

The Sheku Bayoh Public Inquiry

Witness Statement

**Linda Limbert
Provided by witness
on Thursday 28 April 2022**

Witness Details

1. My full name is Linda Limbert. My date of birth is in 1959. My contact details are known to the Inquiry.

Qualifications and experience

2. Qualified as a nurse in April 1981.
3. I am qualified as a Registered General Nurse. I received this qualification at Fife College of Nursing, from January 1978 until April 1981. I am a Member of NMC.
4. I have worked as a Registered General Nurse in Victoria Hospital, Kirkcaldy from November 1981 until January 2019. Last 20 years as Emergency Department Staff Nurse then went to Western General Hospital as a Nurse Practitioner in Minor Injuries. Retired November 2021 and since December 2021, now work one day a week in St Andrews Community Hospital Minor Injury Unit.

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5. I am an Emergency Nurse Practitioner in Minor Injury Unit at [REDACTED] Community Hospital one day a week. I see, treat and discharge my patients who attend with Minor Injuries and redirect as appropriate. In May 2015 I was a Band 5 Staff Nurse working in the Emergency Department at Victoria Hospital in Kirkcaldy. Working as part of a team, the role involves triage patients, directing them to appropriate area of care, dealing with patients who require full emergency resus to minor injuries, administer medications, treatments, observations teach students and new members of staff.

Statements to PIRC

6. I have read my previous PIRC statements (PIRC-00017; PIRC-00018). I have been asked if the statement I provided to PIRC were true and accurate and whether I read over and signed those statements when they were noted at interview. As far as I recall yes, they are.

3 May 2015

7. After 7 years my memory is not as clear as it was in 2015. I do recall treating Sheku Bayoh (I did not know his name at that time). I would say my recollection was better then, than now.
8. On 3 May 2015 I was driving on Templehall Avenue, then right onto Henry Road then at small mini roundabout I was unable to turn left onto Hayfield Road as road obstructed by black male (who I now know to be Sheku Bayoh) standing on the road. I had to stop then I drove over roundabout down Henry Road stopped made a phone call to police and then turned left onto Myrtle Crescent, driving through Hazel Avenue, Wilson Avenue and Lauder Road to get to Victoria Hospital.

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9. I saw a black male crossing Hayfield Road, he crossed over onto the left-hand side and was standing in the middle of the road which prevented me from driving along this Road. I stopped my car, and he then approached my car that was when I saw the knife in his right hand and as he reached for passenger side door handle, I panicked, and I drove off over the mini roundabout and drove down Henry Road. I stopped my car before next street on the left and then phoned the police. I looked in the mirror to see if he was following me and then I saw a white taxi driving down the hill.
10. I saw a black male, approx. 7.10am, (I had left to go work just after 7am and I phoned police at about 07.15) He had crossed the road and was standing in the middle of the road preventing me from driving along Hayfield Road, he started to approach my car quickly, flailing his hands wildly and acting in a very frightening and scary manner.
11. I saw him on Hayfield Road. He was crossing from one side of the road to the other. I was unable to drive along Hayfield Road as he was walking on the road, and I was unable to turn from Henry Road onto Hayfield Road and pass him. He approached my car in what I felt was a quite frightening and threatening manner flailing his hands around wildly, it was as he approached my car that I noticed the knife in his right hand, he approached my car on the passenger side, and I drove off as he reached for door handle. This was my only interaction; I did not stop or speak to him.
12. On the enclosed satellite map of Kirkcaldy I have marked a "1" where the black male was when I first saw him. I have marked a "2" where the black male was when I last saw him before leaving.
13. I have read the transcript of my 999 call (PIRC-01387). I remember calling the police. Am sure it's a true transcript, have no full recollection of what I said exactly but yes did state I had seen black male with a knife approaching my car at the roundabout between hayfield Road and Henry Road. My impression

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of said male was that he was very scary, quite frightening and threatening in his manner. I was terrified. I drove off down road and then I made phone call.

14. I have marked on the satellite map a "3" where I stopped to phone Police.
15. I have read page 4 of the handwritten copy of my PIRC statement dated 4 May 2015 (PIRC-00526). I drew the image on that page and signed it and I drew a large knife.
16. I spoke to night nurse handing over to day shift team, I cannot recall after 7 years who was handing over that morning, or who and how many day shift staff were there for handover. I told my colleagues that I had had to phone police that morning because a male who had been holding a knife, had approached my car and I couldn't drive along the road to work as he was standing on the road.

Hospital shift

17. Each member of team allocated to an area in the department to work in in the morning and another area in the afternoon and I was allocated to work in Resus that morning. I was on duty from 07.30 until 20.00hrs.
18. I cannot recall all the staff on shift that day but in Resus was Jacqui James who stayed on after her night shift, Kendall Ovens a new staff nurse and a Sarah Cunningham and Linsey Nicol who was the nurse in charge for Resus that morning. However, after looking at medical notes provided to me and reading my previous statement to PIRC I can add that Dr G Pickering, Dr S Rowlings and Dr R Anderson were also in the resus.
19. I have read the A&E hospital records relating to Sheku Bayoh (PIRC-01069). I have made no notes and my signature is not on the medical notes.

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20. Patient was allocated to Resus 1 cubicle where there is all the equipment needed for full resuscitation of a patient, equipment to monitor, intubate, cannulate. Back board with all necessary equipment to intubate, 2 trolleys containing equipment to cannulate, containing iv fluids, a resus trolley with defib machine and trolley with ventilator and a machine for monitoring.

Sheku Bayoh's arrival at hospital

21. Patient arrived in an ambulance.

22. Black male arrived at resus I recognised as the same male who had been blocking Hayfield Road earlier on my way to work. I don't know him, but I did recognise him.

23. Plain clothes police were present, I do not recall what police said, if anything, was listening to handover by ambulance paramedic, Alan and preparing to get patient on our resus trolley.

Assessment and treatment of Sheku Bayoh

24. The nurse in charge asked me to go into cubicle 1 to be ready for the emergency arriving so I was involved in his care from his arrival. Nurse involved assisting doctor in all aspects of the resus, taking my turn at CPR.

25. I have been asked what information I was given about this patient and by whom. A Paramedic, can't recall his exact words. However, reading the ambulance notes from medical notes provided to me, he told us that this male had been restrained by police after brandishing a knife and went into cardiac arrest and had had on going CPR by police at scene.

26. The lead doctor carried out the assessment, but patient was unresponsive and a full resuscitation following ALS guidelines was commenced.

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27. I have been asked what treatment was required. Full resuscitation, he needed airway managed, monitored, to check cardiac rhythm, Patient did not respond to any treatment.
28. I am aware of the ALS protocol, I would say everything was done as per protocol.
29. Initially CPR is carried out manually by a member of the team, 30 compressions to 2 rescue breaths, the breaths are provided by ambu bag and oxygen by another team member, until a more definitive airway is established, which is intubation. Once intubated CPR becomes continuous. The patient can then be attached to a ventilator.
30. Bloods were taken. I am not medically qualified to interpret results and reading the medical notes provided to me I can read that blood were taken. We have a blood gas analyser in the resus room.
31. I have been asked if there is anything about the patient being a black man that I needed to consider in his assessment and treatment. No.

Restraints

32. He was restrained, think they were round his wrists, tied at front. Cannot describe them, but from my previous statement provided by PIRC I have said handcuffs.
33. They would need to be and were removed to allow access to try and cannulate him which will give you direct access to a vein to administer any required medication.

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34. I cannot recall who was leading the resus, but I remember Jacqui James was calling out the 2-minute intervals during CPR and Dr Pickering was on airway and reading the medical notes provided to me I have stated Dr Pickering was lead.

Respiratory arrest and cardiac arrest

35. Respiratory arrest is when the patient has stopped breathing for a prolonged period. Cardiac arrest is when the blood flow stops, the heart is no longer pumping blood around body, in both RA and CA the patient is unconscious and not breathing, but in respiratory arrest the patient may still have a beating heart.
36. Based on my understanding as a nurse, there are several causes of RA, some examples are lung disease, infection, sepsis, stroke, smoke or chemical inhalation, blood, vomit in airway, trauma, drug or alcohol overdose. Symptoms of RA may be an increased work of breathing, patient goes blue (cyanosis), stops breathing. RA is treated/managed by high flow oxygen, alternative airway, provide airway support. The causes of RA are reversible if treated early enough, needs to have high flow oxygen administered. I have been asked if a cause of RA was apparent in this patient. He was unresponsive and not breathing.
37. Based on my understanding as a nurse, a patient in cardiac arrest may get warning signs, chest pain, dizziness, palpitations, fainting, breathlessness, unconscious, unresponsive and not breathing. CA is treated/managed by CPR, defibrillation of heart if in a shockable rhythm. The causes are when the electrical activity of your heart becomes erratic, and your heart doesn't beat normally. Some heart rhythm conditions, coronary heart disease. These are reversible if CPR and defibrillation are successful. I have been asked if a cause of CA was apparent in this patient. Patient was unresponsive and not breathing

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38.: You treat CA and RA the same, you start CPR.

Specific tests and treatment

39. Ultrasound was carried out and reading from the medical notes provided to me the ICU doctor, Dr Clarke, had asked for machine to be brought to the dept. ultrasound was carried out on 3 occasions before life was pronounced extinct. As a nurse I am not medically qualified to comment on what the result of ultrasound was.
40. I have been asked if me or my colleagues shocked this patient. I don't recall (but reading from the medical notes provided to me, yes patient was shocked 3 times).
41. Reading from medical notes provided to me, I can see that the following medications were given and based on my understanding as a nurse, [REDACTED] which can reverse the causes of overdose in opioid's and given in suspected opioid overdose, [REDACTED] which is administered every second cycle in CPR, it increases arterial blood pressure and coronary perfusion, [REDACTED] which was given to patient as unresponsive to shock delivery after being shocked 3 times.

LUCAS machine

42. A mechanical machine that takes over from manual CPR. I would call it a thumper, LUCAS the make. Used in prolonged CPR to take over from manual CPR and would allow another member of team to be free to help with any other part of the resus. Delivers hands free CPR.
43. Thumper was used on this patient near the end of the resus, last 15 minutes or so. I don't recall if there was any difficulties in the positioning or use of the

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thumper but reading my previous statement to the PIRC yes, there was problems applying thumper at first the cup was too low and then couldn't get clips on.

Fractured ribs

44. I don't feel I am in a position medically to answer if the thumper is incorrectly positioned it could cause a fracture. However, I am aware ribs can be fractured while carrying out CPR.

45. I do not recall breaking a rib when carrying out CPR or if my colleagues did.

46. I am not medically qualified to answer if the first left rib is likely to break but I know it is possible to fracture ribs during CPR.

Life pronounced extinct

47. I don't recall who pronounced life extinct but it was a doctor, and we all had to agree.

48. A doctor called the time of death, reading from the medical notes, life was pronounced extinct at 09.04.

49. Full resuscitation effort for over an hour and in my view everything possible was done to try to resuscitate patient.

50. After death as in all sudden deaths then the deceased goes into care of police, patient is removed from resus room into a side room, our viewing room. Nothing is removed from the body.

51. I do not know how long patient was in the hospital for but from arrival until he went to viewing room was 1 hour 25 mins approx.

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PIRC interviews

52. I remember I gave interviews, 2 interviews. 1 at police station and 1 at the hospital. I was asked about my route to the hospital, what I saw that morning, what my actions were, I signed a statement then and drew a picture of what I thought knife looked like. At the hospital I gave a statement of what happened in resus with the patient and what my recollection of events were, not necessarily given in a sequence of events order.

53. I no longer work at the Victoria Hospital; I left the Emergency Department over 3 years ago and have since semi-retired. I haven't discussed this case and do not work with the staff from that day anymore. Linsey Nicol and Jacqui James are work friends and I have been out for coffee with them since covid rules have changed and have not discussed this case with them.

Miscellaneous

54. I have seen posts on news and social media over the years there has been a lot about this case. I am not influenced as I can only state what happened to me on that day. I am aware that there have been reports that the patient had several injuries. This was not entirely accurate.

55. I believe the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.

Date.....06.05.22..... Signature of witness.....