

The Sheku Bayoh Public Inquiry

Witness Statement

David Taylor

**Taken [REDACTED] on MS Teams
on Tuesday 23 December 2021**

Witness details

1. My full name is David Taylor. My date of birth is [REDACTED] 1967. My business address is Glenrothes Ambulance Station, Blackwood Way. My contact details are known to the Inquiry.
2. I'm a qualified paramedic within the Ambulance Service. I've been there for about 20 years now. I went through the Ambulance Service internal training programme and then qualified as an ambulance technician. After about a year or two years I went on to do the paramedic training, again through the internal training team in the Ambulance Service.
3. My role as a paramedic involves dealing with 999 calls within the Ambulance Service. I deal with patients and give treatment required using drugs or treatment methods, and then take them to hospital.
4. I'm in charge of the ambulance if I'm on with a technician or a student. I would make the decisions in that case. If I'm on with another paramedic, half of the

Signature of witness

[REDACTED]


time I would be the driver and the other half I would be the attendant. The attendant deals with the patient and is usually in the back. The attendant also completes the Patient Report Form (PRF).

Patient Report Form

5. I've read the PRF for a man I now know to be Sheku Bayoh on 3 May 2015 (PIRC-01068). I made this entry into our system. The information in the PRF is accurate. It is the information that I had at the time and I put it in the PRF. We have a tablet computer in the ambulance to put in the information. The date and time at the top of the PRF is when I completed it, 8:37am on 3 May 2015. When the information is in and the job's closed I can't then go back in to that job.

Emergency call

6. I remember the incident. I was on shift with Alan Finlayson. It was a day shift 0700 till 1900 hours. I was the attendant in the morning and Alan was the driver.
7. We were in Glenrothes Ambulance Station, Blackwood Way at the time when we got the call allocated to us at 7:24pm. I have read the time from the PRF.
8. The call came through the radios we each have. When we get to the ambulance the job's on the screen. The information on screen is usually an address and any other information about the job.
9. The first message was received for us to go to outside Victoria Road, Kirkcaldy for a male police officer assaulted, head and facial injury.

Signature of witness 

10. At 7:25am, we got an update message. We were advised that the assailant had a knife, it was unknown where the assailant is, police in attendance. This made us approach with caution to a certain extent but if the police are there then hopefully they have the situation under control by the time we would get there.

Drive to the locus

11. We made ourselves mobile, we were driving to the location in the call. I was sitting in the front with Alan. We got updated, I can't remember if it was by radio or message, but we were advised of a new address of Seafield Road, Kirkcaldy for an assault.

12. Each of the updates was very quick. It didn't cause any delays to the get to the incident because we were on the Thornton bypass, the A92, when we received them.

13. When we received the proper address at 7:30am, Hayfield Road, we were approaching the Gallatown roundabout at Kirkcaldy. We were already going towards the correct address.

14. To get to Hayfield Road we came down Whyteman's Brae, took a right past the hospital that's on Hayfield Road, past the cemetery and industrial estate and approaching the pub, I think it was the White Heather. On the satellite map of Kirkcaldy (SBPI-00006) the place where we entered Hayfield Road is marked with a "1".

15. At 7:31am we were then told by Control the patient was in cardiac arrest. That's when we were approaching the scene. We arrived at 7:33am.

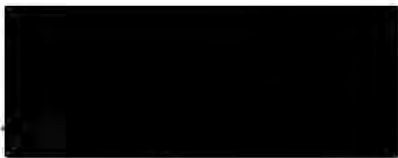
Signature of witness

A large black rectangular box redacting the signature of the witness.

16. I have read each of the times of these calls from the PRF. From the call being allocated to arriving on scene, it took us 9 minutes. We were using our lights and sirens.
17. All the information comes from Control. They receive a call, I assume from police in this case, and they send the information to us. Control is somewhere in Edinburgh, I think Oxfords. It's now moved to South Queensferry.
18. The scene was right at the end of Hayfield Road at the roundabout with Hendry Road.
19. When we attend a job we're to keep the patient alive and get to the hospital.

Attendance at the locus

20. My first impression of the scene when we were approaching in the van was seeing plainclothes police officers taping off the area and seeing police vans and cars parked. It looked a very busy scene. I can't remember how many police cars and vans were there.
21. I briefly saw the patient lying on the pavement with the police around carrying out CPR or chest compressions. He was handcuffed at the front and with leg restraints.
22. I thought the patient would be a police officer. I got the impression it was a police officer who was assaulted. Then when it came down as a cardiac arrest I thought it would be a police officer who was in cardiac arrest.
23. The weather was quite dull. I think it started to rain when we got out of the vehicle.

Signature of witness 

24. Alan parked the vehicle at the side of the road. I was facing Hendry Road when we parked. We went slightly beyond the patient so the back doors opened up basically at the patient. On the satellite map of Hayfield Road (SBPI-00005) the place where Alan parked is marked with a "2" and the place where the patient was lying is marked with a "3".

Equipment

25. We got out the ambulance and I went to the patient. I went out the side door and I took with me the green bag. In the green bag is your airway equipment, your intubation equipment, your cannulas, IV access equipment, your drugs, your bag and mask, dressings for wounds, things like that. Basically any equipment required for a first response.

26. The bag and mask is also called an Ambu bag. It's a facial mask that goes over the nose and mouth with a large bag attached to it. When you apply an oxygen bottle through a tube onto it, it's giving you 100% oxygen into the bag and mask. When you place the mask over the patient's nose and mouth it creates a seal that allows you to squeeze the bag and push oxygen into the patient's lungs. When the air goes into the lungs it expands the chest. It basically breathes for the patient. Hopefully the oxygen in the lungs will then transfer over to the bloodstream and get oxygen into the body.

27. It is possible to put the cannula in to the patient on the street. We would sometimes do this. We have cardiac drugs for cardiac arrests. We have adrenaline and amiodarone. I can't remember if amiodarone was used in May 2015.

Signature of witness

A black rectangular box redacting the signature of the witness.

Sheku Bayoh

28. The patient was lying on the pavement on his back and CPR chest compressions were on his chest. I can't remember which direction his head was facing. As far as I remember all of the patient was on the pavement. He was lying straight. His hands were handcuffed lying across his stomach.
29. The patient was black, looked quite young, he was maybe in his 30s. He was quite muscular, so he looked as though he was fit and trained at a gym. I didn't know who he was at the time but I now know him to be Sheku Bayoh.
30. The man being black had no impact on my assessment or treatment of the patient.
31. At first, because I thought it was a police officer we were seeing, I remember trying to work out who was the patient. I can't remember if it was me or Alan who asked but we wanted to know who is the patient, are there other patients and do we need another ambulance at the scene.
32. I think the police officer who was assaulted had been taken away to hospital by police or taken themselves to hospital. At that point we were only tasked with dealing with the one patient on the ground who was getting CPR.

Police at the locus

33. The police were giving CPR to the patient. One officer was doing the chest compressions. I don't have much recollection of what the officer looked like but I'm sure he was male and I think he was uniformed in a black colour. I

Signature of witness ..



....

didn't see them doing mouth-to-mouth with the patient. I don't know what the procedure would be for mouth-to-mouth at that point, it's not recommended nowadays.

34. Some police officers in uniform were standing about, others were taping off the scene. They looked a bit shocked. A lot of activities were happening around. I was focused on the patient from my point of view,

Primary survey

35. I carried out a primary survey: there was no catastrophic bleeding at all, there was no obvious injuries contributing to a cardiac arrest at that point and his airway was clear. I checked his airway by looking into the airway to see if there's any blockages that may stop the oxygen going into his lungs. I inserted an oropharyngeal airway into his mouth.

36. I couldn't detect any breathing. I was looking at the chest rising and listening for breathing. I couldn't, by that point, detect any pulse at his carotid pulse at his neck, so I requested the police officers to continue the chest compressions. With no pulse detected I realised this patient was in cardiac arrest.

37. The approach to the scene didn't indicate a drug overdose. We were getting told he was being restrained so that didn't give me any impression of drug involvement. Drugs were not considered because of the fact there was no evidence of drug use, the patient was on the street, there was police involvement and the police didn't indicate there was a drug opiate overdose at that point.

Signature of witness 

38. I said to Alan just get the stretcher out because it started to rain at that particular point, so it was better just to get him out the rain, get him into the back of the vehicle and we'll try and do everything in the privacy of the ambulance.

Attending to the patient

39. I got the bag and mask out, attached the oxygen, started to bag and mask with the police officer continuing chest compressions, and Alan went to get the stretcher from the ambulance. The chest was rising with the bag and mask and the flow of oxygen was moving.

40. The information I got at the scene from the police was that he was restrained by police, the male went into apparent cardiac arrest and then CPR was commenced by the police.

41. There was no mention of the knife when we were at the scene. I wasn't aware of any CS gas. I don't remember smelling anything like that in the air. It wouldn't have made a difference to me if I'd been told about spray being used by police but that's information that would be helpful for the hospital to deal with if required.

42. Alan got the stretcher out the ambulance, we lifted the patient onto the stretcher. We got him out of the rain. CPR was continuing. I think the police helped us get the patient onto the stretcher.

43. Inside the ambulance, we connected up the defibrillator by putting two large pads on his chest, one on the upper chest and one sort of more to the left side. It allows you to see any rhythm on the screen of what the heart is doing or allows you to apply a defibrillator shock to that patient. It has to be on bare

Signature of witness


A large black rectangular box redacting the signature of the witness.

skin. I can't remember if we cut the t-shirt or if the chest wasn't exposed when we arrived.

44. We saw on the screen he had an irregular sinus rhythm. That's when I realised that there must be some kind of heart rhythm. I was feeling for the pulse and I was able to find a very faint carotid pulse in his neck.
45. This meant he was in respiratory arrest, so we just continued using the bag and mask ventilations in the back of the ambulance.
46. I've heard of a Thumper. It gives chest compressions mechanically. We don't have that in the back of the ambulance. It's usually the team leaders or rapid response units that have that.

Differences between a cardiac arrest and a respiratory arrest

47. A cardiac arrest means you're not breathing and your heart has stopped altogether. A respiratory arrest means you're not breathing but your heart has electrical activity and a faint pulse, meaning your heart is technically beating.
48. They're both as severe as each other. At the end of the day, if you're not breathing, you're going to go into cardiac arrest. Potentially cardiac arrest is the worst scenario. If you're not breathing it can be corrected if there's a possibility to correct that.
49. The treatment for respiratory arrest is usually just the bag and mask, for cardiac arrest you're using your bag and mask, chest compressions and if you have got the time you could gain intravenous access and give them cardiac arrest drugs – adrenaline and amiodarone.

Signature of witness 

50. Cardiac arrests can be caused by many situations: lack of oxygen to the brain, it could be drugs, it could be loss of blood, infections, trauma to the heart, there's lots of different reasons for cardiac arrest.
51. Respiratory arrest could be drugs as well, asphyxiation, suffocation, etc. So for example if there's a blockage then you clear that blockage and you could potentially get them breathing again by putting oxygen back into the system again. If there's no oxygen getting to the system then it'll quickly go into cardiac arrest.

Drugs and cannulation

52. I couldn't give him any drugs at that point in time because it's not a cardiac arrest. From my point of view, there was no point in spending time at the scene to cannulate because there was no particular drugs I could give.
53. I could give somebody naloxone, also called Narcan, if we're talking about a heroin or Valium overdose but I didn't believe it was an overdose. There was no evidence of an opiate overdose so you don't just fire it in for the sake of it.

Back of ambulance

54. Me, Alan and a second plainclothes police officer were in the back of the vehicle. I put in the PRF at page 3 that "*police officer in back of ambulance assisted crew*" but I don't recall exactly what he done. I don't know if that was holding things or doing things.
55. By that point, we decided that we would just go straight to hospital as it was just along the end of the road. The hospital is Victoria Hospital, Kirkcaldy.

Signature of witness



56. I remember before we left that the plainclothes officer in the back with us spoke with another officer out the side door of the vehicle. I think the plainclothes officer with us was receiving information, but I was busy concentrating on the patient.
57. I see from the PRF at page 2 we left the scene at 7:42am. Bag and mask ventilations continued and it was agreed that another police officer would drive the vehicle. I can't remember this other officer.
58. The plainclothes officer in the back was listening and speaking on his radio. I wasn't listening to that chatter on the radio.
59. We put a standby at the hospital by radio. We told them we have a standby. This informs Accident & Emergency that there's an ambulance coming with a patient. We told them what happened and that we were dealing with a respiratory arrest. I presume Alan did the standby because I was with the patient doing the bag and mask.
60. I didn't ask for the handcuffs to be removed. It didn't impede CPR or chest compressions or any bag and mask in the back of the vehicle.

Arrival at hospital

61. We got to the hospital at 7:44am. That's 9 minutes on scene, 2 minutes to hospital. A total of 11 minutes from that scene to hospital. I have read these times from the PRF.
62. We arrived at the hospital and handed over the patient to the doctors. We opened the back door, took the patient out the back door and took the patient through the hospital doors into the resuscitation area (resus). This is the area

Signature of witness



.....

where any patient who's really sick and needs immediate attention and treatment goes.

63. There were lots of hospital staff in the resus room. There were doctors and nurses. I couldn't give a number. They were all dealing with my patient.

64. A doctor requested the handcuffs to be removed and this was done by the police officer who was with us. I can't remember anything about the doctor but they were in charge.

65. The doctor asked what happened and if we had any information. I did the handover because I was the attendant in the ambulance. I said the information I had available at the time: he was getting restrained, went into apparent cardiac arrest and we found that he's in respiratory arrest.

66. There's a lot of radio chatter on the police officer's radio and that's when the police officer said that he's possibly been struck on the head with a baton.

67. Once the doctor started dealing with it, we just left and filled out the PRF in the back of the ambulance. Alan tidied up the vehicle and restocked the equipment that's been used. The police officers took our details. From our point of view that was the job closed.

Previous statements

68. PIRC came and took a statement from me at the workplace. I had my PRF in front of me and I went through the PRF. They asked questions and I tried to give answers. It was two people. It took a good hour and a bit.

Signature of witness ...



69. I gave a statement at the Procurator Fiscal's office. They were going into more detail as to who said what and what was getting said. It was a case of you weren't allowed to look at anything, you weren't allowed to take any notes. They were probing for more in-depth detail. I can't remember what it was about.

70. In both interviews I told them the truth. My memory would be better then than it is now and those statements should be preferred if there's a contradiction with this statement. I have been shown a handwritten copy of my PIRC statement and can confirm it is my signature at the bottom of each page.

71. 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.

Signature of witness .

A black rectangular box redacting the signature of the witness.

..... Date. 31/03/22



Name of witness.....David Taron

Signature of witness.....

Date 31/03/22

SBPI-00005 Hayfield Road Map - 24
June 2018

**SHEKU
BAYOH
INQUIRY**



Name of witness..... DAVID TAYLOR

Signature of witness.

Date 31/03/22

SBPI-00006 Kirkcaldy Map - 24 June 2018

**SHEKU
BAYOH
INQUIRY**

