

OFFICIAL – SENSITIVE

WITNESS STATEMENT

Agency Ref : **S144**

PF Ref :

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Surname : ROLLINGS Other or previous surname :

Forenames : Sophie DoB : [REDACTED]/1984 Age : 31

Occupation : Senior Doctor/Clinical Fellow Other Occupation :

Police Station : Years Service :

Disclosable address :

Post Code:

This statement was taken :

Date and time : 21st of May 2015 12.15

By : DSI EDWARD MILES & TRAINEE INV LYNN UNGI

Place : Within A&E Department, Victoria Hospital, Kirkcaldy

In the presence of :

I have/the witness signed/refused to sign this and all other pages

It was/not read over to the witness and was/not recorded on Audio tape and/or Video tape

States :

I am Sophie Rollings and I am a junior clinical fellow working for NHS Fife within the A&E Dept, Victoria Hospital, Kirkcaldy. I have occupied this role since August 2014. I have been a doctor since 2012. I worked also in Hull Royal Infirmary and York District Hospital.

On Saturday 2nd May 2015 I was one of four doctors who were nightshift. My colleagues Gillian Pickering, Susan Downie and [REDACTED]. I do not know if either Susan or [REDACTED] were involved. I do remember seeing Susan ( DOWNIE ) in the cubicle. Normal shift duties that evening, and towards the end of the shift about

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7.30am one of the day shift nurses, Linda Lambert, mentioned something of an incident happening in Kirkcaldy. She looked shocked.

I was sitting at the 'majors' desk with Gillian Pickering and the standby phone went off. I don't recall who answered the phone but the message was a cardiac arrest coming in. Gillien (Pickering) and I went into Resus 1 (a cubicle) and set up everything, meaning IV access, oxygen availability. About 2/3 minutes later the patient arrived in a trolley. I would describe the situation was as follows, the gentleman, who was black, well-built, muscular wearing I think a t-shirt, he was handcuffed with the hands at waist level and his legs were strapped also as a restraint. I remember one policeman coming in with him. He was in uniform. I heard him say "Because this guy has or had a knife on him". Gillian Pickering had requested that the restraints and cuffs be taken off right away.

CPR was not ongoing when he came in as the (the patient) had a pulse. I cannot remember what was said and Gillian (Pickering) had taken the ' lead ' but something that I heard was that he had a pulse but wasn't breathing. There would or could be numerous causes for respiratory arrest but my thoughts would be "Let's get that fixed".

He was moved onto the trolley, Gillian (Pickering) was at the head end. I got access into his right arm or hand, that is IV access, and obtained bloods. The bloods would be divided into three or four tubes, for various testing. I obtained the bloods but didn't write anything on to the tubes (phials). He was only in a couple of minutes and he lost output and went into cardiac arrest. Present along with Gillian ( Pickering) was a new nurse (Ovens), Linda Lambert and some others. CPR commenced and a nurse Jacqui (James) did a two-minute repeat cycle where then the output is checked.

An anaesthetist was called and I remember seeing Dr Martin Clark. In this situation the anaesthetist would do the intubation and and I'm not sure if Gillan ( Dr Pickering) had intubated the man, that is insert the ET tube. He was given a bag of fluid. Most of the time the man/deceased was in PEA, (pulseless electrical activity), where you can see some of activity in the cardiac monitor(electrical monitor) so then CPR is continued as this is a non-shockable rhythm. The Lucus, that is the Thumper (a mechanical chest compression machine) was used but from memory it was too low down, but because of this we tried to relocate it higher so couldn't use it and carried on with manual CPR. Another anaesthetist (unknown) came down and was at the head end, making sure the tubes were in and oxygen levels were okay.

I recall also there were two occasions when he was in VF (ventricular fibrillation) so the ventricles aren't functioning properly or providing an output and this is a shockable rhythm. There was no output on the first occasion. I remember the young guy (second anaesthetist) saying that he could feel a pulse. We were at least half an

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hour into the procedures before we shocked him, so it must have been about 8 am as Rachael Anderson (Dr) was present. At some stage the Ultrasound Machine was brought to Resus for Dr Clark to get a look at his heart. I saw one of the heart valves sort of flicker. It didn't look that the heart was contracting. Adrenalin had been given at some time earlier in the proceedings.

So then there was no pulse. CPR continued. Dr Rachael Anderson had inserted a femoral line into the right groin (gauges blood pressure, amongst others). I remember Dr Clark saying that this is a young guy and that we should carry on. We did that. At various stages drugs were administered and this included Naxalone fairly soon after he came in, also adrenalin throughout the CPR and Amiodarone at some stage which is given during cardiac arrest. As a team everybody worked hard during the Resus procedure and life was pronounced extinct when as a team everyone was in agreement. The procedures had carried on when Dr Clark had wanted to but we had kept his blood pressure up but his heart had been scanned, he didn't have a pulse and that had been going on for more than an hour. I was present whe life was pronounced extinct. The consultant Surinder Panpher had said not to touch or move anything as it would be a police matter. I recall the bloods that I had taken earlier beside the trolley next to the patient. I don't know what happened to the bloods.

You have shown me a copy of A&E notes U802512L containing a continuation sheet/notes, X-ray card and patient report form and this has allowed me to refresh my memory. I recognise the writing within due to the sequences of events and the circumstances of why he had come in to the department make it memorable.

I would like to add that I remember the smell of pepper spray. I could taste this in the back of my mouth. Another doctor, who was early ! Fiona Gillies had come in about half an hour into the process. I remember feeling that it was irritating my nose and mentioned to each other "that something was going right up our noses". I didn't make the connection but later, retrospectively realised it was the same type of sensation that I had tasted when the spray had been used by the police.

I finished that morning just after 9 am.

This is a true and accurate version.

Signed : (Witness)

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CONFIDENTIAL MATERIAL - NOT TO BE DISCLOSED

Surname : ROLLINGS      Forenames: Sophie

Alias/known as :

Place of birth : [REDACTED]      Age : over 18

Telephone : [REDACTED]

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Post code : [REDACTED]

Telephone :

Business address : A&E Department

Victoria Hospital

Kirkcaldy

Post Code :

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Dates when unavailable in next 12 months :

Other Confidential Material :