WITNESS STATEMENT

Agency Ref : **S170**

PF Ref :

Surname : HALL Other or previous surname :

Forenames : David [redacted] DoB : [redacted]1982 Age : 32

Occupation : Anaesthetic Doctor Other Occupation :

Police Station : Years Service :

Disclosable address :

Post Code:

This statement was taken :

Date and time : 28th of May 2015 16.15

By : DSI EDWARD MILES & TRAINEE INV LYNN UNGI

Place : Within Victoria Hospital, Theatre Wing

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 presently employed as a medical officer and anaesthetic doctor for the Royal Air Force. My main role entails working as an anaesthetic doctor within the RAF. I am presently on secondment at NHS Fife at the Victoria Hospital and though I am service personnel I work on a monthly on call basis. I hold the rank of Flight Lieutenant.

On the 3rd of May 2015 I was day shift and started work at 0815 hours, on call for emergency theatres but I was within the hospital.

My role then within Victoria Hospital in general terms would be defined as follows: theatre, anaesthetics, and as a member of the resuscitation team. the main task of

the Anaesthetics Team would be to assist the emergency staff at A&E/Resus in securing an airway with a patient and providing critical care input.

That morning the patient (Sheku Bayoh), an unidentified male, was already in Resus. Dr Martin Clarke, a consultant within anaesthetics, was covering a night shift and the rationale behind my attendance would be to allow Dr Clarke to go home.

The only people I knew to be there were Dr Martin Clarke, Robert Thompson the Intensive Care Consultant, who arrived after me, and several emergency dept doctors and several emergency dept. nurses. (not known to witness).

CPR was on-going with the emergency staff rotating as required in carrying out the task.

Dr Clarke and I consulted with me and gave me the background to the patient's presentation, that he had an out of hospital cardiac arrest and was in police custody. He summarised the interventions and treatments that had been provided to the patient which included advanced life support, intubation, adrenalin, chest compressions. I took over control of the airway. This would be about 8.25 am. So I provided artificial ventilation via an Endo- Tracheal (ET) tube. This ensures oxygen is going into the patient's lungs and not the stomach. I believe I suggested ruling out a couple of diagnoses such as a pneumo-thorax, which is a collapsed lung. This was confirmed by Dr Clarke who could see on an ultrasound machine that the lung hadn't collapsed.

My involvement was then to squeeze oxygen into the patient's lung at a given rate at approximately 10 times per minute. I was also looking at cardiac tamponade (meaning a sac around the heart which could fill with blood). The ultrasound machine discounted this also. Both Martin (Dr Clarke) and I were talking to each other all the time.

There was a continued effort by all of the emergency nursing/doctors present. I would add that the patient didn't have a pulse at any time from memory. I do recall a perfectly reasonable suggestion to deflate the chest and had there been a pneumothorax then this would have allowed the lung to reinflate.

We were absolutely sure from the ultrasound findings that this was not required. During my time with the patient the staff had used a Thumper (chest compression machine) but had problems fitting the machine/device as the patient was very muscular. The resuscitation continued until 0904 am when his death was pronounced by a doctor registrar in consultation with Dr Clarke and I. All possibilities had been exhausted. This was in consultation with the Emergency Dept. consultant. I would describe the patient as being black, male, aged approximately late 20s, muscular build.

We had considered injuries as a cause of his cardiac arrest and a pneumothorax would have been consistent with a chest injury but there were no signs of such an injury. It had been a bit of a confused picture and he had been in police custody, had assaulted a police officer and may have had pepper spray on him. I was aware of these circumstances at the time and considered them by way of patient management but realised that this may not have been entirely accurate.

This is a true and accurate account.

Signed : (Witness)

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WITNESS STATEMENT

CONFIDENTIAL MATERIAL - NOT TO BE DISCLOSED

Surname : HALL Forenames: David [redacted]

Alias/known as :

Place of birth : [redacted] Age : over 18

Telephone : [redacted]

Home address : [redacted]

Post code : [redacted]

Telephone :

Business address : Victoria Hospital

Anaesthetics Department

Kirkcaldy

Post Code : KY2 5BD

Mobile :

Email :

Fax/Pager :

Other :

Dates when unavailable in next 12 months :

Other Confidential Material :