes.

18 Q. Your time of arrival, could we have [LAS676-2], please,
19 9.31 for G108.

20 I've given myself the front page rather than the
21 actual page. I have the wrong reference there. Anyway,
22 will you take it from me, please, that your arrival was
23 09.31 for G108?

24 Soon after arriving, did you come across Mr Ward?

25 A. Yes.

1 Q. Did you appreciate that he was carrying out an initial
2 command role --

3 A. Yes.

4 Q. -- and, therefore, was in a position to brief you as to
5 what you should do. What did he tell you to do?

6 A. From my recollection, he just told us to get ready to go
7 down on to the train.

8 Q. Was he able to contact Control, given that you'd been
9 unsuccessful in so doing?

10 A. Yes.

11 Q. He told them that you were there --

12 A. Yes.

13 Q. -- and that you were going to go down, perhaps?

14 A. I believe so.

15 Q. Because this was a major incident, did you have to pause
16 and reflect on what equipment you might need and how you
17 might prepare yourself for what would ensue?

18 A. As soon as we found out we were to go on to the train,
19 I realised that we would be in some sort of triage role,
20 that we would need that and, also, just as a reaction,
21 to take as much other equipment as was needed,
22 considering the other information we were getting.

23 Q. Did you put together, then, your paramedic bag, oxygen
24 bag, burns kit and triage pack?

25 A. Yes, we pretty much emptied the ambulance.

1 Q. Your statement records how there was some reference made
2 by somebody in the foyer to a pregnant lady. So did you
3 also take out of your ambulance a maternity pack?
4 A. Yes, we did.
5 Q. It wasn't needed?
6 A. No.
7 Q. You saw Mr Kilminster. Mr Kilminster had been down
8 below to the platform and had gained some additional
9 information. Did he relay to you what he'd discovered?
10 A. I can't recall his exact information that he gave us,
11 but, yes.
12 Q. Were you able to go straight down after seeing him, or
13 did you have to wait for some authorisation from
14 London Underground?
15 A. We took authorisation from the senior LAS, other
16 Ambulance Service crew on scene, so I don't believe
17 there was a delay.
18 Q. Then you went down the spiral staircase?
19 A. Yes.
20 Q. Were you accompanied by some police officers?
21 A. Yes, I was aware that there was, I think, BTP.
22 Q. British Transport Police officers?
23 A. Yes.
24 Q. On the platform, were there any casualties that you
25 could see?

1 A. I recall there being a gentleman at the far end of the
2 platform closest to the tunnel.

3 Q. Was he being looked after?

4 A. There was another person with him, yes, a first aider.

5 Q. You say in your statement how that particular person,
6 the first aider, described himself to you as a doctor.

7 A. Yes.

8 Q. Did you see him again later in the tunnel or on the
9 train?

10 A. I don't recall it being the same person.

11 Q. Because we know that, later, there was a doctor who
12 approached the train and certified Shelley Mather as
13 being dead. It wasn't the same person, was it?

14 A. No, not that I'm aware.

15 Q. So the patient on the platform was being looked after.
16 Did you help him yourself at all or assess him?

17 A. I assessed him, I believe he had a missing lower limb.
18 I assigned him a triage category, I can't recall if
19 I left any bandages with the doctor or not, he wanted to
20 leave more equipment, but I said I couldn't, and we
21 carried on.

22 Q. Why could you not leave equipment?

23 A. Well, my paramedic supply and things, very limited with
24 what I could take. I didn't know what was to come on
25 the train and what I would need, so as I could see with

1 him he was conscious, breathing, he had a pulse, he was
2 interacting with the doctor and had someone to look
3 after him.

4 Q. Did you explain to him and the doctor why you couldn't
5 stay and treat him yourself?

6 A. Yes.

7 Q. Why was that?

8 A. Because we were to go -- we said we had to go further on
9 and triage the rest of the casualties, and that was our
10 initial role, and that people would be coming along
11 after us.

12 Q. So you walked down the tunnel. Was your crew mate,
13 Tracey Russell, with you as well?

14 A. Yes.

15 Q. Then, as you describe, Mr Ward -- sorry, Mr Ward and
16 a member of London Underground staff?

17 A. Yes.

18 Q. Were you able to see where you were walking?

19 A. Vaguely. It got darker as we got further down the
20 tunnel.

21 Q. It was a long walk, was it not --

22 A. Yes, it was.

23 Q. -- and difficult, because you were carrying equipment
24 and it wasn't easy to walk along the sleepers and the
25 rails?

1 A. No.

2 Q. Did you become separated from Mr Kilminster as you
3 walked down the tunnel?

4 A. I recall him being ahead of us. I think he must have
5 entered the train before us. I think there was a slight
6 separation, but not out of sight.

7 Q. He has described how, whilst he was actually on the
8 train, he heard a thump or a thud, which was the bomb
9 detonating in Tavistock Square.

10 Do you recollect any similar sort of thump or thud
11 while you were in the tunnel?

12 A. Yes, I do.

13 Q. Where were you?

14 A. I believe I was still in the tunnel.

15 Q. So might that indicate that he was quite a way ahead of
16 you, he'd already got on to the train, when you heard
17 the thud of the detonation?

18 A. You could suppose that.

19 Q. In the tunnel, did you come across a casualty before you
20 reached the train?

21 A. I believe I did, yes.

22 Q. Where was that person?

23 A. On the left-hand side of the tunnel against the slope of
24 the wall.

25 Q. In what condition was he?

1 A. I believe it was a gentleman, I believe he also had
2 lower limb injuries, if not an amputation, but he was
3 conscious, breathing and awake as well.

4 Q. And very alert, because I think we'll hear from
5 Tracey Russell in a moment that he cracked a joke to you
6 and Ms Russell as you approached --

7 A. Yes, that's what I recall.

8 Q. -- and was -- we've heard from other evidence -- holding
9 one of his legs?

10 A. I can't remember.

11 Q. You can't recall that. He was prioritised by you as
12 a P1?

13 A. Yes.

14 Q. Because he was there, because he was alert and
15 conscious, and able to converse with you, having
16 prioritised him, could you leave him?

17 A. Yes.

18 Q. Was there anybody there with him, do you recall?

19 A. I think I do remember there being somebody there with
20 him.

21 Q. Then did you board the carriage?

22 A. Yes.

23 Q. What did you do first?

24 A. I think I just initially took in the scene to try to
25 ascertain where we should -- where we should go.

1 Q. You had Mr Ward with you, Mr Kilminster had gone ahead
2 and you had Ms Russell.

3 Was there some debate between you as to whether you
4 would all triage and then turn to treatment or whether
5 you would leapfrog each other or whether some of you
6 would triage and some would not?

7 A. I think we just worked as a sort of -- it was an
8 inherent response, as a team, with our training, that we
9 knew that our first priority was to triage all the
10 patients to find where we should divert resources to, so
11 I think it was just, as Mr Kilminster said, just
12 a leapfrog, we just took over from each other, and we
13 were in constant communication with each other about
14 individual patients.

15 Q. Do you know if anybody had arrived at the far end of the
16 carriage when you boarded? Could you see anybody there,
17 a torch light or anybody moving around?

18 A. No, as far as I was aware at the time, we were the only
19 people on the train.

20 Q. I ask that -- I'm afraid I have the advantage of you,
21 Mr Whittaker, because in your statement you say you
22 could see a torch light at the end of the carriage.

23 This statement was obviously made nearer the time of the
24 events in question. Is it possible, therefore, that
25 there was somebody at the other end?

1 A. Yes, it's possible.

2 Q. In the carriage, did you see a very substantial number
3 of deceased passengers, indeed piles of bodies in the
4 carriage?

5 A. I recall there being the -- forgive me -- mound of
6 bodies further down the train, although I wasn't aware
7 what that mound constituted of to begin with.

8 Q. Were you aware that Mr Kilminster had started triaging
9 ahead of you?

10 A. Yes.

11 Q. Could you see triage cards that he might have applied as
12 he went through the carriage?

13 A. Yes.

14 Q. Do you recall whom you triaged first?

15 A. I think I can recall there being patients, deceased
16 patients, immediately as we came in from the driver's
17 carriage on either side, that we bypassed through, that
18 had already been triaged.

19 Q. The deceased passengers whom you triaged, may we take it
20 you applied the triage sieve, you ascertained whether or
21 not they were breathing, or not breathing but had an
22 open airway and, therefore, you certified them as dead?

23 A. Yes.

24 Q. You describe in your statement how one of the ladies you
25 then came across was a lady who was conscious and alert,

1 a white female, who you thought might have been
2 Australian and you thought you recognised her
3 subsequently from seeing her on television. Do you
4 recollect anything more of her?

5 A. I remember the way she was lying, because she was lying
6 unusually across the seats, she was -- rather than faced
7 inwards towards the middle of carriage, she was
8 facing -- she was, like, on the side, and her legs were
9 draped in a funny position over the handles of the arm
10 rests.

11 Q. Do you recall whether or not she had sustained injuries
12 to both her legs or one of her legs?

13 A. Both her legs.

14 Q. Did you prioritise her as a P1?

15 A. Yes.

16 Q. Did you see her again later or see her being removed
17 from the carriage?

18 A. I remember her being removed from the carriage.

19 Q. In which way?

20 A. She went up, back towards Russell Square.

21 Q. Back towards Russell Square. Did you see her being
22 taken out or just moved inside the carriage?

23 A. Yes, I think I remember Tracey and I trying to make
24 a stretcher for her to remove her. So I was aware of
25 her actual removal, but once she left through the

1 driver's carriage, I don't -- or when she was on her way
2 through the driver's door, I don't remember anything
3 else.

4 Q. There were other people at the end of the carriage to
5 help take the stretcher and carry her along the track?

6 A. Yes.

7 Q. Do we take it that you didn't have any stretchers to use
8 and you had to improvise?

9 A. Yes, I think, by this point, we'd already sort of dished
10 out the one carry-sheet that we had.

11 Q. So what did you use?

12 A. I believe we tied two jackets together.

13 Q. She wasn't the lady, was she, who subsequently was
14 treated inside the carriage and then outside the
15 carriage for suspected pneumothorax?

16 A. No.

17 Q. You particularly note in your statement how desperately
18 hot it was. Could you tell us something, please, of the
19 conditions in which you found yourself working?

20 A. We'd noticed that it had become hotter as we were
21 walking through the tunnel. When we actually got on the
22 train, it was very smoky and very -- an acrid taste, it
23 went to sort of the back of your throat. It was dark,
24 but I suppose our eyes had adjusted to the light enough
25 that we could see quite sufficiently, and there was some

1 light as well from other sources. It was smoky and,
2 yes, very, very hot.

3 Q. Having triaged and then carried out the lady to the
4 Russell Square end of the carriage, did you then turn to
5 a black male who was lying across a row of seats whom
6 you applied a tourniquet to?

7 A. Yes.

8 Q. Can you tell us what you can recall of him?

9 A. So after I'd finished with Gill Hicks, just moved -- as
10 we were leapfrogging, we moved to the next patient that
11 hadn't been assessed, and I believe it was this
12 gentleman.

13 He was also lying across the seats in a horizontal
14 fashion with his legs over the handles and I believe
15 I noticed that he had an amputation, and as I had
16 recalled from Gill Hicks having tourniquets, I decided
17 that it was an appropriate course of action there as
18 well.

19 LADY JUSTICE HALLETT: I think you say in your statement you
20 tightened the tourniquets on Gill Hicks' legs. Is that
21 right?

22 A. Yes, yes.

23 MR KEITH: By the time you triaged and applied a tourniquet
24 to this gentleman, Garri Hollness, were people, other
25 people, starting to be removed from the carriage?

1 A. I believe behind me, Tracey had started to facilitate
2 a lot of the removal of patients as we were both
3 communicating with each other about who needed to go,
4 who we thought was the higher priority. Even though we
5 were tagging everybody as priority 1, there were varying
6 levels of the priority 1. Like Gill Hicks, who was
7 missing both legs, and other people who were still very
8 sick but not as sick as her.

9 Q. Mr Hollness, whom you'd triaged and applied a tourniquet
10 to, you'd obviously stepped away from your primary role
11 of triaging and started to give treatment. This wasn't
12 just the application of a bandage. You must have
13 stopped to apply a tourniquet.

14 A. Yes.

15 Q. Is that properly part of the triage process or did you
16 feel the circumstances warranted this extra involvement?

17 A. I think, as had been pointed out earlier, stemming major
18 haemorrhages is part of the initial sieve to a certain
19 extent. We would -- it's something that would be easily
20 remediable in that situation, to facilitate his
21 prolongation of life, I guess.

22 Q. Then having addressed him, did you then turn to a -- the
23 next individual, who was a male, who was deceased, lying
24 across seats 10, 11 and 12?

25 A. I'm not sure about the positions, but, yes.

1 Q. Perhaps we can have a look at your diagram. We'll look
2 at the diagram that you saw before which is [INQ9924-2].
3 Seats 10, 11 and 12 are the middle bank of seats on
4 the left-hand side as you go towards the rear of the
5 first carriage?

6 A. Yes.

7 Q. Can you recollect anything of that male whom you tagged
8 as being deceased?

9 A. I think I can remember him -- for some reason, iPod
10 earphones, like, white earphones, I remember thinking
11 that he was obviously just a commuter on the way to
12 work, I believe he may have been in a business sort of
13 attire.

14 Q. He was plainly not breathing, hence your determination
15 that he was dead. Do you recall anything more of his
16 features, age or hair colour, or anything of that sort?

17 A. No, sorry.

18 Q. All right. You then describe in your statement how you
19 then made the makeshift stretcher for Gillian Hicks and
20 how you carried her out. By the time you'd carried her
21 out, had most of the people in the carriage been
22 triaged?

23 A. Yes, I think we were at the stage where I was --

24 I believe by this point I'd come against the sort of
25 physical barrier in the area between D5 and D6 and I was

1 aware that there were other people coming from the other
2 end, so I believe, by meeting in the middle, we must
3 have covered -- covered the majority of the people,
4 patients there.

5 Q. But the one area that had not by this stage been covered
6 was the mound of bodies that you had spotted as you'd
7 first entered the carriage?

8 A. Yes.

9 Q. Did you, therefore, have to approach that pile of bodies
10 and try to assess, as best you could, the condition of
11 the people in it?

12 A. I actually -- concerning the mound of bodies, we
13 actually did that towards the end. I think my
14 diversion -- my attention was diverted to the right-hand
15 side of that initially, something either distracted me
16 or drew me to that area.

17 Q. Was that the two ladies?

18 A. Yes.

19 Q. Tell us, please, about them.

20 A. From what I can recall, I just remember there being sort
21 of one lady lying over the other lady. There had -- who
22 I now know to be Shelley, was sort of pinned more up
23 against the door area. There was a hole in the floor
24 which made it difficult to sort of manoeuvre around both
25 these ladies, so it was difficult to -- positioning my

1 feet, I remember accidentally maybe standing on one part
2 of them and they'd cry out in pain.

3 Q. So she was underneath, but lying in part against the
4 remains of the seat, and there was another lady on top
5 of her, was there not?

6 A. Yes.

7 Q. Susan Harrison?

8 A. Yes.

9 Q. From your diagram, can you tell us, please, where you
10 remember they were?

11 A. I think they were by double doors D6, Shelley being
12 right up against the door with her head area at the door
13 and the other lady, Ms Harrison, her head being towards
14 the driver's end as well, but lying sort of in a sort of
15 criss-cross fashion over her.

16 Q. Were you able initially to get to them?

17 A. Initially, yes.

18 Q. Were there not bodies in the way preventing you from
19 getting towards them? Your statement reports how you
20 attempted to make your way over to them, but the damaged
21 structure and the bodies around them made it difficult
22 and you had to move two of them. Do you recollect that?

23 A. No, I can't remember.

24 Q. All right. When you got to them, in what state were
25 they?

1 A. I remember the lady on top, who was the initial -- the
2 lady that I initially assessed, she had lower leg
3 injuries, and she was talking to me as well, I was able
4 to ask her her name, and then, because they were sort of
5 intimately linked, I asked the second lady as well.

6 From my memory, I think I can recall just recognising
7 she was the iller patient, she just looked more unwell
8 than the lady lying on top of her.

9 Q. Do you recall whether or not she had respiratory
10 difficulties when you first saw her?

11 A. At that time, I didn't believe she did.

12 Q. All right. You were able to ascertain that she was
13 called Shelley, so she was obviously able to speak to
14 you and to respond to your questioning?

15 A. Yes.

16 Q. She also told you, did she not, that she was from
17 New Zealand?

18 A. Yes.

19 Q. In the course of realising that she was the iller of the
20 two, could you see something of the extent of the
21 injuries she'd suffered to her lower limbs?

22 A. Just from my statement, I remember she -- I think she
23 had an amputation of one lower limb and maybe crush
24 injuries of the other.

25 Q. How did you prioritise them?

1 A. Because I just had recognised that Shelley was the iller
2 lady and, by this point, we'd triaged a lot of patients
3 and I was trying to differentiate between the sicker
4 priority 1 patients, so I believe I tagged Sue Harrison
5 as number 2, and Shelley as number 1, because
6 I recognised that Shelley was the iller patient and, if
7 more medical help was to come, I wanted them to go to
8 her first, in the first instance, even though
9 Susan Harrison, whilst still unwell, was sort of, at
10 that time, the better of the two, in the better
11 condition.

12 Q. Did you have to move Susan Harrison in order to be able
13 to examine Shelley Mather properly?

14 A. Yes, this made the problem that, even though I wanted
15 Shelley to go first, it ended up Susan, Sue Harrison,
16 had to go first, just because she was sort of hampering
17 our help with Shelley.

18 Q. So was she lifted off Shelley?

19 A. Yes.

20 Q. Do you recall who did that?

21 A. No.

22 Q. There is evidence before my Lady that she was pulled up
23 from underneath her armpits and pulled backwards away
24 from Shelley Mather. Were you then able to examine her
25 more properly?

1 A. Yes.

2 Q. What did you realise when you were able to examine her
3 properly?

4 A. I think a rudimentary upper body examination had
5 revealed that she'd had considerable altered anatomy of
6 her abdomen and lower thorax, I remember it being lumpy,
7 masses were felt, it was misshapen.

8 Q. It was plain that she had suffered a very serious
9 internal injury?

10 A. Yes.

11 Q. Were you able to reach a view as to what it was likely
12 to have been or what the symptoms were?

13 A. Well, I just presumed she'd had massive internal
14 injuries from the blast wave, that she could quite
15 possibly be internally bleeding, that she would have
16 broken bones.

17 Q. In terms of her ability to breathe, and the effect of
18 those injuries on her chest, did you reach a preliminary
19 view as to what condition she had?

20 A. Well, because we were still talking, I recognised that
21 she had a patent airway and that her respiratory
22 function must have been adequate to facilitate her
23 communication with me, and at that point she was still
24 lying more or less flat.

25 It wasn't until we subsequently -- we moved her to

1 try to facilitate her removal, that she became more
2 acute and we were aware that she had a respiratory
3 compromise.

4 Q. Because she was able to talk, she had some respiratory
5 function?

6 A. Yes.

7 Q. But when you moved her, there was a deterioration in her
8 condition?

9 A. Yes.

10 Q. What was that deterioration?

11 A. That she became -- that she started gasping for breath,
12 that she wasn't able to talk as easily as she had been
13 before with me, and she obviously looked distressed, she
14 was using additional muscles in her neck and her chest
15 to obviously help her breathe.

16 Q. She was still able to tell you that she was having real
17 difficulty in breathing?

18 A. Yes.

19 Q. So she had some respiratory function. Did you reach
20 a view as to whether or not her lungs were functioning?

21 A. I believe, at this point, I sort of noticed that her
22 chest wasn't moving as properly as -- as it would in
23 normal circumstances, and I think I recall from
24 conversations that I must have listened to her chest
25 with my stethoscope that I had, or I fetched it from my

1 bag.

2 Q. What conclusion did you reach that explained why her
3 abdomen and her chest were distended and why she was
4 having difficulty breathing, and why air wasn't
5 circulating?

6 A. I believed at that point she was having a probable
7 pneumothorax.

8 Q. What is a pneumothorax?

9 A. A pneumothorax is where the lung has obviously been
10 punctured and there is a build-up of air within the
11 chest cavity, compressing the lung, which means it
12 wouldn't be able to inflate and absorb oxygen.

13 Q. Is there also a danger that, if the chest inflates with
14 air from the punctured lung, it can then start
15 compressing down on vital organs such as the heart?

16 A. Yes.

17 Q. What is the procedure that may be adopted in order to
18 try to reverse the effect of a pneumothorax?

19 A. It's called a needle chest decompression.

20 Q. A needle chest decompression. Did you decide that she
21 should -- that you should attempt such a decompression?

22 A. I think, at this point, I'd called on the help of
23 Stacey Rixon just to confirm that my suspicions, and we
24 both decided that this is the most probable --

25 Q. Stacey Rixon, by this stage, had arrived from the other

1 end, from the King's Cross end?

2 A. Yes.

3 Q. Had she been, as far as you were aware, inside the
4 carriage triaging and, following that, intervening
5 medically with patients?

6 A. Yes.

7 Q. You had a special needle and the cannula that goes with
8 it inside your equipment, didn't you?

9 A. Yes.

10 Q. So what did you do in order to make Shelley Mather ready
11 for the needle decompression?

12 A. So we would have exposed her chest area, I believe that
13 she maybe didn't have a lot of her clothes still left on
14 her, which was relatively easy. We would have assembled
15 the equipment and just got -- a relatively
16 straightforward and quick procedure. I believe that by
17 this -- because I'd sat her up, by this point, I was
18 holding the patient up, I think -- I believe Stacey
19 was -- Stacey Rixon performed the initial needle chest
20 decompression.

21 Q. One of the questions that arises in relation to Shelley
22 is whether or not her condition -- in particular, the
23 pneumothorax -- was connected in any way to what was
24 subsequently discovered to be a very substantial wound
25 to her left leg. Could this condition have been

1 affected in any way by blood loss or is it something
2 particularly concerned with damage to the lung?
3 A. In the first instance, it would be an acute -- it would
4 be isolated just to the lung, her loss of blood from her
5 leg injury would have hampered her general well-being
6 if, at that stage, she's losing a lot of blood, she
7 wouldn't have been able to carry a lot of oxygen.
8 So the sudden drop in oxygen she would have had from
9 this pneumothorax would have just sort of made it
10 a rapid -- a rapid --

11 Q. Deterioration?

12 A. Deterioration.

13 Q. So Stacey Rixon attempted to insert the needle and
14 the -- the needle into the left side of her chest?

15 A. Yes.

16 Q. Was she successful?

17 A. Initially, no.

18 Q. The needle went in, but wasn't able to penetrate through
19 into the pleural cavity to release the air, was that the
20 problem?

21 A. Well, as far as we were aware initially, we'd performed
22 the procedure correctly, the cannula had been advanced
23 all the way in -- it's a very large needle -- but, when
24 we were trying to aspirate air from the wound, we came
25 against a vacuum --

1 Q. What does that mean, you were trying to "aspirate air"?

2 A. There would have been a syringe attached to the cannula
3 to facilitate its placement, and we're taught, as
4 we're -- during our training, we're taught, as you're
5 advancing the cannula, you should have a sudden rush of
6 air and it should be easy to withdraw the syringe to be
7 able to aspirate air, which we believed was building up
8 inside her chest wall. However --

9 Q. The compression of the air would have blown itself out
10 through the hole made in the outside of the cavity?

11 A. That's the idea.

12 Q. But the air didn't come out?

13 A. No.

14 Q. So what did you do?

15 A. I think we were both slightly taken aback by that at
16 that point, but we decided to try again, that sometimes
17 we are aware that the procedure isn't 100 per cent
18 successful, due -- the bore of the cannula may become
19 blocked for some reason from a blood clot or a chunk of
20 skin upon insertion, you know, we may have been in the
21 wrong position, so we decided to try again.

22 Q. Let me say that from the enquiries that we've been able
23 to carry out, there is no suggestion but that you did
24 attempt the needle decompression in the right area, but
25 I want everyone to understand just how difficult it was.

1 How easy was it to find the right place in the chest
2 wall to insert this giant needle in the circumstances in
3 which you were working?

4 A. From what I can recall, we were able to see enough and
5 palpate and feel on her -- she wasn't a relatively big
6 lady, I don't believe -- we were able to palpate on her
7 chest the exact -- the location that we've been trained
8 to go for.

9 Q. You try to identify the shoulder and then you work down,
10 do you not, and you also then work triangularly across
11 from the ribs and find the right place to insert it?

12 A. That's right.

13 Q. So having failed in the first attempt and then tried
14 again, what happened?

15 A. I can't remember whether we were successful the second
16 time. I believe not. And the decision was made to
17 abandon any further attempts.

18 Q. Your statement describes how, having tried, but failed,
19 she was laid back down on the floor because she'd been
20 held while you'd been trying to insert the decompression
21 needle. But she was then carried out on a carry-sheet,
22 an improvised stretcher, to the front of the train.

23 There is some evidence, we'll hear in a moment, as
24 to how she was continued to be treated outside the train
25 and some suggestion that a call went up for a further

1 decompression needle to be passed down to you.

2 Is it possible that further attempts to decompress
3 her pleural cavity took place outside the train?

4 A. I don't believe so.

5 Q. There were four decompression marks on her chest, so is
6 it possible that, if you're right, you must have tried
7 again inside the carriage?

8 A. I honestly can't remember.

9 Q. You can't say. Is it possible, you just don't know one
10 way or t'other?

11 A. Yes, it's possible.

12 Q. From what you've told us, then, you reached the
13 conclusion that you couldn't continue to attempt to
14 decompress her chest. In what state was she by that
15 stage?

16 A. In a pretty bad state.

17 Q. Because she was no longer able to breathe at all?

18 A. Yes.

19 Q. What about her pulse? Could you ascertain whether she
20 still had a strong pulse or not?

21 A. When I got called back to see her outside of the train,
22 from what I can remember, she didn't have a pulse.

23 Q. So is it the position that, having attempted, but
24 failed, to decompress her chest, you then had to carry
25 on and try to treat others or triage others in the

1 carriage and she was taken out?

2 A. Sorry, could you repeat your question?

3 Q. Yes. There obviously was a gap, because you were called
4 out again to the front of the train.

5 A. Mm-hmm.

6 Q. So you must have been separated from her.

7 A. Yes.

8 Q. Is that because you left her, having attempted the
9 decompression, but not succeeded, to go and attend to
10 other patients, but then were called back to her?

11 A. I think what happened was, after our failed attempts, we
12 realised that we could do nothing further for her, that
13 the best course of action would be to get her to
14 definitive treatment as soon as possible and, by
15 removing her from the train, I think my crew mate helped
16 facilitate this, to get her up to the top or at least to
17 get her outside the train where other help may meet her
18 on the way.

19 Q. So Tracey Russell went out of the carriage with her --

20 A. Yes.

21 Q. -- on the improvised stretcher --

22 A. Yes.

23 Q. -- to see whether or not she could receive further
24 treatment in more conducive circumstances perhaps and
25 more intensive treatment, and you stayed on the

1 carriage?

2 A. Yes.

3 Q. But then, after she was moved, you were then called and
4 you went to the end of the train and realised that she
5 was still there on the track outside the train?

6 A. I remember Tracey coming back to get me and asking for
7 more needles, so I remember grabbing the little pack
8 I have from my larger paramedic bag and going out,
9 racing out to where she was, but by that point,
10 I believe, from what I can remember there was a doctor
11 there who had already decided that she'd passed away.

12 Q. It's obviously very difficult, after this amount of
13 time, and in very difficult circumstances, to remember
14 exactly.

15 Is it possible that she was just conscious as you
16 went back out of the train? Your statement records how,
17 when you went out, she didn't look at all good and she
18 was hardly conscious and not alert, then her breathing
19 was erratic or stopped, and that the doctor then tried
20 to decompress her chest as well.

21 A. That could be the case.

22 Q. So it does appear that there was some further attempt
23 made outside the train. Did you see that doctor again?

24 A. No.

25 Q. He was plainly a doctor. Do you know where he came

1 from, whether he came from the Russell Square end or the
2 King's Cross end?

3 A. I believe the Russell Square end.

4 Q. I took you out of the sequence of events because, of
5 course, you'd turned to more patients inside the
6 carriage when Shelley was removed. Do you remember who
7 you then attended to?

8 A. Going back into the train, it was evident that I think,
9 by that point, the HEMS team had arrived, I remember
10 orange jumpsuits, and I think it was at this point we
11 turned our attention to the other side of the train
12 where the mound of bodies had been.

13 Q. In that pile of bodies, did you find that there were
14 a number of deceased and that they had been extremely
15 severely injured?

16 A. Yes.

17 Q. Were there any live casualties in that pile of bodies?

18 A. None that I found.

19 Q. Did you force yourself to go through the process of
20 checking for signs of life in that pile of bodies?

21 A. Yes, with the -- the instruction from the HEMS doctor
22 was obviously said just out loud that we didn't want to
23 leave anybody behind.

24 Q. Do you recall what happened next?

25 A. I think, after we'd checked through as many of the

1 bodies as we could, when we were satisfied that there
2 was nobody left alive on the train, that it was a senior
3 LAS -- I believe it may have been Mr Bill Kilminster --
4 to exit the train.

5 Q. Did you help remove the black male whom you'd been
6 tending to before you left the train?

7 A. As far as I was aware, now I remember, he was the last
8 patient to go off the train and, once we'd dealt with
9 Shelley and that episode had sort of ended, I tried to
10 cannulate him to get fluids put into him.

11 Q. Did you move, before you left the carriage, any of the
12 deceased casualties out of the carriage into carriage 2,
13 do you recall?

14 A. No.

15 Q. Do you recall whether or not you were left -- you were
16 ordered to leave a particular way?

17 A. I remember being told to leave via the Russell Square
18 end.

19 Q. So did you walk all the way down the track to
20 Russell Square and emerge at station level?

21 A. Yes.

22 Q. Was Paul Ward there, the LAS officer that you'd --

23 A. I can't remember.

24 Q. -- seen earlier? All right.

25 I think after that, you went over to the Tesco store

1 opposite to try to clean yourselves up, because, of
2 course, you were covered in blood and soot, and no doubt
3 get some water.

4 I think later you met up with some of your
5 colleagues and you went to a hotel where casualties were
6 being treated and you carried on treating some of the
7 less severely injured from the Russell Square end, and
8 that took some time?

9 A. Yes, I believe we were there for -- I couldn't say
10 exactly the passage of time, but, yes, we were there for
11 a while.

12 Q. There was a quick debrief process. When that was
13 concluded, did you then start to look for your ambulance
14 and found that it had been moved in the meantime?

15 A. Yes.

16 Q. But you flagged down an officer's car and were able to
17 get a lift to the place where you found your ambulance?

18 A. We eventually did find our ambulance, yes.

19 Q. May I ask you one final question, please, about
20 Shelley Mather? Because we've received a list of
21 concerns and questions from or on behalf of her family
22 and they would be very grateful, I think, to know
23 a little bit more about the answers to some of those
24 queries.

25 One of them, in particular, concerns whether or not

1 you feel whether there was any other equipment that, in
2 your assessment, might have assisted in your, sadly,
3 failed attempts to decompress Shelley's chest and to
4 allow her a chance of survival?

5 Would it have helped, firstly, for her to have had
6 any oxygen? I suspect not, because if she was unable to
7 breathe because of the pneumothorax, the provision of
8 oxygen wouldn't have helped. But perhaps you can answer
9 the question.

10 A. Yes, oxygen would have actually helped. Even though she
11 was struggling to breathe, what little air she was
12 taking in, if we could have additionally supplemented
13 that with oxygen, then, yes, that would have helped.

14 Q. How long do you think she could have survived on
15 supplemental oxygen, if it had been provided, if you'd
16 been unable, as events proved, to be able to address the
17 problem of the pneumothorax?

18 A. During our training, we're taught that with a patient
19 with a pneumothorax, and if we do -- are required to
20 needle chest decompress them, it would only additionally
21 buy them an extra 10 minutes or so.

22 Q. There had been a number of attempts to decompress her
23 chest and all had failed. Is it likely that, with
24 oxygen, you would have attempted a further needle
25 decompression there or do you think she would have been

1 required to have been taken to surface for any further
2 attempts to be made?
3 A. I personally wouldn't have tried again.
4 Q. She was obviously severely injured from what you've told
5 us. Did you assess that the injuries which she suffered
6 went beyond the punctured lung? Because of the
7 misshapen and the distended shape of her abdomen, that
8 she may have suffered further internal injuries beyond
9 that?
10 A. Without a doubt.
11 Q. Without a doubt?
12 A. Yes.
13 Q. So is it impossible to reach any concluded view as to
14 whether or not she would have survived, even if she had
15 had supplemental oxygen?
16 A. Based on my training from that time, I would have
17 said -- I wouldn't be 100 per cent certain because I was
18 a paramedic and not a doctor, but I would have said no,
19 at that time.
20 Q. You cannot say?
21 A. Yes, sorry, I cannot say.
22 LADY JUSTICE HALLETT: Sorry, you would have said she
23 couldn't have survived even with oxygen, or did you --
24 I'm not quite sure I followed.
25 A. Sorry, I'm confused.

1 MR KEITH: The question was: could you say whether or not
2 she could survive? And I thought your answer was you
3 couldn't say, based on your experience?
4 A. Yes, I couldn't say, based on my experience at the time.
5 Q. The answer to the question my Lady posed is, can you go
6 further and say, with any degree of likelihood, whether
7 she wouldn't have survived, even with oxygen?
8 A. I believe now that she wouldn't have survived.
9 Q. Why do you reach that view?
10 A. With the lung injury, her leg injuries and the obvious
11 internal injuries from my rudimentary assessment,
12 I believe that she would have needed immediate surgical
13 treatment within a short space of time and, considering
14 the logistics of removing her from the train, getting
15 her to surface level, stabilising her and moving her on,
16 I wouldn't have thought it would be likely, within the
17 timeframe, that she would have been able to survive.
18 Q. You've already referred to the fact that you would have
19 expected her perhaps to have survived a further ten
20 minutes or so, even with oxygen.
21 It would have taken at least ten minutes to have
22 carried her to the Russell Square end of the tunnel,
23 would it not?
24 A. Yes, at least.
25 Q. Casualties were taken out of the Russell Square end

1 because it was self-evidently almost impossible to take
2 casualties the full length of the carriage and take them
3 out the King's Cross end. Even then, you'd have had to
4 negotiate all the carriages before taking her out.

5 A. Yes.

6 Q. Is that why you reached the conclusion that there
7 wouldn't have been the time to be able to get her to the
8 surgery which would have been necessary to extend her
9 life?

10 A. Yes.

11 MR KEITH: Will you bear with me one moment, please, Doctor?
12 Thank you, those are all the questions I have for you.

13 LADY JUSTICE HALLETT: Mr Coltart?

14 Questions by MR COLTART

15 MR COLTART: Doctor, three short topics, please, starting
16 with a little more detail about the circumstances of
17 your deployment.

18 I think that morning you had been on a trip in your
19 ambulance up to London, north 1, to deal with an elderly
20 lady, you'd dropped her off by about 8.40 at UCH,
21 following which you quickly nipped in to Boots to get
22 something which you required, and it was whilst you were
23 in Boots, I think, that you were joined by your crew
24 mate, Ms Russell, who told you about this major
25 incident.

1 Then you say this in your statement:
2 "I then listened to the vehicle ambulance radio and
3 heard lots of traffic mentioning explosions. I also
4 heard Russell Square mentioned amongst the many other
5 locations that were being talked about on the radio.
6 That is not far from where we were parked. We tried to
7 transmit on the radio to tell the Ambulance Control
8 where we were and to offer our services for
9 Russell Square. There was so much radio traffic,
10 I could not get a response from Control. Tracey and
11 myself then discussed what we should do. We decided to
12 self-activate, deploy and attend Russell Square."
13 When you were answering questions to Mr Keith,
14 I think you said that that decision to self-deploy was
15 one taken against your better judgment. Is the reason
16 for that that, although, I suspect, everyone in this
17 room instinctively can understand why you took that
18 decision -- we may well have done the same thing
19 ourselves -- it's not a decision which would have been
20 encouraged by the London Ambulance Service?
21 A. No.
22 Q. It's contrary to protocol, the major incident protocol,
23 to deploy yourself without prior authorisation from
24 Central Ambulance Control. That's right, isn't it?
25 A. Yes.

1 Q. You did deploy. You arrived in Russell Square and, in
2 due course, as we know, you teamed up with Paul Ward,
3 who was one of the managers who had attended. Correct?

4 A. Yes.

5 Q. And with Mr Kilminster, from whom we've heard this
6 morning, who was the team leader from Camden. They both
7 attended in Fast Response Units, rather than ambulances.
8 So at the time that you arrived, at about 9.30 or so,
9 you were the only ambulance crew in Russell Square?

10 A. Yes, that's correct.

11 Q. Yourself and Mr Ward and Mr Kilminster eventually
12 deployed down the tunnel, headed for the train. You
13 think you were in the tunnel at the time that you heard
14 the explosion on the bus, which we know was at about
15 8.50. So do we take it that you reached the train
16 perhaps some time around about 10.00?

17 A. Momentarily, after, I'd say, probably about 7 minutes to
18 or so.

19 Q. So shortly before 10.00?

20 A. Yes.

21 Q. As we understand it, the last live casualties were
22 evacuated from the carriage at about 10.40, 10.45,
23 something of that nature. During that period of time
24 that you were working flat out with Ms Russell and the
25 others on the carriage, are we right in thinking you

1 were the only ambulance crew who had attended via
2 Russell Square on that train?

3 A. I think so.

4 Q. Is the reality this: that if you hadn't taken that
5 decision to deploy yourselves to Russell Square that
6 morning, there would have been no Russell Square
7 ambulance crews on the train at all?

8 A. I can't speak for Ambulance Control knowing whether they
9 would have deployed an ambulance there or not.

10 Q. When you got back to the surface, or at any stage later,
11 did you have any discussions with Paul Ward or
12 Paul Woodrow or any of the other managers at the surface
13 about the attempts which they had made to get further
14 ambulances to Russell Square?

15 A. None that I can remember.

16 Q. All right. Well, they're coming in due course, so we'll
17 deal with that through them.

18 The second topic is this: in relation to
19 exsanguination -- we've heard something about that this
20 morning -- put into terms which we can all understand,
21 it's patients who are in danger of bleeding to death,
22 isn't it, effectively?

23 A. Yes.

24 Q. As we understand it, there is a permitted deviation from
25 the triage process such that patients who are in that

1 condition can be treated immediately, even if that
2 interrupts the triage process, is that right?

3 A. Yes, I think -- and also based on the professional sort
4 of judgment and capacity of the practitioner.

5 Q. What do you mean by that? Because there are some fairly
6 simple procedures which can be followed immediately,
7 aren't there?

8 A. Yes, I mean, there is a set protocol that we are trained
9 in. The advantage of being sort of a professional, such
10 as a paramedic or technician, is you can use your
11 judgment as well. So in the case of Gillian Hicks
12 I made the decision to tighten her tourniquets. It was
13 a good -- she'd obviously already done it, it was a good
14 idea, and I was hoping to, you know, prolong her life by
15 keeping as much blood in her -- in her system as
16 possible.

17 Q. Alternatively, a dressing could be applied?

18 A. Or a dressing, yes.

19 Q. In addition, if you had the equipment available to you,
20 would the administration of oxygen also be something
21 which would be considered for a patient in that state?

22 A. I don't think I would have initially placed oxygen on
23 a patient in the initial triaging sieve stage, no.

24 Q. What about post the triage phase? Let's assume for
25 a moment you've got a patient who can't be extricated or

1 evacuated immediately. Once you're through the triage
2 phase, or once the colleagues who were due to follow you
3 had joined you and started applying treatment, would the
4 administration of oxygen have been something that would
5 have been considered at that point?

6 A. Yes.

7 Q. You say you didn't administer any oxygen as far as
8 Shelley Mather was concerned. Is that because you
9 didn't have any oxygen available to you at that time?

10 A. I can only assume that is the case. I can't recall why
11 I wouldn't have done it.

12 Q. Was oxygen something that you had anticipated the crews
13 who would follow on behind would be bringing with them?

14 A. Well, we had -- when we went down the train, we took our
15 oxygen, our portable oxygen with us, so I guess --
16 I can't speak on behalf of other crews, but I guess
17 I would be hopeful, that, yes, they would bring their
18 equipment as well.

19 Q. It's important that we're not at cross-purposes.
20 I don't want to you infer any criticism whatsoever of
21 the actions which you took on that day. You were
22 plainly doing the best you could in these appalling
23 circumstances. But when you, after the event, completed
24 a report setting out your views of how things had gone,
25 one of the criticisms which you made was a lack of

1 equipment. For my Lady's note, I'm looking at [LAS239-3].

2 What equipment was it that wasn't available to you

3 on that morning which ideally you would have had?

4 A. In the first instance, it would have been the stretcher
5 equipment to remove patients, if I could have hoped for
6 anything.

7 Q. You've listened to Mr Kilminster give evidence this
8 morning. Can you agree with his assessment that it
9 didn't cause any significant delay, you having to stop
10 to make stretchers out of tying bits of clothing
11 together?

12 A. Yes, if we'd had instant stretchers there, it might have
13 speeded up the process by 30 seconds or so, I guess.

14 I'm not sure I would -- I can't quantify the delay.

15 Q. What else in relation to equipment?

16 A. Well, oxygen would have been my next -- the next thing
17 I would have wanted. It's something that's easily
18 administered. Further equipment for other more advanced
19 interventions, I'm not sure it would have been that much
20 help in those circumstances. The people that we were
21 treating were very sick and needed definitive treatment
22 rather than the sort of intermediate treatment that we
23 can give as paramedics and technicians.

24 Q. But would further items, simple items, such as
25 bandaging, dressings, have helped, at least in the

1 interim, whilst you were waiting for your colleagues to
2 arrive?
3 A. Yes, yes, it would have done.
4 MR COLTART: Yes, thank you.
5 MR SAUNDERS: Nothing, thank you.
6 LADY JUSTICE HALLETT: Mr Patterson?
7 Questions by MR PATTERSON
8 MR PATTERSON: Dr Whittaker, when you arrived at the surface
9 and you met Mr Ward and Mr Kilminster and then you
10 formed the team also with Mrs Russell and you went down
11 towards the platform area, I think you said that there
12 were at that stage no delays?
13 A. From -- no.
14 Q. "We took authorisation from the Ambulance Service and we
15 had no delays to go down. We were accompanied by the
16 BTP", is my note of what you said.
17 A. Yes.
18 Q. Is that accurate?
19 A. Yes.
20 Q. In your statement you dealt with that particular part of
21 the events. What you said was this -- my Lady, this is
22 the bottom of page 2, top of page 3:
23 "I also saw another London Ambulance Service
24 officer, Bill Kilminster, also in the station."
25 I think you have your statement there, don't you?

1 A. Mm-hmm.

2 Q. "Paul ..."

3 That's Paul Ward, isn't it, is that right, the Paul
4 you're referring to?

5 A. Yes.

6 Q. "... told us all to wait in the foyer until he had the
7 okay from the BTP to go down to the train. Paul then
8 went and spoke with a very tall man who was a member of
9 London Underground staff. A short while later, Paul,
10 Bill, Tracey and myself and a number of BTP officers
11 went down the spiral staircase that leads to the
12 platform."

13 So, Doctor, having refreshed your memory from what
14 you said much closer to the time -- and of course,
15 I appreciate this is five years ago -- is what you said
16 nearer the time in the statement more likely to be
17 accurate in terms of the events at that stage?

18 A. Yes, it would have been.

19 Q. If we can see, please, on the screen your debrief form.
20 I think you had a debrief, didn't you, Doctor, shortly
21 after 7 July?

22 A. Yes.

23 Q. It's LAS239 at page 2 [LAS239-2]. If we could perhaps zoom in,
24 please, to the middle of that page, do you see, Doctor,
25 that in terms of the RVP:

1 "How long were you waiting at the RVP [at that
2 rendezvous point at the surface] before being allowed on
3 the site?"

4 You indicated at the time that it was a 10-minute
5 wait?

6 A. Yes, I see that.

7 Q. So what you said at the time, in your debrief, that's
8 presumably likely to be accurate?

9 A. Yes.

10 Q. The next thing I wanted to ask you about, Doctor, was
11 the roles that you had, as you set off in that team of
12 three down towards the platform, because in your
13 statement, again made nearer the time, what you said was
14 this, and this is about a third of the way down page 3:
15 "I decided that, as a major incident had been
16 declared and that we were the first on scene, our role
17 would be triage any patients/casualties. That is, not
18 to treat, but to assess and gather information and to
19 prioritise for the crews/doctors that would follow. We
20 made our way towards the group of people at the end of
21 the platform."

22 So again, at that stage, was that your understanding
23 of the role, merely to triage, not to pause and give
24 treatment?

25 A. Yes.

1 Q. Clearly, obviously you've explained what you did do when
2 you went to the carriage and, of course, everyone's very
3 grateful for the treatment that you did give, the tying
4 of the tourniquet to one of the casualties, the applying
5 of the tourniquet to another, the attempt with the
6 cannula that you described, but the evidence that
7 I think you heard this morning from your colleague,
8 Mr Kilminster, was that, as you set off down towards the
9 platform, the division of roles was that he would just
10 do triage with no treatment, but that you and
11 Mrs Russell would do both triage and treatment.
12 Was that your understanding, at that stage, as you
13 went down from the surface towards the platform?
14 A. I can't remember the conversations that we might have
15 had between the three of us.
16 Now, from my recollection, I can just presume that
17 we were to just triage all the patients that were there.
18 My understanding would be, if I was to get -- if Bill
19 was to do the only triaging, we would start treating.
20 If I got caught up with the second patient I saw, and
21 there were more severely ill patients further on, then
22 I would be tied down, not able to do anything else.
23 I think it was a sort of fluid role, as Bill had said
24 before, triaging and leapfrogging and sorting out what
25 we had there before we knew where to sort of put the

1 resources that we had.

2 Q. Of course, and you've explained the many efforts that
3 you made, but if we look back, please, at your
4 debriefing document, you dealt with this in that
5 document. It's page 3, so if we could move on, please,
6 to the next page, and down at the bottom, if we could
7 zoom in on the bottom:

8 "Other comments/observations/recommendations from
9 the response to the incident?"

10 Do you have that, Doctor?

11 A. Yes.

12 Q. "Major communication difficulty with [the] surface and
13 London Ambulance Service officers.

14 "Lack of equipment."

15 You've been asked about that, but then your third
16 comment:

17 "No clear roles taken/given/adhered to.

18 "? [I think it's the word] mayhem", is that right?

19 A. Hazchem.

20 Q. Hazchem, I see. That third entry about no clear roles
21 being taken, given or adhered to, can you explain what
22 you meant by that?

23 A. Well, this is the first I remembered -- this is the
24 first I've seen of this and remembered since the day.

25 I wouldn't -- I'm not clear in my mind now about what

1 I would have meant by that at the time.

2 Q. Do you agree that those were your views at the time
3 after these events?

4 A. Yes.

5 Q. Just one final thing. You mentioned that one of the
6 things a paramedic brings to bear is his judgment and
7 his own decision-making. In terms of dealing with these
8 perhaps unprecedented events, was that what guided you
9 in your decision-making as to when to triage and when to
10 treat?

11 A. I always had in the back of my mind, that I kept on
12 repeating to myself, was the triage and the triaging
13 role I had and how to triage patients. I would have --
14 I think my judgment came into call by the -- when I knew
15 that I'd sort of got to the end of my triaging role, as
16 I'd gone through, I'd tried to recollect or remember
17 certain things about patients that, if I had time, I was
18 able to pass on to other people to go back and do or to
19 say. So by the time I came to the end of my triage
20 I would have then sort of moved into a treating role,
21 knowing that I needed to help the patient stay alive as
22 long as possible before they were removed.

23 Q. It sounds as though you didn't actually stick to the
24 letter of the protocol.

25 A. Not entirely, no, I guess.

1 MR PATTERSON: I make absolutely no criticism of you for
2 that. Thank you very much.

3 Questions by MS GALLAGHER

4 MS GALLAGHER: Dr Whittaker, I just have one issue to deal
5 with for completeness. The Inquest team do have these
6 references, but I just need to put it to you. It
7 relates to your time of arrival at the actual station.
8 It was indicated earlier that that might have been
9 9.31. I'm going to suggest to you that that was
10 actually out by a number of minutes and, in fact, you
11 arrived at 9.38. So the first ambulance on scene at
12 Russell Square is some 50 minutes after the explosion.
13 Could we have on screen [LAS676-2], please?
14 There's a reference here. On the left, it says
15 "First ambulance on scene", then it says:
16 "G108 self-activated on scene approximately 9.31."
17 That's not a contemporaneous log. That's an
18 incident report prepared by Paul Ward who's going to
19 give us evidence next week, but in the form of a read
20 statement rather than an oral statement, which is why
21 I'm putting these matters to you.

22 Now, that appears to be based on LAS565 at page 27 [LAS565-27],
23 and it's the second box, G108, which is your call sign:
24 "Go ahead priority."
25 "Nil reply."

1 So presumably that's a reference to one of the times
2 when you attempted to get through and couldn't?

3 A. Mm-hmm.

4 Q. That's 9.31. That appears to be where that reference by
5 Mr Ward has come from.

6 A. Mm-hmm.

7 Q. In your statement, Dr Whittaker, you described how, when
8 you were en route to the station, you heard a general
9 instruction from Control to change to the major incident
10 channel. Do you recall that?

11 A. Yes.

12 MS GALLAGHER: Either channel 7 or 9 you said in your
13 statement. Could we go back to [LAS565-28], please? It's
14 the second box from the bottom, time 09.34.

15 That's the general broadcast which I think you're
16 probably referring to. That's 09.34. So you're
17 en route at 09.34, so you can't have arrived at 09.31.

18 Then the other items which just confirm your time of
19 arrival are a number of other documents from Mr Ward.

20 I don't think we need to have these on screen, but I'll
21 just give you the references for completeness.

22 Mr Ward, in his statement -- the reference, my Lady,
23 for you is INQ4734-2 and INQ4734-3 -- he describes how
24 your ambulance arrives either at or shortly after he
25 declares a major incident. We know that he declares the

1 major incident at 09.38. I'll take you to that
2 reference in a moment.
3 Similarly, in his incident report -- the reference,
4 my Lady, for you, is LAS680-2 -- he says that it's when
5 he's giving the report to CAC that G108 arrives. That's
6 confirmed, actually, in LAS565. Could we go to
7 [LAS565-31], please? The entry at 09.34 -- or 09.38,
8 excuse me, at the bottom of the page is:
9 "PS04", that's the call sign for Mr Ward, that's him
10 declaring the major incident, and you'll see within that
11 box, two lines up from the bottom, it confirms that G108
12 is on the scene.
13 That would suggest that you arrive, like Mr Ward
14 says, when he's making that report, which is 09.38, so
15 some 50 minutes after the bomb, rather than 9.31,
16 a little earlier.
17 Thank you very much, Dr Whittaker, I've nothing
18 further.
19 LADY JUSTICE HALLETT: Any other questions? Ms Simcock?
20 Questions by MS SIMCOCK
21 MS SIMCOCK: Thank you.
22 Doctor, you referred earlier on, when you were
23 referring to people that you were treating on the train
24 needing definitive treatment. Can I just ask you what
25 you mean by "definitive treatment"?

1 A. In this case, it would be surgery.

2 Q. So you're talking about treatment that can only be
3 provided in hospital, major surgery?

4 A. Yes.

5 Q. Thank you very much. Do you remember what radio channel
6 you were listening to in your vehicle?

7 A. Initially?

8 Q. On the way.

9 A. It was a long time ago, I've not worked in the Ambulance
10 Service for a while. I believe it may have been
11 channel 11.

12 Q. So you wouldn't have been listening to channel 8?

13 A. I can't remember.

14 MS SIMCOCK: Okay, thank you very much.

15 LADY JUSTICE HALLETT: Any other questions for Dr Whittaker?

16 It looks as if those are all the questions we have
17 for you, Dr Whittaker. With all your experience as
18 a paramedic and your experiences that day, have you
19 stayed in emergency medicine or have you moved to
20 something completely different?

21 A. I've just started work -- life as a junior doctor, so
22 I'm at the bottom rung again on the wards.

23 LADY JUSTICE HALLETT: You obviously played a very important
24 role that day, I'm desperately sorry that you lost
25 Shelley Mather, but you obviously helped save the lives

1 of at least two other people. So thank you for
2 everything you did.
3 A. Thank you.
4 MR KEITH: Thank you, my Lady. Thank you, Doctor.
5 My Lady, may we at least commence the evidence of
6 Tracey Russell, please?
7 LADY JUSTICE HALLETT: Certainly.
8 MS TRACEY ANNE RUSSELL (sworn)
9 Questions by MR KEITH
10 MR KEITH: Good morning. Could you give the court your full
11 name, please?
12 A. Certainly. It's Tracey Anne Russell.
13 Q. Mrs Russell, could I ask you, when you give evidence, to
14 keep your voice as loud as you can? It's a very big
15 courtroom and it's very hard to hear.
16 A. Okay.
17 Q. The microphone won't, I'm afraid, amplify your voice.
18 We know that you were crewed with Mr Whittaker --
19 A. I was.
20 Q. -- on Thursday, 7 July, in G108, and we've heard
21 a little about how you were attending an incident
22 earlier that morning, I think you were in the
23 Tottenham Court Road, and you received a message over
24 the radio, so you ran into the shop and grabbed
25 Mr Whittaker, dragged him out, and said, "There's been

1 an emergency"?

2 A. That's correct.

3 Q. When you were in the ambulance, did you actually hear
4 voices that you recognised at King's Cross speaking to
5 the Ambulance Control: namely, Stacey and Paul Rixon,
6 who were another ambulance crew from Islington?

7 A. That's right, yes. I heard Stacey Rixon declaring
8 a major incident at King's Cross.

9 Q. I think that was at 09.21, for my Lady's note, they'd
10 arrived at 09.19, so this was shortly before 09.30.

11 Does that sound about right to you?

12 A. It does, yes.

13 Q. Having heard her declare a major incident and having
14 heard that there were emergencies going on, did you try
15 to get hold of the Control yourself to say that you and
16 Mr Whittaker were available?

17 A. We did, several times, and as Liam has mentioned
18 previously, there was a lot of radio traffic, and we
19 couldn't actually speak with them or they with us, and
20 then the discussion arose as to what we would do next,
21 and, with that, we then decided to self-deploy to
22 Russell Square.

23 Q. Because it was nearby, it was a sensible decision?

24 A. Absolutely, yes.

25 Q. Go to Russell Square because it's on the way to wherever

1 you might have been going from Tottenham Court Road?

2 A. That's right.

3 Q. When you arrived, did you see a member of the London
4 Ambulance Service, who turned out to be Paul Ward, on
5 the platform?

6 A. When we initially arrived, we saw Paul Ward at street
7 level and then we made ourselves known to him and then
8 Bill Kilminster came up to us also. He'd obviously been
9 counsel at sort of track level.

10 Q. Yes. I think you told Paul Ward that you hadn't been
11 able to get through to Control, as you've just seen, he
12 got through to Control and left a message, or
13 communicated what he understood to be the position, and
14 that was just after you'd arrived?

15 A. That's right.

16 Q. Did Paul Ward decide that you should accompany him down
17 to the tunnel with as much equipment as you felt
18 necessary?

19 A. He did, basically, yes. He sort of instructed us, and
20 we knew what we had to do anyway, so we were
21 equipment-gathering ready to go down to the tunnel.

22 Q. You knew from Mr Kilminster that there were a large
23 number of casualties and that there had probably been
24 fatalities as well?

25 A. We did.

1 Q. He hadn't been down to the train, but he'd been to the
2 platform and you knew that he'd received some
3 information from someone on the platform.

4 A. I mean, I'm only -- I didn't actually know that he
5 hadn't been down to the tunnel. I've only heard that
6 today. But he certainly gave us some idea of what we
7 were to find.

8 Q. You entered the station and, on the way down to the
9 tunnel, you stopped and spoke to some casualties. Is
10 that right?

11 A. Yes. I believe there was one lady that was asking for
12 help, she was sort of making her way out, sort of
13 staggering. We made a brief assessment of her and sat
14 her on some stairs. She was just really covered in
15 soot, no -- there was no bleeding as such, and she was
16 just in shock. So we sat her on some stairs and
17 reassured her and just let her know that further
18 resources were coming.

19 Q. Did Mr Kilminster go ahead of you at that stage, do you
20 recall, or was he still with you?

21 A. My memory is a little jaded, but, yes, I think he did.

22 Q. Your main concern was to get to the Tube itself, because
23 that's what Mr Ward had suggested that you should do?

24 A. Yes.

25 Q. Was it your intention that you should triage or treat or

1 perhaps both?

2 A. It was my intention that we were the first ambulance
3 crew on scene and we were to triage.

4 Q. But you had equipment to treat, if you needed to?

5 A. We did, yes.

6 Q. There were a number of you, because there was yourself,
7 Mr Whittaker and, of course, Mr Ward and Mr Kilminster
8 had gone ahead. Did you anticipate that you would be
9 able to treat once the triage process was complete?

10 A. I'm not sure that thought was uppermost in my mind.
11 I think these things have a way of evolving and panning
12 out --

13 Q. Certainly.

14 A. -- and then you adopt certain roles as things evolve.

15 Q. At platform level, you came across, we've heard,
16 a casualty who was being treated by somebody who
17 declared himself to be a doctor or a first aider
18 certainly.

19 A. Yes. In my statement, I believe that I've written that
20 it was a doctor that was with this patient and treating
21 him.

22 Q. You knew he was a doctor because, in fact, you asked for
23 some identification which he produced in the form of
24 a photo ID?

25 A. I can't remember that. Have I referred to that in my

1 statement?

2 Q. You have indeed.

3 A. Okay.

4 Q. Was he the same or a different doctor to that person
5 whom you subsequently encountered in the tunnel
6 treating -- attempting to treat Shelley Mather?

7 A. I believe it to be a different person.

8 Q. It was a different person. That second person we'll
9 come to later, was he also a doctor, as far as you were
10 aware?

11 A. Yes.

12 Q. Did you similarly ask him for identification or, in the
13 terrible circumstances of the tunnel, was that an
14 unnecessary luxury?

15 A. I didn't for that reason, really. I believed he was
16 within the sort of inner cordon of where the incident
17 had taken place, and I would have hoped that somebody
18 would have asked for some identification prior to that.

19 Q. I don't want to set any hares running. There was no
20 suggestion that he wasn't a doctor and he was obviously
21 able to treat Shelley Mather as best he was able. It's
22 just that we haven't been able to identify who precisely
23 he was. But you didn't see him again?

24 A. No.

25 Q. You paused to check the patient on the platform and he

1 appeared stable and there was no real concern about him
2 and so you were able to pass on into the tunnel along
3 with some British Transport Police officers, we have
4 heard, and Underground staff. Were there also some
5 London Fire Brigade personnel with you?

6 A. I can't confirm that.

7 Q. You can't say. You were obviously told that it was safe
8 to go into the tunnel, the power was off?

9 A. Yes.

10 Q. So off you set. Was it a difficult walk down that
11 tunnel?

12 A. Absolutely. We -- it was dark, it was very smoky, and
13 that got worse as we progressed further into the tunnel,
14 and the real fear was that we wasn't quite sure what we
15 were to face.

16 Q. You were on your own, were you not, because there was no
17 communication in the tunnel, no radio?

18 A. That's --

19 Q. No radio underground?

20 A. That's right.

21 Q. If we could have on the screen [LAS242-2], one of the
22 comments you made in your debrief form was that you
23 weren't able to communicate effectively because the
24 radio was not working below ground. You'll see your
25 words "not" or "No: working below ground"?

1 A. Yes.

2 Q. In addition, had you, yourself, had any major incident
3 training?

4 A. Previously, no. When I started with the Ambulance
5 Service, I had training in 2001, but none in between
6 those times.

7 Q. If we could go forward one page to [LAS242-3], we can see
8 there at the bottom, possible comments, number 1:

9 "Lack of communication underground."

10 2, more positively:

11 "Everyone mucked in to get the job done, but no one
12 had any clear defined roles."

13 You thought crews and lighting equipment would
14 follow -- lifting equipment, I'm sorry, but they never
15 did, and then at the bottom:

16 "No major incident training. Apparently Islington
17 were not invited to take part ..."

18 Is that something you subsequently discovered? Do
19 you know whether that is right or not, or was that
20 simply your supposition at the time?

21 A. It must be. I can't really comment on that either way.

22 Q. That's what you believed then genuinely, but you don't
23 know whether that is right or not?

24 A. It must just be hearsay, that's where I've got that
25 from.

1 Q. It's a long walk down the tunnel to the train from
2 Russell Square. As you reached the train, did you come
3 across a gentleman we know to be Mr Glennerster, who'd
4 suffered a very serious leg injury but was alert and
5 conscious and able to crack a joke?

6 A. That's right. Was that Paul?

7 Q. Yes, Paul Glennerster.

8 A. Yes. He was to the left-hand side of the front of the
9 train. I can't quite remember whether he was sitting
10 upright, but he certainly was holding -- I believe he'd
11 lost the lower part of his right leg and he was holding
12 really the top of his leg supporting that.

13 Q. With his hands?

14 A. With his hands.

15 Q. He was assessed by Mr Whittaker, we've heard. I think
16 he was given a P2 status. Did you assume, as you've
17 heard Mr Whittaker assume, that there would be further
18 help on the way?

19 A. Yes.

20 Q. By this stage, Mr Kilminster and Mr Ward were well ahead
21 of you, were they not?

22 A. They were.

23 Q. Do you remember hearing a thud or a crump inside the
24 tunnel as you walked towards the train?

25 A. My recollection of that is actually when we were on the

1 train, yes.

2 Q. Did you all pause for thought at that point?

3 A. We did, because it was just really a question mark as to
4 what might happen next.

5 Q. When you'd entered the train, you had no guarantee or
6 assurance, did you, that there wouldn't be a secondary
7 device?

8 A. No.

9 Q. Did it also cross your mind that perhaps there had been
10 structural damage to this long and dark, dangerous
11 tunnel into which you were walking?

12 A. It didn't, I have to say. It didn't cross my mind.

13 Q. Was there some debate, after the thud, as to whether or
14 not you should all continue to work in the carriage?

15 A. My recollection was that Paul Ward actually came and
16 spoke with LAS members of staff and he just said that --
17 or had told us that there was intelligence that there
18 could be a secondary device and did we want to carry on
19 working, and I think we all kind of stopped what we were
20 doing, looked up, momentarily, and then just basically
21 carried on with what we were doing and I think he took
22 that to mean that we would carry on.

23 Q. I've taken you out of the narrative.

24 You entered the first carriage. Your statement

25 records how, having surveyed the terrible scene, you

1 came across a male lying on the floor in the centre of
2 the train who you initially thought was dead.

3 A. I did.

4 Q. But you put a hand on his shoulder and shook him and
5 shouted and he opened his eyes?

6 A. He did, yes --

7 Q. I'm so sorry, please continue?

8 A. On assessment of him, this gentleman, he was conscious
9 and breathing. I was able to assess that there was no
10 injuries at all, he was just really badly shaken up
11 because he was laying on his side, foetal position, and
12 we really -- I then tagged him with priority 3 and asked
13 a member of staff, I'm not quite sure who that was,
14 whether it was BTP or Transport for London staff, to
15 escort him out to ground level.

16 Q. You then turned to a girl who had suffered very severe
17 injuries to her lower legs, who Mr Whittaker was
18 triaging, possibly Gillian Hicks.

19 A. Yes.

20 Q. She was given a priority, and did you then come across
21 a lady lying on the floor who you believed to be dead?

22 A. We did, yes.

23 Q. Do you recall actually triaging her yourself and
24 ascertaining for sure that there was no respiration and
25 no -- perhaps no pulse?

1 A. I don't, I have to say.

2 Q. All right. You then came across two ladies, did you
3 not, and perhaps we could have on the screen
4 [INQ10283-11]? You will see there, in the middle of the
5 page at the bottom -- the driver's cab being to the left
6 of the diagram to get your bearings -- seat number 27
7 which was next to the double door D6.

8 A. Mm-hmm.

9 Q. Next to that seat 27, were there two female casualties?

10 A. There were, yes. There were two female casualties
11 laying one on top of the other. We subsequently sort of
12 assessed them. That was Shelley and Susan Harrison,
13 I believe.

14 Q. Yes. When you approached, did one of you concentrate on
15 one of them or was it a question of one of you
16 concentrating on Sue Harrison, who was on top, first,
17 and then Sue having to be taken away so that you could
18 get in to look at Shelley more closely?

19 A. I can't remember who did what, because at this time
20 Stacey Rixon had joined us from the other side, but we
21 quickly assessed that Susan Harrison who was on top was
22 a priority 2, and that Shelley Mather beneath her was
23 a priority 1, but we realised we had to get Susan moved
24 before we could obviously deal with Shelley.

25 Q. What was it about Shelley Mather's appearance that led

1 you to believe that she was more seriously injured,
2 iller, and thus requiring a P1 rather than a P2?

3 A. She had a very pale colour and she had very laboured
4 breathing.

5 Q. So it was obvious from the moment you saw her that she
6 was having respiratory difficulties?

7 A. Yes, and she had some loss of limbs, I can't quite
8 remember now, but it was certainly lower limb
9 amputations.

10 MR KEITH: My Lady, before I turn to explore the detail, is
11 that a convenient moment?

12 LADY JUSTICE HALLETT: Certainly. I'm sorry that we're
13 going to have to adjourn in the middle of your evidence.
14 We try to avoid it where we can. Is that all right?

15 A. Absolutely.

16 LADY JUSTICE HALLETT: Very well. Please don't talk to
17 anybody about your evidence during the adjournment.

18 A. Okay.

19 LADY JUSTICE HALLETT: Thank you very much. 2.00, please.

20 (1.00 pm)

21 (The short adjournment)

22

23

24

25