

Monday 3 July 2013

(In the presence of the jury)

15 DEPUTY CORONER MS MONAGHAN: Good to morning, members of the
16 jury. As I indicated to you at the end of last week,
17 we're going to start this week with hearing some
18 evidence from the London Ambulance Service so those
19 paramedics who responded the report of Mr Mubenga's
20 unwellness on the plane. Thank you.

21 MR GARETH BUER (sworn)

22 Examined by THE CORONER

23 DEPUTY CORONER MS MONAGHAN: Can you give us your full name,
24 please.

25 A. It's Gareth Buer.

1 DEPUTY CORONER MS MONAGHAN: Mr Buer, can you tell us
2 firstly who you're employed by?
3 A. I'm employed by the London Ambulance Service.
4 DEPUTY CORONER MS MONAGHAN: How long have you been employed
5 by the London Ambulance Service?
6 A. 22 years.
7 DEPUTY CORONER MS MONAGHAN: What's your present role?
8 A. Emergency medical technician.
9 DEPUTY CORONER MS MONAGHAN: How long have you held that
10 post for?
11 A. 20 years.
12 DEPUTY CORONER MS MONAGHAN: You were at work, as we know,
13 on 12 October 2010.
14 A. Hmm, hmm.
15 DEPUTY CORONER MS MONAGHAN: Can you tell us, please, when
16 you first became involved with the incident involving
17 Mr Mubenga?
18 A. Would you like the exact time?
19 DEPUTY CORONER MS MONAGHAN: If you have the exact time,
20 that would be extremely helpful. I think you have been
21 able to remind yourself from the witness statement and
22 the contemporaneous documents. Can you tell me what
23 you're looking at, please?
24 A. I'm looking at my PRF, my Parent Report Form.
25 DEPUTY CORONER MS MONAGHAN: Which is 102. Just hold on.

1 Sorry, you were call-sign 17 I think, weren't you, at
2 that time?

3 A. That's right.

4 DEPUTY CORONER MS MONAGHAN: I think you were -- 18 was
5 Mr Clark. Just bear with me. Yes, you were 102. So
6 I am looking at red volume, page 102. Can the witness
7 be given this bundle, just so I can be sure I have the
8 right page. Is that the document that you're looking
9 at?

10 A. It is. Correct.

11 DEPUTY CORONER MS MONAGHAN: We can just see from the top of
12 the page, just above the bullet point, CR17, which
13 I think was your call-sign on the evening?

14 A. That's correct, yes.

15 DEPUTY CORONER MS MONAGHAN: Is that right?

16 A. That's correct, yes.

17 DEPUTY CORONER MS MONAGHAN: You were about to tell us
18 something about the timings.

19 A. I was originally given the call at 20.24.

20 DEPUTY CORONER MS MONAGHAN: Where do we see that, please?

21 A. It's underneath the date which is in the centre of the
22 page.

23 DEPUTY CORONER MS MONAGHAN: Despatch time?

24 A. Despatch time. I was then mobile at the same time which
25 is 20.24.

1 DEPUTY CORONER MS MONAGHAN: Where do we see that?
2 A. Literally underneath, the next time down.
3 DEPUTY CORONER MS MONAGHAN: Pausing there so we can take
4 this a little slowly. You got the call at 20.24?
5 A. Yeah.
6 DEPUTY CORONER MS MONAGHAN: Mobile time means when you got
7 on your way?
8 A. Yes.
9 DEPUTY CORONER MS MONAGHAN: To respond?
10 A. That's correct.
11 DEPUTY CORONER MS MONAGHAN: Where were you based at that
12 stage?
13 A. Terminal 5A.
14 DEPUTY CORONER MS MONAGHAN: Was that in an office or a --
15 A. Just a little room that we have at Terminal 5A which is
16 at the south end of the building.
17 DEPUTY CORONER MS MONAGHAN: How did you get around?
18 A. On my bicycle.
19 DEPUTY CORONER MS MONAGHAN: So you had a bicycle?
20 A. I have a bicycle literally by the room which I would
21 have got on straightaway and made my way out. It's
22 quite a long -- we have to -- where the call was in
23 Terminal 5B which is quite a long ride.
24 DEPUTY CORONER MS MONAGHAN: Before we get to that, your
25 bike, did it have anything on it, any equipment?

1 A. It carries all the packs. One's got oxygen, bag of
2 masks, some air-ways, sort of stuff like that, that
3 you'd use for more of critically ill patients. Another
4 one has a blood pressure cuff in it, pulse oximeter,
5 thermometer in it, dressings, burns dressings, other
6 stuff like that, and then there's the defibrillator that
7 we carry on the bike as well.

8 DEPUTY CORONER MS MONAGHAN: Did you have a defibrillator on
9 your bike?

10 A. Yes, I did.

11 DEPUTY CORONER MS MONAGHAN: When you received the call, can
12 you remember what information you were given?

13 A. It was very, very brief information that I was given.
14 All I get -- because I get it down a radio. It's like
15 a text message compared with what the ambulance get,
16 they get a lot or information. So all I would probably
17 get would be where it is, as in the stand number,
18 Terminal 5B, and it would have been 536, and it may have
19 something along the lines of "Unwell. Traumatic
20 injury". It may have "faint" on it.

21 DEPUTY CORONER MS MONAGHAN: Do you remember what
22 information you were given at the time?

23 A. Unfortunately not.

24 DEPUTY CORONER MS MONAGHAN: I suspect you have responded to
25 a lot of other emergencies since?

1 A. Yes.

2 DEPUTY CORONER MS MONAGHAN: You did prepare a statement
3 much nearer the time, on 24 February 2011.

4 A. Hmm, hmm.

5 DEPUTY CORONER MS MONAGHAN: You may have that with you,
6 otherwise I can provide you with a copy if that's --
7 would you like me to provide you with a copy? You have
8 a lot of documents there. Can we give the witness blue
9 volume 4. I know that your statement followed --

10 A. 24 February, sorry, was it?

11 DEPUTY CORONER MS MONAGHAN: 24 February. Do you have that?

12 A. Yes.

13 DEPUTY CORONER MS MONAGHAN: I know that that statement
14 followed a number of discussions and interviews with the
15 police about what had happened.

16 A. Yes.

17 DEPUTY CORONER MS MONAGHAN: Those were based -- those took
18 place nearer in time still, didn't they?

19 A. Yes.

20 DEPUTY CORONER MS MONAGHAN: I think you were interviewed,
21 for example, on 2 November 2010?

22 A. Yes, that's correct.

23 DEPUTY CORONER MS MONAGHAN: When matters might have been
24 fresher in your mind?

25 A. That's correct, yes.

1 DEPUTY CORONER MS MONAGHAN: Then your statement dated
2 24 February 2011, that you're referring to, was based
3 upon those interviews?
4 A. Yes, correct.

5 DEPUTY CORONER MS MONAGHAN: So we can assume matters were
6 fresher in your mind then, would that be fair?
7 A. Yes.

8 DEPUTY CORONER MS MONAGHAN: You have said at the second
9 page of your statement what you were told, I think what
10 you say you were told when the call was first made to
11 you. Do you see at the top of the page? I wonder if
12 you are looking at the same statement as me. Look at
13 the front page --
14 A. Is it right at the very bottom?

15 DEPUTY CORONER MS MONAGHAN: If you look at the very bottom.
16 You say that you were located in the part of the
17 building near Krispy Kremes?
18 A. That's correct, yes. Our room is right next to that.

19 DEPUTY CORONER MS MONAGHAN: Which I assume is a take-away
20 cake shop or something, is it?
21 A. A doughnut shop.

22 DEPUTY CORONER MS MONAGHAN: When you got a call; from Star
23 which is the control centre?
24 A. Yes.

25 DEPUTY CORONER MS MONAGHAN: Just refreshing your memory,

1 can you tell us what you were told please?

2 A. I would probably just be given -- they would call me as
3 in my call-sign first. I would then respond and they
4 would give me probably the location and maybe a very,
5 very brief diagnosis if they had that by then.

6 DEPUTY CORONER MS MONAGHAN: We can see at the top of the
7 second page of your statement the first line, what you
8 were told --

9 A. "Male feeling faint".

10 DEPUTY CORONER MS MONAGHAN: That's in speech marks so
11 should we assume from that that that's pretty much
12 identically what you were told?

13 A. Yes.

14 DEPUTY CORONER MS MONAGHAN: Then can you tell us how did
15 you respond to that?

16 A. I cycled through the terminal and made my way to
17 Terminal 5B and --

18 DEPUTY CORONER MS MONAGHAN: How long would that have taken
19 you?

20 A. Hopefully not too long, if the lifts were on my side and
21 there wasn't too many passengers around.

22 DEPUTY CORONER MS MONAGHAN: Can you give us
23 an approximation because I'm afraid I have no idea?

24 A. Yeah, three to four minutes at the most.

25 DEPUTY CORONER MS MONAGHAN: Three to four minutes at the

1 most?

2 A. Hmm, hmm.

3 DEPUTY CORONER MS MONAGHAN: Then you arrived at the stand?

4 A. Hmm, hmm.

5 DEPUTY CORONER MS MONAGHAN: Can you tell us what happened

6 next. Use your statement or your record if that's going

7 to help you.

8 A. Yeah, I arrived at the stand. As I was getting the

9 equipment out of my bicycle I got a call from the

10 ambulance that was on duty that day, which was the

11 Alpha 505 --

12 DEPUTY CORONER MS MONAGHAN: Alpha 505?

13 A. Their call-sign. They -- I was surprised to hear that

14 they were on scene.

15 DEPUTY CORONER MS MONAGHAN: Why was that?

16 A. Because we go to a lot of calls of passengers who are

17 feeling faint and we don't usually get an ambulance

18 response to that. More often than not the

19 Ambulance Service will only respond if they've been

20 given nor information to whether the patient's more

21 unwell.

22 DEPUTY CORONER MS MONAGHAN: So can we assume from that that

23 ordinarily you would do a first check and if there was

24 some need to get further support, then you would call

25 the ambulance?

1 A. That's correct, yes. If we would feel that somebody
2 needs to go to hospital or they need more treatment,
3 then we would call for back-up via radio.

4 DEPUTY CORONER MS MONAGHAN: Just, again, so I'm clear --
5 and if you need to refresh your memory, please do -- did
6 you say that the Ambulance Service were there when you
7 arrived or --

8 A. I mean, the first thing I knew -- I couldn't see them
9 because I was on a bridge down to the plane. So the
10 first thing I knew was when they called me on the radio.

11 DEPUTY CORONER MS MONAGHAN: The London Ambulance Service?

12 A. But it was a one-to-one call from the ambulance itself
13 to me.

14 DEPUTY CORONER MS MONAGHAN: Not through Star?

15 A. Not through Star Control. It was literally a one-to-one
16 by the radio system we use at Heathrow.

17 DEPUTY CORONER MS MONAGHAN: You said that you were on the
18 stand or whatever, the bridge?

19 A. The bridge.

20 DEPUTY CORONER MS MONAGHAN: Was the plane at the stand at
21 that stage?

22 A. I don't believe it was.

23 DEPUTY CORONER MS MONAGHAN: So you would have had to have
24 waited?

25 A. Yes.

1 DEPUTY CORONER MS MONAGHAN: You perhaps can't now, but do
2 you recall how long that might have taken?

3 A. I can't recall to be honest.

4 DEPUTY CORONER MS MONAGHAN: Just in terms of your clinical
5 record, if you look at that. Next to the mobile time,
6 just moving along, you have "Arrive patient". Can you
7 tell us what that means?

8 A. That's a rough idea of what time I actually got to the
9 patient. Unfortunately the only times that are logged
10 on my radio set is the button I press when I'm given the
11 call that I'm on my way to it and the next time I press
12 the button is when I get on the scene. There's no
13 time -- actual time logged. So the time I looked at my
14 watch or fob watch or record seeing a time, that's
15 a rough guesstimate of what time it was.

16 DEPUTY CORONER MS MONAGHAN: So just so I'm clear about
17 that, can you look at the words above that. It's in
18 manuscript --

19 A. "Waiting for access to plane".

20 DEPUTY CORONER MS MONAGHAN: So that seems to suggest that
21 the plane --

22 A. There was a delay.

23 DEPUTY CORONER MS MONAGHAN: Then "Arrived patient", you
24 can't help us with whether that's the scene or the
25 patient?

1 A. No.

2 DEPUTY CORONER MS MONAGHAN: No?

3 A. No, that time is a rough maybe a look at the watch or
4 something like that. Unfortunately that time isn't --
5 because the plane was coming in, I can't exactly say
6 what time I was -- so it was just it may have been
7 two minutes.

8 DEPUTY CORONER MS MONAGHAN: If you don't remember this, the
9 answer to this, just tell me you don't remember, but if
10 you had entered -- well, you have put above "Arrive
11 scene" 20.32, do you see that?

12 A. Yes.

13 DEPUTY CORONER MS MONAGHAN: Would that have been when you
14 arrived at the stand or on the plane?

15 A. That would be when I was arrived at the stand.

16 DEPUTY CORONER MS MONAGHAN: Then arrived --

17 A. Sorry, that time is recorded by Control because it's
18 allocated. So I get those times at the end of the --
19 when I've finished with the patient at the end of the
20 job I will get those times.

21 DEPUTY CORONER MS MONAGHAN: We know that 20.32 is pretty
22 accurate?

23 A. Yes, that was precise.

24 DEPUTY CORONER MS MONAGHAN: "Arrive at the patient" is
25 an approximation?

1 A. An approximate time.

2 DEPUTY CORONER MS MONAGHAN: When you say approximate, would
3 that be one or two minutes either side or five or
4 ten minutes either side?

5 A. One or two minutes.

6 DEPUTY CORONER MS MONAGHAN: So you waited for the plane to
7 get on the stand I think we can assume from your
8 contemporaneous records?

9 A. Hmm, hmm.

10 DEPUTY CORONER MS MONAGHAN: Then what happened?

11 A. Waited for the door to open on the plane. Once the
12 plane door was open, I was gestured into the plane
13 and --

14 DEPUTY CORONER MS MONAGHAN: By who?

15 A. I believe it was the cabin crew, and then pointed down.
16 I couldn't tell you whether it was a lady or a man who
17 welcomed me onto the plane, but was directed down to the
18 back of the plane.

19 DEPUTY CORONER MS MONAGHAN: Yes, carry on.

20 A. I then proceeded down the plane to the back of the
21 plane. As I was going down, it seemed to be less people
22 as I got towards the back but I noticed there was three
23 gentlemen stood and one of them was directing me down.

24 DEPUTY CORONER MS MONAGHAN: Three gentlemen stood?

25 A. No, there was three gentlemen at the back of the plane.

1 One was stood up in the aisle. One was sat on the back
2 of the seat looking over at the patient and the other
3 one was sat next to him but as I got closer I could see
4 there was three people, plus the patient.

5 DEPUTY CORONER MS MONAGHAN: What did these three people
6 look like, just broadly? I think we know who they are.

7 A. All I can remember is that they were gentlemen in suits.

8 DEPUTY CORONER MS MONAGHAN: They were white?

9 A. Unfortunately I can't remember.

10 DEPUTY CORONER MS MONAGHAN: The man seated in the middle,
11 do you remember anything about him?

12 A. I remember the colour of his skin but I don't remember
13 a lot more. He was quite a big, well-built gentleman.

14 DEPUTY CORONER MS MONAGHAN: And he was black?

15 A. Yes.

16 DEPUTY CORONER MS MONAGHAN: So you go towards the back and
17 what happens then?

18 A. The gentleman who was stood up, I think he made it so
19 I could get in to see the patient. I then proceeded --

20 DEPUTY CORONER MS MONAGHAN: Which aisle did you --

21 A. I came in down the right-hand aisle if you're looking
22 down the plane. So from the back of the plane it is the
23 left-hand aisle.

24 DEPUTY CORONER MS MONAGHAN: So we can see that -- the back
25 of the plane there, the galley, do you see the back of

1 the plane there, the galley?

2 A. Yes.

3 DEPUTY CORONER MS MONAGHAN: So you would have been on the
4 A/B/C side, is that right?

5 A. That's correct, yes.

6 DEPUTY CORONER MS MONAGHAN: You go to the back. The man
7 that's seated, the man in the suit that's seated, is he
8 seated in row D or row F?

9 A. There was one sat on the back of the seat who was in
10 row E in front of the patient, sort of seat E. The
11 other member of staff -- the other gentleman who was
12 with him was sat in seat F on the far side.

13 DEPUTY CORONER MS MONAGHAN: On the far side, so you're
14 coming down and you have a gap between you and
15 Mr Mubenga?

16 A. That's correct, yes.

17 DEPUTY CORONER MS MONAGHAN: Can you tell us what happened
18 then.

19 A. The patient was sat in the chair. He seemed to be sat
20 upright just staring at the back of the chair. I then
21 started to -- it was -- "Can you tell me what's
22 happening, very briefly," as I was going into assess the
23 patient. I then realised he hadn't got a pulse.

24 DEPUTY CORONER MS MONAGHAN: Just pausing there, let's take
25 this bit by bit. I realise that some of this is

1 happening all at the same time, but you're asking
2 something about what has happened?

3 A. Yeah. I mean, when I got to him, it was just asking,
4 "What is happening? Why have you called me sort of
5 thing?" They may have been giving me information at
6 that point. I may have got little snippets of it.
7 I can't recall what was said at that very moment in time
8 because I was focusing on the patient.

9 DEPUTY CORONER MS MONAGHAN: Do you remember them telling
10 you that he was being deported and they had had to
11 restrain him?

12 A. I remember bits of that. I'm not sure whether that was
13 given to me straightaway before I had already -- was
14 assessing the patient, but it was given to me within
15 a minute or so of me being there.

16 DEPUTY CORONER MS MONAGHAN: Okay. Can you tell us, if you
17 remember, and refresh your memory if you need to, what
18 the men in the suits were saying or doing, if anything?

19 A. Yeah, the gentleman who was just sat on the back of the
20 chair was looking at the patient. The gentleman in
21 seat F was -- seemed to be holding his hand and
22 reassuring the patient.

23 DEPUTY CORONER MS MONAGHAN: Are you able to --

24 A. "You know you're all right, fella", that kind of thing,
25 just sort of kind of trying to reassure him, saying,

1 "You're going to be all right, the medics are here now".

2 DEPUTY CORONER MS MONAGHAN: Do you remember what their
3 demeanour was like?

4 A. I don't. Just from probably the voice of the gentleman,
5 he seemed a bit concerned.

6 DEPUTY CORONER MS MONAGHAN: Did he seem a bit panicked?

7 A. Maybe a little bit panicked, yes.

8 DEPUTY CORONER MS MONAGHAN: So you're then doing your
9 assessment and you were going to tell us something about
10 the pulse.

11 A. Yeah, I felt -- it was strange because he seemed to be
12 sat with his arms on the chair, just staring at the seat
13 in front. So there was that brief second where you
14 think: is he ignoring me or is he unwell patient? So
15 I started to feel for a pulse. I couldn't feel a pulse.
16 I couldn't see a chest rise at all. I put my finger
17 probe on him which was attached to my belt. I felt for
18 a carotid pulse.

19 DEPUTY CORONER MS MONAGHAN: We are going to have to take
20 this one-by-one, I'm afraid. Just before you do that,
21 did you do anything to see if he was unconscious, shake
22 him, ask him --

23 A. I gave him s little shoulder shake, said, "Hello,
24 hello", sort of thing, as we normally do with a patient.

25 DEPUTY CORONER MS MONAGHAN: You didn't get a response?

1 A. No response at all.

2 DEPUTY CORONER MS MONAGHAN: So you were then going on to
3 tell us about the pulse?

4 A. I felt for a pulse. I couldn't feel one in his wrist.
5 I felt for one here. I'm not sure when my pulse
6 oximeter went on the finger. I felt for a chest rise,
7 there was nothing there, felt again and then realised he
8 wasn't breathing and hadn't got a pulse.

9 DEPUTY CORONER MS MONAGHAN: How did you test the pulse?

10 A. I felt for one in his wrist initially and then I felt
11 for a carotid pulse, two fingers just here.

12 DEPUTY CORONER MS MONAGHAN: No pulse at all?

13 A. No pulse at all. No chest rise.

14 DEPUTY CORONER MS MONAGHAN: Chest rise shows you whether
15 he's breathing or not?

16 A. Whether he's breathing or not.

17 DEPUTY CORONER MS MONAGHAN: This will all be very basic to
18 you but so we're clear, that's because you can see the
19 chest moving in and out, is it?

20 A. I could not see any chest movement at all.

21 DEPUTY CORONER MS MONAGHAN: But that's what you would be
22 looking for?

23 A. I was looking for a chest rise as if he was moving by
24 himself.

25 DEPUTY CORONER MS MONAGHAN: If his chest wasn't rising?

1 A. I would take it that he wasn't breathing.

2 DEPUTY CORONER MS MONAGHAN: You test his pulse, you don't
3 see his chest rising?

4 A. No.

5 DEPUTY CORONER MS MONAGHAN: He's not responding to shaking.
6 What do you conclude from that?

7 A. That he hasn't got a pulse and he's not breathing and
8 he's in cardiac arrest.

9 DEPUTY CORONER MS MONAGHAN: Before we come to that, just
10 because we have had a little issue about that earlier
11 on, I want you to explain something about cardiac
12 arrest. You don't need to give us a great big long
13 description, but really as I understand it the fact that
14 one has a heart attack or -- the fact that somebody is
15 in cardiac arrest does not mean they necessarily have
16 had a heart attack?

17 A. No, not at all.

18 DEPUTY CORONER MS MONAGHAN: So just so we're all clear,
19 bearing in mind that we're not doctors or nurses or
20 anything, can you tell us what a heart attack is, very
21 briefly?

22 A. A heart attack is a blood clot that's got in one of the
23 arteries that's blocked part of the heart.

24 DEPUTY CORONER MS MONAGHAN: That's when you get the pain in
25 the chest?

1 A. That's when you get the pain.

2 DEPUTY CORONER MS MONAGHAN: Radiating down the arm?

3 A. Shortness of breath, very sweaty.

4 DEPUTY CORONER MS MONAGHAN: One can have a cardiac arrest

5 for all sorts of reasons, perhaps because you have had

6 a heart attack but perhaps for other reasons?

7 A. Yes, most definitely.

8 DEPUTY CORONER MS MONAGHAN: Asphyxia, for example?

9 A. Asphyxia, yes.

10 DEPUTY CORONER MS MONAGHAN: If you can just carry on then.

11 So no pulse, no breathing. You think cardiac arrest?

12 A. Yes.

13 DEPUTY CORONER MS MONAGHAN: What do you do?

14 A. The ambulance crew had arrived then, they arrived with

15 me. And I said, "He's not breathing. He hasn't got

16 a pulse. We need to get him out of the chair". Sally,

17 who was very close to me by then -- I got underneath his

18 arms to get him out of the chair. I believe his seat

19 belt was on. The seat belt was released and we lifted

20 him with assistance from Sally coming underneath his

21 legs. I got underneath his arms and I lifted him out of

22 the chair and we took him back to by the door, the exit

23 on the right-hand side where number 40 is. We lifted

24 him to the exit there, just to beyond there, so we had

25 a little bit of room.

1 DEPUTY CORONER MS MONAGHAN: So you don't take him right
2 into the back galley?

3 A. No.

4 DEPUTY CORONER MS MONAGHAN: Just into that little --

5 A. Just sort of that area next to the seats so we had
6 a little bit of room to start working on him. The most
7 important thing was to get him on the floor as quickly
8 as we could and as safely as we could.

9 DEPUTY CORONER MS MONAGHAN: Was he wearing handcuffs at any
10 stage?

11 A. No.

12 DEPUTY CORONER MS MONAGHAN: When you say you lifted him
13 over the seat, were the armrests up or down?

14 A. I believe the armrests were down.

15 DEPUTY CORONER MS MONAGHAN: So you had to lift him over the
16 armrests?

17 A. Yes.

18 DEPUTY CORONER MS MONAGHAN: Was the table up or down, do
19 you remember?

20 A. I don't remember the table being down at all. I don't
21 remember having to stow the table away.

22 DEPUTY CORONER MS MONAGHAN: As you have said, he was quite
23 a stocky man. Are you able to help us with how easy or
24 difficult it was to transport him from the seat to the
25 floor?

1 A. Once I got hold of him, he seemed to come out of the
2 chair quite easily.

3 DEPUTY CORONER MS MONAGHAN: Was there any bumping or
4 dropping or --

5 A. No, not at all. Once we got him at of the seat -- once
6 I'd got him over the first bit of the seat, I had him
7 comfortably in front of me by then so there was no
8 need -- and I would go down sort of stepping back, lower
9 him gown to the ground and the last thing I would do is
10 lower his head to the floor.

11 DEPUTY CORONER MS MONAGHAN: So can I take it from that so
12 far as you're aware there was nothing about the move
13 that would have caused him injury?

14 A. No, none at all.

15 DEPUTY CORONER MS MONAGHAN: So you get him into the area
16 around the door?

17 A. Hmm, hmm.

18 DEPUTY CORONER MS MONAGHAN: What are the guards, so far as
19 you recall, doing at that stage?

20 A. I don't recall what the guards were doing. I was
21 100 per cent concentrating on the patient at that point.

22 DEPUTY CORONER MS MONAGHAN: Do you have any recollection of
23 them being in the way or being out of the way or --

24 A. I am sorry, no, I don't.

25 DEPUTY CORONER MS MONAGHAN: That's fine. Did you learn any

1 more about the circumstances leading up to Mr Mubenga's
2 collapse?

3 A. Dribs and drabs of information were coming through but
4 very slowly.

5 DEPUTY CORONER MS MONAGHAN: Was there any mention of
6 Mr Mubenga visiting the toilet?

7 A. Yes, there was. That's correct.

8 DEPUTY CORONER MS MONAGHAN: What was --

9 A. The information we were given as it was coming through
10 wasn't straightaway, it was coming through that he
11 had -- he was being deported. He had gone -- asked to
12 go to the toilet at some time and then as he came out he
13 had become aggressive and they'd had to restrain him.

14 DEPUTY CORONER MS MONAGHAN: Did anybody mention him taking
15 anything to the toilet?

16 A. We were concerned -- because of his demeanour when he
17 came out that we were concerned he may have taken
18 something.

19 DEPUTY CORONER MS MONAGHAN: Was that something you were
20 concerned about or the guards were concerned about?

21 A. That was something we were thinking about as we were
22 dealing with the patient because of the change from him
23 going to the toilet. He apparently went into the toilet
24 quite sensibly and came out sort of a different person.

25 DEPUTY CORONER MS MONAGHAN: So was that something the

1 paramedics were thinking about or was it something the
2 guards said to you?

3 A. I don't recall the guards saying anything to us about
4 it, but it was something I was thinking about.

5 DEPUTY CORONER MS MONAGHAN: So you get him into that area
6 there. Can you tell us what happens next?

7 A. I started doing compressions and opening the kit up.
8 Sally went to get the defibrillator. The defibrillator
9 was connected to the patient --

10 DEPUTY CORONER MS MONAGHAN: Pausing there. Compressions,
11 again, will be very basic to you, can you just explain
12 for us what that means?

13 A. It means we're massaging the heart. You put your hands
14 on chest and you're pushing down on the ribs.

15 DEPUTY CORONER MS MONAGHAN: That's what we know as CPR?

16 A. That's correct.

17 DEPUTY CORONER MS MONAGHAN: What's the purpose of that?
18 What it's supposed to do?

19 A. To try and make the heart -- as you're pushing on the
20 heart, to make it pump blood round the body to try and
21 start the heart or to try and get circulation going
22 again.

23 DEPUTY CORONER MS MONAGHAN: So you're doing CPR. Sally,
24 Sally Elderfield --

25 MS BALLARD: Sally Rooks.

1 DEPUTY CORONER MS MONAGHAN: Thank you very much.
2 Sally Rooks, who we'll hear from shortly, she went to
3 get the defibrillator?
4 A. That's correct.
5 DEPUTY CORONER MS MONAGHAN: Sally Rooks, she was part of
6 the --
7 A. Ambulance crew that had arrived on the scene.
8 DEPUTY CORONER MS MONAGHAN: Who had arrived after you?
9 A. Yes.
10 DEPUTY CORONER MS MONAGHAN: How long after you did
11 Sally Rooks arrive?
12 A. With the patient?
13 DEPUTY CORONER MS MONAGHAN: Yes.
14 A. No more than I would have said 30 seconds. It was very
15 brief.
16 DEPUTY CORONER MS MONAGHAN: So you arrived and she arrived
17 almost immediately?
18 A. It was literally after I -- as soon as I'd realised he
19 was not breathing, which was only a matter of seconds,
20 they were there to assist me to get him out of the
21 chair. As soon as I made that decision that he was
22 coming out of chair -- I'd realised he hadn't good pulse
23 and wasn't breathing. As soon as I made that decision
24 he was coming out the chair, they were there to help me
25 lift him out.

1 DEPUTY CORONER MS MONAGHAN: When you say "they", that was
2 Sally Rooks and Katie Elderfield?
3 A. Sorry, yes.
4 DEPUTY CORONER MS MONAGHAN: So just carry on. You're doing
5 the CPR. Sally goes to get the defibrillator?
6 A. That's correct, yes.
7 DEPUTY CORONER MS MONAGHAN: Where is the defibrillator?
8 A. It's on my bike.
9 DEPUTY CORONER MS MONAGHAN: So she goes back down the --
10 A. She runs down the plane to get the defibrillator and
11 comes straight back with it.
12 DEPUTY CORONER MS MONAGHAN: How long did that take, do you
13 think?
14 A. If it was a minute, I would be surprised. It would be
15 less than a minute.
16 DEPUTY CORONER MS MONAGHAN: Then what happens?
17 A. We then continued doing compressions on the patient.
18 DEPUTY CORONER MS MONAGHAN: Who is that?
19 A. I think I was still doing -- I can't remember who
20 exactly was doing what but I believe I was doing the
21 compressions. We put an airway down into his -- to
22 secure his airway so --
23 DEPUTY CORONER MS MONAGHAN: What does that mean?
24 A. It's a tube that we put down which opens up his airway
25 and stops his tongue going back so we can get good

1 oxygen into the body. We proceeded to do that. There
2 wasn't a lot of room where we were. So at that point we
3 decided to move him into the galley so we could have
4 more room to assess the patient.

5 DEPUTY CORONER MS MONAGHAN: Was there any pause in CPR
6 while you did that?

7 A. No.

8 DEPUTY CORONER MS MONAGHAN: So you carried on doing --

9 A. Very, very little pause, if at all.

10 DEPUTY CORONER MS MONAGHAN: So do you move him back into
11 the galley before you start -- before you put on the
12 defibrillator or before then?

13 A. I believe the defibrillator was on before we moved him.

14 DEPUTY CORONER MS MONAGHAN: When you put the defibrillator
15 on him, what did that show for you?

16 A. We were still doing compressions at that time but then
17 when -- the brief stops that we do on it, it was just
18 showing asystolic which is a flat line.

19 DEPUTY CORONER MS MONAGHAN: Say that word again?

20 A. Asystolic.

21 DEPUTY CORONER MS MONAGHAN: Can you just explain slowly
22 what that is?

23 A. That's means there no activity of the heart.

24 DEPUTY CORONER MS MONAGHAN: Flat-lining?

25 A. Flat-lining, yes.

1 DEPUTY CORONER MS MONAGHAN: So the heart is in complete
2 arrest?
3 A. Yes, in complete arrest.
4 DEPUTY CORONER MS MONAGHAN: Stopped completely?
5 A. Just stopped completely.
6 DEPUTY CORONER MS MONAGHAN: Again, just so we're clear, in
7 those circumstances, do you use the defibrillator to
8 shock or anything?
9 A. No, we do not shock somebody who is in asystole --
10 DEPUTY CORONER MS MONAGHAN: Can you tell us why?
11 A. Because there's no electrical activity at all in the
12 heart so we're not -- it's not in our protocols and it's
13 just we don't shock. There's no --
14 DEPUTY CORONER MS MONAGHAN: So you're not using the
15 defibrillator because there is no electrical activity?
16 A. That's correct, yes.
17 DEPUTY CORONER MS MONAGHAN: What do you do next?
18 A. We carry on doing compressions. Sally, who was on the
19 ambulance, cannulates the patient.
20 DEPUTY CORONER MS MONAGHAN: What does that mean?
21 A. Puts a needle into his arm so that she can give drugs
22 and we carry on with the patient doing CPR.
23 DEPUTY CORONER MS MONAGHAN: That's just chest compressions?
24 A. Chest compressions and helping him breath by a bag and
25 mask.

1 DEPUTY CORONER MS MONAGHAN: What's the bag and mask?

2 A. It's a bag that we put on the end of the tube that holds
3 his throat open and we can inflate his lungs by
4 squeezing the bag which is like a balloon-type shape.

5 DEPUTY CORONER MS MONAGHAN: So you're pushing oxygen in?

6 A. Pushing oxygen in and that's also connected up to oxygen
7 so we can give him large quantities of oxygen or the
8 patient large quantities of oxygen.

9 DEPUTY CORONER MS MONAGHAN: So you're giving him oxygen?

10 A. Hmm, hmm.

11 DEPUTY CORONER MS MONAGHAN: You're doing chest
12 compressions?

13 A. That's correct, yes.

14 DEPUTY CORONER MS MONAGHAN: You have cannulated him?

15 A. Yes.

16 DEPUTY CORONER MS MONAGHAN: You have a route to give him
17 drugs into his arms or wherever it was. Then what
18 happens?

19 A. I believe the police turned up, the fire brigade were
20 there. We then made arrangements to get the patient out
21 onto a high-lift with the assistance from the fire
22 brigade. We took the patient down on the high-lift,
23 continuing --

24 DEPUTY CORONER MS MONAGHAN: Pause there before we get to
25 that stage. Did any other ambulance staff arrive?

1 A. Yes, sorry.

2 DEPUTY CORONER MS MONAGHAN: Don't worry.

3 A. Chris Clark turned up on Charlie Romeo 18, which is his
4 call-sign and a DSO, divisional station officer, turned
5 up as well.

6 DEPUTY CORONER MS MONAGHAN: Darren Weston?

7 A. He turned up as well.

8 DEPUTY CORONER MS MONAGHAN: You're still doing your chest
9 compressions?

10 A. Still doing the chest compressions. I'm doing quite
11 a lot of chest compressions in the galley. So you're
12 concentrating on the patient, you're not really looking
13 at what is going on around, but we were trying to
14 arrange for the patient to be moved out so we can get
15 him down to the ambulance.

16 DEPUTY CORONER MS MONAGHAN: You were talking about
17 a high-lift?

18 A. Yes, that correct. The high-lift was put onto the door
19 where it says crew seating for take-off and landing,
20 just that door to that side.

21 DEPUTY CORONER MS MONAGHAN: Yes.

22 A. We were in the galley so the patient -- we then had the
23 patient in the galley. So we took the patient out
24 through the door on to the high-lift which was where our
25 stretcher was which had been brought up. The stretcher

1 from and ambulance was there and we put the patient on
2 the stretcher.

3 DEPUTY CORONER MS MONAGHAN: How did you put Mr Mubenga on
4 the stretcher?

5 A. We used the sheet from the fire brigade to carry him
6 out. It was very difficult -- the galley -- the space
7 in the galley is still quite narrow to move the patient
8 round. So it's a little bit of a curve when you're
9 moving somebody round to get them onto a stretcher. I'm
10 not sure where we actually put the patient on the
11 stretcher. I would imagine it would probably be --
12 I don't recall this patient but most patients we have to
13 put the trolley bed just literally in the doorway of the
14 plane because there's no room to bring it onto the plane
15 itself.

16 DEPUTY CORONER MS MONAGHAN: How long did it take to get to
17 that stage from when you arrived at -- or when you first
18 arrived with Mr Mubenga at approximately 20.36?

19 A. I'm not sure exactly of time. I would have to --
20 I don't know what time we left the scene. 21.27 so it
21 was nearly an hour.

22 DEPUTY CORONER MS MONAGHAN: You left the scene with
23 Mr Mubenga?

24 A. Yeah, I went with the crew to hospital to assist.

25 DEPUTY CORONER MS MONAGHAN: So that's nearly an hour?

1 A. Yeah.

2 DEPUTY CORONER MS MONAGHAN: During that time, do you do
3 compressions the whole time?

4 A. Myself?

5 DEPUTY CORONER MS MONAGHAN: Or between you?

6 A. Yes, we're continuing CPR throughout.

7 DEPUTY CORONER MS MONAGHAN: You take turns presumably so
8 you don't get too tired?

9 A. Yes, that's correct.

10 DEPUTY CORONER MS MONAGHAN: During that period, apart from
11 the one occasion when you told us you tested for -- to
12 see whether or not the use of the defibrillator was
13 appropriate, did you do that at any other stage?

14 A. There was time -- the machine itself says "analyse
15 patient" and it does say to you to come off the chest
16 for a brief moment whilst it just has a quick look at
17 whether there's a shock allocated. The machine's
18 automated so it will tell you when to shock or not to
19 shock.

20 DEPUTY CORONER MS MONAGHAN: So Mr Mubenga gets on the
21 trolley onto the lift. What happens next?

22 A. We continued CPR all the way down into the ambulance --
23 onto the back of the high-lift, down and then up on the
24 high-lift and into the back of the ambulance and carried
25 on doing it to hospital because we transferred the

1 patient. I think myself and Sally Rooks were in the
2 back of the ambulance and Katie drove, and I'm not sure
3 if anybody else came with us. I remember being in the
4 back of the ambulance with Sally.

5 DEPUTY CORONER MS MONAGHAN: You carried on CPR until the
6 end, until you got to the hospital?

7 A. Until we had handed over the patient.

8 DEPUTY CORONER MS MONAGHAN: It was Hillingdon Hospital,
9 wasn't it?

10 A. That's correct, yes.

11 DEPUTY CORONER MS MONAGHAN: You handed over Mr Mubenga to
12 who?

13 A. I would imagine it's the A&E sister and the doctor at
14 the hospital. I wasn't sure who -- I can't recall who
15 exactly it was.

16 DEPUTY CORONER MS MONAGHAN: Did you follow them through or
17 did they take over completely?

18 A. We take the patient right into the resuscitation room
19 and we would carry on assisting until they were happy to
20 take the patient over. So we would have moved the
21 patient over continuing to do what we were doing in the
22 ambulance all the time until they were happy to take
23 over control of the patient.

24 DEPUTY CORONER MS MONAGHAN: There was no break in the CPR
25 that you were undertaking with Mr Mubenga?

1 A. That's correct, yes.

2 DEPUTY CORONER MS MONAGHAN: What happened then? You say
3 you handed over Mr Mubenga. What did you do then?

4 A. Well then we then proceeded out, took the equipment that
5 we had used back to the ambulance. I was -- we were
6 then in the back of the ambulance. I started to do my
7 paperwork and then I was called away to assist. Got
8 a phone call -- quite a frantic phone call from another
9 member of staff at the airport who was distressed and
10 having problems with a patient. So I left -- I had
11 started some of my paperwork but I left it until later
12 on that evening and I went with Christopher Clark in the
13 car, CR18, back to the airport to assist this member of
14 staff.

15 DEPUTY CORONER MS MONAGHAN: A different incident all
16 together?

17 A. Yes.

18 DEPUTY CORONER MS MONAGHAN: Just a couple of questions
19 before I come to your records, please. First of all,
20 when you were at the scene and Mr Mubenga was still in
21 the chair and/or when you were moving him, did you see
22 any pillows around him?

23 A. I don't recall there being any pillows, no.

24 DEPUTY CORONER MS MONAGHAN: Do you recall what Mr Mubenga
25 looked like in terms of -- we know he was unconscious

1 but in terms of general demeanour and dress?

2 A. He didn't seem to be -- from what I can recall, he
3 doesn't seem to be ruffled up or anything. He seemed to
4 be -- in my statement he looked like he was just sat on
5 the plane waiting to take-off. With somebody who is
6 normally in cardiac arrest, they're more slumped because
7 they're not able to support themselves. He seemed to
8 just be sat there, maybe a little lower in the seat, but
9 he just seemed to look like he was waiting to take-off
10 to go on holiday.

11 DEPUTY CORONER MS MONAGHAN: The three men, are you able to
12 give us any idea about what they looked like?

13 A. No, unfortunately. I remember them being -- just
14 gentlemen in suits.

15 DEPUTY CORONER MS MONAGHAN: Were you told by anybody at any
16 stage that Mr Mubenga had been complaining that he
17 couldn't breathe?

18 A. I don't recall that.

19 DEPUTY CORONER MS MONAGHAN: Can we have a look then,
20 please, at your records just so you can help us
21 understand it. We can see there that the message was
22 the sort of activation details or whatever they are
23 called. Do you have that?

24 A. Sorry?

25 DEPUTY CORONER MS MONAGHAN: If you look at -- you have your

1 record in front of you?

2 A. Yes, I have.

3 DEPUTY CORONER MS MONAGHAN: The assignment record and

4 clinical record, the form LA4?

5 A. That's correct, yes.

6 DEPUTY CORONER MS MONAGHAN: Just looking on the left-hand

7 side the first page, does that mean activate -- part of

8 it is knocked off my page?

9 A. It's origin time, the first time, the left-hand side.

10 DEPUTY CORONER MS MONAGHAN: But above that, the bold type

11 at the beginning of that box, does that read,

12 "Activation details"?

13 A. "Activation details".

14 DEPUTY CORONER MS MONAGHAN: Some of mine is chopped off.

15 A. Yes.

16 DEPUTY CORONER MS MONAGHAN: It records it as an emergency?

17 A. Yes, that's correct.

18 DEPUTY CORONER MS MONAGHAN: And at stand 536?

19 A. Yes. Terminal 5, stand 536, yes.

20 DEPUTY CORONER MS MONAGHAN: You're told it's a man?

21 A. Hmm, hmm.

22 DEPUTY CORONER MS MONAGHAN: It records "feeling faint"?

23 A. Yeah. I wouldn't have been told it was a man on my

24 radio. It doesn't give us a sex on the radio. It's

25 very, very limited what information I would get.

1 DEPUTY CORONER MS MONAGHAN: So some of this you would have
2 recorded because of what you knew afterwards?
3 A. Yes, that's correct.
4 DEPUTY CORONER MS MONAGHAN: The origin time was 20.24?
5 A. Yes.
6 DEPUTY CORONER MS MONAGHAN: That's the same time as the
7 despatch time?
8 A. Yes.
9 DEPUTY CORONER MS MONAGHAN: Then you have told us about the
10 mobile time which is when you got on your way?
11 A. Yes, that's correct.
12 DEPUTY CORONER MS MONAGHAN: Which was immediately?
13 A. Yes.
14 DEPUTY CORONER MS MONAGHAN: And then when you arrived at
15 the scene, which you know because you record?
16 A. Yes.
17 DEPUTY CORONER MS MONAGHAN: When you arrive with the
18 patient which is a close approximation because you can't
19 be entirely clear?
20 A. Yes.
21 DEPUTY CORONER MS MONAGHAN: You also identify who else is
22 on the scene?
23 A. Yes.
24 DEPUTY CORONER MS MONAGHAN: And A505?
25 A. That's correct, that's the ambulance call-sign that

1 arrived at the same time as I did.

2 DEPUTY CORONER MS MONAGHAN: That's Katie Elderfield and
3 Sally Rooks?

4 A. Yes.

5 DEPUTY CORONER MS MONAGHAN: Then CR18, who is Mr Clark?

6 A. Mr Clark.

7 DEPUTY CORONER MS MONAGHAN: Then B595?

8 A. I believe that's Darren Weston, the DSO.

9 DEPUTY CORONER MS MONAGHAN: You also identify that the
10 police and fire brigade came on the scene?

11 A. That's correct, yes.

12 DEPUTY CORONER MS MONAGHAN: Then the next box down on the
13 left-hand side, that records details about Mr Mubenga?

14 A. Yes.

15 DEPUTY CORONER MS MONAGHAN: How would you have known his
16 date of birth and age?

17 A. I would have got that at the very end off -- whether
18 I was given it by the G4 gentlemen that were there or
19 whether it was via the passport or the police.

20 DEPUTY CORONER MS MONAGHAN: Then you have "Presenting
21 complaint"?

22 A. Yes.

23 DEPUTY CORONER MS MONAGHAN: You have put cardiac arrest?

24 A. Yes.

25 DEPUTY CORONER MS MONAGHAN: That's for the reasons you have

1 already explained to us?

2 A. Correct, yes.

3 DEPUTY CORONER MS MONAGHAN: And his date -- his airway was

4 clear?

5 A. Yes.

6 DEPUTY CORONER MS MONAGHAN: But breathing wasn't present?

7 A. That's correct. "Complete sentence in one breath: no."

8 DEPUTY CORONER MS MONAGHAN: Circulation, what does that

9 refer to? I'm not sure I can even pronounce those

10 words, never mind understand them.

11 A. Whether he's cyanosed, whether his lips -- it's all to

12 do with whether he's blue round the lips. So he is

13 cyanose which is blue, peripheral cyanose so his fingers

14 are blue.

15 DEPUTY CORONER MS MONAGHAN: That denotes a difficulty with

16 circulation?

17 A. Yes.

18 DEPUTY CORONER MS MONAGHAN: Then you have recorded that --

19 A. His capillary refill is greater than 2.

20 DEPUTY CORONER MS MONAGHAN: No pulse?

21 A. No pulse.

22 DEPUTY CORONER MS MONAGHAN: Not vomiting but sweating?

23 A. Hmm, hmm, yes.

24 DEPUTY CORONER MS MONAGHAN: He was sweating, Mr Mubenga?

25 A. Yeah, I think that was -- a lot -- as we have moved him

1 I've realised he was sweaty. I was looking at him from
2 the side. So my initial first was to see part of the
3 side of his face. I wasn't looking at him from the
4 front so it's very difficult to see whether his
5 peripherally cyanose, whether he's got blue lips, unless
6 it was prominent in somebody who was a lot paler
7 skinned. It's very difficult to say but once we got him
8 on to the floor you can see a lot more of his condition.

9 DEPUTY CORONER MS MONAGHAN: Are you able to tell us would
10 the sweating be something that would be associated with
11 the experience of cardiac arrest or would that have been
12 something that happened beforehand? Are you able to
13 tell us?

14 A. Maybe a little bit of both, yes. People can feel quite
15 cold and clammy if they have been in cardiac arrest for
16 a while or it could have been due to him being
17 struggling or an activity prior to him having the
18 cardiac arrest.

19 DEPUTY CORONER MS MONAGHAN: Then in the next column, under,
20 "Observations", you have 20.36?

21 A. Yes, 20.36.

22 DEPUTY CORONER MS MONAGHAN: Then you have 20.55?

23 A. Yeah.

24 DEPUTY CORONER MS MONAGHAN: Can you explain what those
25 entries there mean, please?

1 A. They're rough times of when I would have done -- the
2 more -- the first one is "Arrived at the patient". So
3 that's a rough idea of exactly what is going on -- the
4 rough picture was happening. So I've got -- there's no
5 numbers there to put down so he's got a pulse. The
6 second one -- if there had been a dramatic change in the
7 patient, I would have logged the time more that there
8 was a change of -- if he had started breathing by
9 himself. If we had got a good reading there, that would
10 have been more logged as a specific time. But that was
11 just a time to say there was no change throughout the
12 whole job.

13 DEPUTY CORONER MS MONAGHAN: The 20.55?

14 A. Yeah.

15 DEPUTY CORONER MS MONAGHAN: So between that period, there
16 was no change?

17 A. It's to say throughout the whole job I didn't see any
18 change in the patient's condition.

19 DEPUTY CORONER MS MONAGHAN: It went on rather longer than
20 20.55?

21 A. Yes, it did.

22 DEPUTY CORONER MS MONAGHAN: You're just filling in
23 essentially any time but just to indicate --

24 A. There was no -- by then there was still no change and
25 we're still carrying on. There was no change. If

1 that's -- that second set of observations, if at
2 21.00 hours he had started having a pulse, that would
3 have been more precise to put in there and the time
4 would have been more precise to know exactly when
5 he'd -- something had changed in the patient's
6 condition.

7 DEPUTY CORONER MS MONAGHAN: So respiratory rate?

8 A. Zero.

9 DEPUTY CORONER MS MONAGHAN: That's breathing?

10 A. No breathing at all.

11 DEPUTY CORONER MS MONAGHAN: Then you have sats, that's
12 oxygen as well, isn't it, into the body?

13 A. That's correct, yes.

14 DEPUTY CORONER MS MONAGHAN: Peak flow?

15 A. We wouldn't do that. That's more for somebody who can
16 actually breathe who has asthma.

17 DEPUTY CORONER MS MONAGHAN: CO2?

18 A. I got a reading of 5. That was a one-off reading that
19 we got.

20 DEPUTY CORONER MS MONAGHAN: CO2 again is?

21 A. Is the air that comes out which we pick up from
22 a different monitoring equipment that we use.

23 DEPUTY CORONER MS MONAGHAN: Then the pulse is nil again?

24 A. Yeah.

25 DEPUTY CORONER MS MONAGHAN: Colour, you have put pale?

1 A. Yeah so.

2 DEPUTY CORONER MS MONAGHAN: He was looking pale?

3 A. He was getting paler. Once we got him on to the floor
4 and we started working on him, you could see his colour
5 was -- you could see him a lot clearer.

6 DEPUTY CORONER MS MONAGHAN: Then BM?

7 A. Which is his blood sugar. We do a reading of blood
8 sugar just to see if it was low that we could -- if it
9 was low, then we would give some thing for his low blood
10 sugar because some people who are diabetic if their
11 blood sugar is extremely low could go into cardiac
12 arrest.

13 DEPUTY CORONER MS MONAGHAN: That wasn't something that was
14 significant at this stage?

15 A. No. At that point it's not going to make a lot of
16 change because he's -- we've still not got any output
17 from him.

18 DEPUTY CORONER MS MONAGHAN: Can you run through quickly the
19 other entries in that column.

20 A. His pupil size is a 6 by then. That's in millimetres so
21 his pupils were getting bigger.

22 DEPUTY CORONER MS MONAGHAN: What's that indicative of?

23 A. It's usually with people in cardiac arrest. It's the
24 lack of oxygen to the brain. Pupil reaction, there was
25 no -- if you shine a light in his eyes his pupils

1 weren't reacting at all.

2 DEPUTY CORONER MS MONAGHAN: The next one down has lot of 1s

3 underneath it?

4 A. The Glasgow Coma Scale. That's how we read somebody's

5 level of consciousness, somebody who's -- most of -- all

6 of us here have a Glasgow Coma Scale of 15 and it goes

7 down to 1 if there's no response. So it's eye movement,

8 so there was no eye movement; it's verbal, so there

9 wasn't speaking which is a 1; and no motor movement, so

10 he's not moving by himself.

11 DEPUTY CORONER MS MONAGHAN: Then in the next column you

12 have indicated that there were no known allergies, he

13 didn't have any known allergies?

14 A. At the time we didn't know medical history at all with

15 the patient.

16 DEPUTY CORONER MS MONAGHAN: As you have said there you had

17 no knowledge of any past medical history or medication?

18 A. That's correct.

19 DEPUTY CORONER MS MONAGHAN: Then towards the bottom of that

20 page, you give a timing for cannulation?

21 A. Hmm, hmm.

22 DEPUTY CORONER MS MONAGHAN: Yes?

23 A. Yes, that's correct.

24 DEPUTY CORONER MS MONAGHAN: Which you put about 20.45?

25 A. Yes.

1 DEPUTY CORONER MS MONAGHAN: That's successful, you
2 identify?

3 A. Hmm, hmm.

4 DEPUTY CORONER MS MONAGHAN: The cannulation itself is just
5 the tube, isn't it?

6 A. It's the needle they put in the arm.

7 DEPUTY CORONER MS MONAGHAN: To get anything in there,
8 obviously you have to attach something?

9 A. That's correct, yes.

10 DEPUTY CORONER MS MONAGHAN: Was anything ever attached and
11 put into Mr Mubenga?

12 A. I believe so but I can't recall exactly what was. It
13 would have to go through the adrenals and all the
14 drugs that were given by Sally.

15 DEPUTY CORONER MS MONAGHAN: Just still under cannulation
16 then. Fluid and drug administration, you have oxygen?

17 A. That's correct, yes.

18 DEPUTY CORONER MS MONAGHAN: That was the bag?

19 A. The bag and mask. As soon as we connected up the bag
20 and mask and started the ventilating, we had connected
21 the oxygen as well. So it gives 100 per cent oxygen
22 into the body.

23 DEPUTY CORONER MS MONAGHAN: Then over the page, I think we
24 can see what you were referring to when you referred to
25 the adrenaline.

1 A. Hmm, hmm.

2 DEPUTY CORONER MS MONAGHAN: Something else, I can't read
3 3 milligrams?

4 A. Atropine.

5 DEPUTY CORONER MS MONAGHAN: Which is, what is that?

6 A. It's a drug that they give. I'm not exactly sure why we
7 give atropine.

8 DEPUTY CORONER MS MONAGHAN: That's fine. So it's part of
9 the protocol?

10 A. Yes.

11 DEPUTY CORONER MS MONAGHAN: Adrenaline presumably is to
12 stimulate --

13 A. Stimulate, to try and stimulate the heart into having
14 some activity.

15 DEPUTY CORONER MS MONAGHAN: The last entry is sodium
16 chloride?

17 A. That's a bag of fluid that they put up which is --

18 DEPUTY CORONER MS MONAGHAN: In the --

19 A. Just like a bag of liquid -- fluid to replace any fluid.

20 DEPUTY CORONER MS MONAGHAN: Then the next entry down is
21 "Cardiac arrest, CPR and defib"?

22 A. Hmm, hmm.

23 DEPUTY CORONER MS MONAGHAN: What does that tell us?

24 A. Was the arrest witnessed is the first column. It's
25 difficult to see. Is it "yes" or "no"?

1 DEPUTY CORONER MS MONAGHAN: We have a clean copy here. Is
2 this the clean copy, Ms Ballard, of the same document?
3 MS BALLARD: Yes. It should be on the first page, madam.
4 DEPUTY CORONER MS MONAGHAN: "Arrest witnessed" and you have
5 put "yes"?
6 A. Yeah. It should have been a "no".
7 DEPUTY CORONER MS MONAGHAN: Why should it have been a no?
8 A. Because I don't believe that the G4S guys thought he was
9 in cardiac arrest at the time.
10 DEPUTY CORONER MS MONAGHAN: Would the fact of him being in
11 cardiac arrest be obvious to somebody?
12 A. I would have hoped so, yes.
13 DEPUTY CORONER MS MONAGHAN: What would have been the
14 symptoms of being in cardiac arrest?
15 A. The initial symptoms would probably be somebody not
16 talking to you, them not responding to you, them not
17 making any eye contact, but then the breathing, then
18 obviously not being able to find a pulse.
19 DEPUTY CORONER MS MONAGHAN: So you have just talked us
20 through those. When you say and the breathing, you
21 might the breathing would start to decline or diminish?
22 A. Yes.
23 DEPUTY CORONER MS MONAGHAN: Reduce. Then you have "Cause
24 of cardiac arrest", "other"?
25 A. Because we weren't sure what had caused the cardiac

1 arrest.

2 DEPUTY CORONER MS MONAGHAN: You tell us that he's gone

3 to -- he is asystolic?

4 A. Which is flat-line, no activity.

5 DEPUTY CORONER MS MONAGHAN: Then the next line across?

6 A. Yeah, "Pre-LAS CPR". So was any compressions or

7 ventilations done by any members of the public which was

8 "no".

9 DEPUTY CORONER MS MONAGHAN: Then you describe the LAS CPR?

10 A. Yes.

11 DEPUTY CORONER MS MONAGHAN: We then have manuscript notes,

12 not very long. Would you mind reading them aloud to me?

13 A. "Patient being deported, escorted by security. Went to

14 the toilet and came back aggressive. Restrained.

15 Patient then stop breathing. Staff believing patient

16 had not fainted."

17 Then:

18 "Past medical history not known. Drug history not

19 known."

20 Then:

21 " patient sat upright in chair. Patient

22 unresponsive. History gained. No pulse. No res.

23 Patient --"

24 DEPUTY CORONER MS MONAGHAN: No res?

25 A. No respiratory effort.

1 "Patient lifted out of the chair onto the floor.
2 LP1000 attached [which is the defibrillator that we
3 use]. Patient in asystolic. No shock advised.
4 Alpha 505 on scene with me. Resus CPR protocol started.
5 LMA attempted."

6 DEPUTY CORONER MS MONAGHAN: Which is?

7 A. Which is the -- which is a laryngeal mass which we put
8 down. It's to open the airway up. It went -- from what
9 I recall, it went it but I wasn't as happy as I could be
10 with it. It was getting good ventilation but there
11 seemed to be like a wisp round it (Indicated noise) so
12 it didn't feel like it had seated properly.

13 DEPUTY CORONER MS MONAGHAN: When you go (Indicated noise),
14 that's not Mr Mubenga?

15 A. No, that's when we were inflating.

16 DEPUTY CORONER MS MONAGHAN: LMI?

17 A. "Patient intubated by Sally [which is number 3].
18 Continued CPR protocol. Patient still in assisted
19 removal with fire 10 [which is the fire brigade who
20 turned up to the ambulance which is basically Heathrow].
21 Continued CPR on the way to hospital."

22 DEPUTY CORONER MS MONAGHAN: Then you have arrived hospital
23 destination 21.40?

24 A. Yes.

25 DEPUTY CORONER MS MONAGHAN: Would that have been

1 an accurate time?

2 A. Yes, because that would have been logged by the
3 ambulance. They have a computer system on the
4 ambulance.

5 DEPUTY CORONER MS MONAGHAN: You have clinical handover,
6 21.42?

7 A. Yeah.

8 DEPUTY CORONER MS MONAGHAN: Again, would that have been
9 an accurate time?

10 A. I would have said that probably -- I can't recall what
11 happened but I would imagine when we took the patient in
12 and we may have had to carry on doing compressions and
13 things before they took the handover from us.

14 DEPUTY CORONER MS MONAGHAN: That's everything I need to ask
15 you, Mr Buer. Just while there while I check. (Pause)
16 Thank you. Just wait there because some of the
17 representatives may have some questions for you.

18 Examiné by MR BLAXLAND

19 MR BLAXLAND: Mr Buer, I represent the family of the man who
20 died. I'm going to ask you just a very few questions
21 about your records. Could I ask you to take a bundle of
22 papers that we have which is volume 4 of the witness
23 bundle, please, which I think you may not have. I want
24 to start at page 251. The position is this, that you
25 were interviewed by the police on 2 November 2010 and

1 then at a later time they took a formal statement from
2 you, in fact on 24 February 2011. I just want to ask
3 you about one or two details.

4 At page 251, which is page 3 of your witness
5 statement, you describe the moment that you arrived on
6 the plane and you went over to deal with the situation.
7 Can I just ask you to explain this: you felt for
8 a pulse?

9 A. Yes.

10 Q. Using your hand?

11 A. Yes.

12 Q. On his wrist?

13 A. Yes.

14 DEPUTY CORONER MS MONAGHAN: And then his neck I think you
15 said.

16 MR BLAXLAND: And, yes, I was going to come to that, then on
17 his neck, the carotid?

18 A. Yes, that's right.

19 Q. Is that right?

20 A. Yes, that's correct.

21 MR BLAXLAND: In your statement, five lines down, the third
22 line of the second paragraph --

23 DEPUTY CORONER MS MONAGHAN: The third line of the second
24 paragraph, just let him find that.

25 A. Yeah.

1 MR BLAXLAND: I am going to read out what you have recorded
2 here:
3 "I went over to him to see if he was breathing and
4 I got my finger probe out."
5 Just explain to us, what is the finger probe?
6 A. It's a little electronic -- it looks like a peg.
7 DEPUTY CORONER MS MONAGHAN: Ms Ballard has it. Perhaps the
8 witness can see it and then the jury can know what we're
9 talking about.
10 MR BLAXLAND: Yes, certainly. (Handed)
11 A. Thank you.
12 MR BLAXLAND: Can you just us show what it is, please?
13 A. It's a little electronic thing that goes on somebody's
14 finger and it has a reading whether there's a pulse or
15 not.
16 Q. So something -- if you turn it on now --
17 A. It is on. It takes a second to start.
18 Q. What can you see on there now?
19 A. A heart rate and an oxygen level of my body.
20 Q. So there are two different figures?
21 A. Yeah, that's correct. The lower figure is the pulse
22 rate and the upper figure is my oxygen level in the
23 body.
24 DEPUTY CORONER MS MONAGHAN: Sorry, is the ..?
25 A. Oxygen circulation in the body.

1 MR BLAXLAND: You say in the statement, "I got my finger
2 probe out." Did you apply the finger probe?
3 A. Yes.
4 Q. What reading did you get?
5 A. I don't recall there being any reading and I don't
6 believe it took -- it was on the finger long enough for
7 me to get a reading.
8 DEPUTY CORONER MS MONAGHAN: Pause there. You have seen
9 that, members of the jury, do you get the picture?
10 MR BLAXLAND: This is while he's still in the seat, is that
11 right?
12 A. Yes.
13 Q. The two guards are either side, is that right?
14 A. One's leaning over the chair and one's by the passenger
15 on the right-hand side in seat F. So I've approached
16 from seat D.
17 Q. So you have come down, as we can see, walk up the plane
18 and on the right-hand side, is that right?
19 A. I come down between the C and the D and the patient's on
20 the left-hand side and the one gentleman was behind
21 seat E, leaning over the sat, and the other member of G4
22 I believe was sat in seat F.
23 Q. So seat D was free, allowing you to go across?
24 A. Yes.
25 Q. Is that right? Did you show the reading from the finger

1 pulse to anybody else?

2 A. No.

3 Q. Did you ask them to look at it?

4 A. No.

5 DEPUTY CORONER MS MONAGHAN: Sorry, I think I misunderstood.

6 I'm not sure if I did or not. Did you say that you

7 didn't leave the finger pulse on long enough?

8 A. Yes. It takes a little while to get a reading.

9 I carried it here on my belt and I would have --

10 I probably went for a pulse on his wrist whilst looking

11 at him, put the finger probe on and then felt for no

12 chest rise. I felt for a carotid pulse. There was

13 nothing. I couldn't find a pulse. I wasn't relying on

14 this to tell me whether the gentlemen had a pulse or was

15 breathing. I had already made a decision from my

16 assessment. That came off and I stuck it back on there

17 and I said, "Sally, we need to get him out of the chair"

18 and we lifted him out of the chair.

19 DEPUTY CORONER MS MONAGHAN: Does that mean you didn't

20 bother to look at that?

21 A. I didn't look at it.

22 MR BLAXLAND: Did you say anything about the reading to

23 anybody? Did you say, "I can see --

24 A. I wouldn't have relied on that. If I'd have put it on

25 his finger straightaway and then felt I can't see

1 a chest rise and then looked down, I thought oh there is
2 something there, it may be very faint, I may have looked
3 at that to see what reading I was getting. But there
4 was no reading at all, there was no pulse. I wasn't
5 using that as an aid to make my decision on what I was
6 going to do next with the patient.

7 Q. This may be impossible for you to answer but do you
8 remember on which hand you applied --

9 A. I would have put it in the hand nearest to me which
10 would have been the left hand.

11 Q. Was his hand still by his side or did you lift his hand
12 up?

13 A. From what I can remember, his hands were actually on the
14 arm of the chair because one of the pictures I have is
15 that the gentleman -- I don't know what the gentlemen
16 looked like, but the gentleman who was sat to the other
17 side of him was stroking his other arm. It was if both
18 arms were still on the armrests at that time. So it was
19 very easy to access his arm.

20 Q. So the finger probe was on and off very quickly?

21 A. Very, very briefly.

22 Q. You're absolutely sure that when you felt both his wrist
23 and his neck there was no pulse?

24 A. There was no pulse.

25 Q. No doubt in your mind at all?

1 A. No doubt at all in my mind.

2 Q. Equally, there's no doubt in your mind that he wasn't
3 breathing?

4 A. There was no doubt in my mind he wasn't breathing.

5 Q. The second thing I'd like to ask you about is what you
6 did to get him out of the chair and into the corridor,
7 the aisle.

8 A. Yeah.

9 Q. Because you have told us that nothing happened in your
10 opinion which could have caused him any injury?

11 A. I don't believe anything that I did on that day would
12 have caused him any injury at all.

13 Q. Just if you can explain to us exactly what you did. In
14 your own words, please.

15 A. I was to the left of the patient and sort of maybe
16 kneeling on the chair assessing. I had already made the
17 decision that he was not breathing and hadn't got
18 a pulse. I then came behind him but I didn't -- he
19 didn't fall forward at all. I got my arms in behind
20 him, underneath his armpits, from this angle, managed to
21 get hold of his arms off the arm of the chair and then
22 Sally came underneath. His legs seemed to be slight
23 stuck underneath the foot -- the seat in front. We
24 managed to unhook his feet and then I was able to lift
25 him out of the chair. I think at that point adrenaline

1 starts to rush in and you think: I'm going to get him
2 out. And he seemed to come out quite easily out of the
3 chair. You have to lift him over another chair which is
4 always a little bit difficult, so he may have caught his
5 bottom on the chair as we moved him over. I don't
6 recall that but once I'd got hold of him I had him
7 secure in my arms and anything -- his head would have
8 been here by then, just underneath my chin, because
9 I would have had him here. So it would have been
10 underneath his chin so he would have been down this
11 level. So anything that was happening to the top half
12 of his body would have been protected by my torso.

13 Q. Do you remember lifting the armrest up?

14 A. I don't recall lifting the armrest up at all.

15 Q. When you arrived, he was sitting up in the seat?

16 A. That's correct, yes.

17 Q. Did he remain in an upright position, if you like, as
18 you got him out of the seat?

19 A. Yeah, I don't recall him slumping either way. I seem to
20 think we had quite good control of the patient as we
21 moved him out.

22 Q. So you had him round his upper body, is that right?

23 A. Yeah. Sally came underneath the -- underneath his knees
24 with her arm to support underneath his legs and I had
25 the upper part of his body and lifted him out from

1 there.

2 Q. So your arms are round his chest?

3 A. Yeah. We go underneath the arms and then we link the
4 hands. It's very difficult to describe without showing
5 somebody. You come underneath his arms and then you
6 link -- hold onto his wrists with your arms so you have
7 him secure. It's a technique we have been taught for me
8 years, how to move people. Once I've got him secure in
9 that hold, he stays with me until I've got him
10 comfortably on the floor and then I would go backwards
11 once we got him down on the floor and bring him down
12 slowly backwards onto the floor because he's constantly
13 on my chest all the way down.

14 MR BLAXLAND: I think that is very clear. Thank you very
15 much.

16 I'd like to ask you now --

17 DEPUTY CORONER MS MONAGHAN: Are you moving on to
18 a different topic?

19 MR BLAXLAND: I am, yes.

20 DEPUTY CORONER MS MONAGHAN: Can I ask you a question about
21 something you just said. His feet appeared to be under
22 the seat in front?

23 A. Yes.

24 DEPUTY CORONER MS MONAGHAN: And slightly -- I think you
25 said it took moment to get them out?

1 A. Literally a case of I've got his legs now, sort of
2 just -- it wasn't as if they were rammed underneath.
3 They just took a little second to pull his feet from
4 under the chair.

5 DEPUTY CORONER MS MONAGHAN: Both of his feet were
6 underneath the seat in front?

7 A. Yes.

8 DEPUTY CORONER MS MONAGHAN: Both sufficiently far forward
9 that you had to dislodge them to get him out?

10 A. Yeah. He wouldn't have come out without us moving his
11 feet a little bit for him to come out.

12 DEPUTY CORONER MS MONAGHAN: Thank you.

13 MR BLAXLAND: Having got him into the aisle, there came
14 a point when the defibrillator was used, is that right?

15 A. That's correct, yes.

16 Q. Describe for us how that works?

17 A. The defibrillator?

18 Q. Yes.

19 A. It has two pads that we put on the chest, one on the
20 right at the top of the chest and one slightly lower on
21 the left-hand side, and it reads the activity of the
22 heart, whether there has been any or there isn't any
23 activity of the heart.

24 Q. What reading did you get?

25 A. We just got a flat-line.

1 Q. The asystolic flat-line?

2 A. Yeah, asystolic.

3 Q. That's while he was lying down?

4 A. That's correct, yes. Any cardiac arrest we do, we need

5 to get some point to floor because that the only time

6 you can do the compressions on the chest.

7 Q. Which is CPR?

8 A. CPR, yes.

9 Q. Cardiopulmonary resuscitation, is that right?

10 A. Yes.

11 Q. Did you apply that?

12 A. The defibrillator, yes, I believe did.

13 Q. Did you apply CPR?

14 A. Yes, sorry, I provided -- I applied CPR, yes.

15 Q. Do you know for how long?

16 A. Quite a marked percentage of the patient. Whilst we

17 were with the patient, I was doing quite a lot of

18 compressions.

19 DEPUTY CORONER MS MONAGHAN: And you were taking it in turns

20 with your colleagues?

21 A. Yeah, we took it in turns. When you get exhausted,

22 we'll say, "Can you swap after this round" or when the

23 defibrillator says it wants to analyse the patient,

24 that's your brief time to swap. And it's literally you

25 get the other member of staff ready to go who will

1 literally come straight in and start on the chest
2 straightaway.

3 DEPUTY CORONER MS MONAGHAN: That happened right up until
4 you transferred him into Hillingdon?

5 A. That's right, yes.

6 MR BLAXLAND: I now want to ask you, please, about your
7 memory of what was said to you about what had happened.
8 Can I start with the formal record that the learned
9 coroner has already taken you through. It's page 103 in
10 the red volume. It's a single sheet in fact that has
11 just been copied on to two sheets. It's a document you
12 have already been taken thorough but so we understand
13 what it is that you're recording. There's a section
14 which deals with effectively the history and your
15 description of what happened after you have completed
16 the various boxes which you have ticked.

17 A. Yes.

18 Q. You have recorded this:

19 "Cardiac arrest".

20 And then two words which are crossed out:

21 "Not known"?

22 A. Yeah. We often do it in -- it's presenting complaint
23 which is cardiac arrest. We usually fill out -- I often
24 feel out my forms the same way. Not known would have
25 been medical history which we put further down.

1 Normally I put in the history of the patient in that
2 section and not known came further down. For some
3 reason I've just crossed it out.

4 Q. Just remind us, please, exactly when this record was
5 completed?

6 A. The very -- what we call the easy fill, which is the bit
7 at the top which only takes us a very short time to fill
8 in, I did that at the Hillingdon Hospital. The last
9 bit, and getting the drugs off Sally, who's a paramedic,
10 was filled in back at the ambulance station later on
11 that evening.

12 Q. So it's all that evening, it's all part of your shift?

13 A. It was all done -- I have to wish the paperwork before
14 we finish the day.

15 Q. Anyway, "Patient being deported. Escorted by security".
16 Where had you got that information from?

17 A. That came through in dribs and drabs throughout the
18 cardiac arrest. We were on scene for quite a long time
19 and, as we were still dealing with the patient, we were
20 getting more bits of history coming through.

21 Q. People telling you things?

22 A. Yeah, the police were on scene at one point. They were
23 giving us little bits of information because they had
24 started to speak to relevant people around the patient.

25 Q. "Went to the toilet, came back aggressive, restrained."

1 Then these words:

2 "Patient then stopped breathing."

3 A. Hmm, hmm.

4 Q. Do you remember who told you that?

5 A. Unfortunately not.

6 Q. No?

7 A. No.

8 Q. But that's part of the information?

9 A. That was part of the information I got from somebody,

10 I'm not sure who I received that from.

11 Q. "Staff believing patient had fainted"?

12 A. Yes.

13 Q. So that appears to suggest --

14 A. That's another bit of information that I would have got

15 whilst I was on scene. Maybe somebody else, maybe from

16 the police.

17 Q. So you're not able to tell us now whether "Patient then

18 stopped breathing" is something that the guards had told

19 you?

20 A. No. I can't recall --

21 Q. Or somebody else told you?

22 A. I can't recall who gave us the information. It was --

23 when you're dealing with a cardiac arrest, you're very

24 much focused on what's happening to the patient at that

25 time. And as little bits of information come through,

1 immediate vicinity to give you an explanation as to what
2 has happened?

3 A. Yes.

4 Q. So do you remember, as you arrived, asking the guards
5 just to give a very brief account of what had happened?

6 A. I would have probably said at long the lines of, "Can
7 you tell me what going on", but then I would be
8 focusing -- also focusing very heavily on the patient.

9 Q. Yes.

10 A. Because some people can give an incorrect history at
11 that point and you're better off going with what your
12 observations are and what you're assessing from the
13 patient.

14 MR BLAXLAND: Could I just ask you to go to a passage in
15 your interview with the police which is at page 193 of
16 the large bundle that you have there.

17 DEPUTY CORONER MS MONAGHAN: The blue one that you have
18 there.

19 MR BLAXLAND: It's page 193 bottom right. There's rather
20 a long record of your interview with the police. They
21 went over things and back over things. They asked you,
22 at the top of this page, if you had any memory of the
23 appearance of the people who were with Mr Mubenga, as we
24 now know he was.

25 A. Yes.

1 Q. You said you seemed to remember them all wearing suits.

2 A. Hmm, hmm.

3 Q. But you went on to say this, and this is the passage
4 which starts about three-quarters of the way down the
5 page:

6 "It was very difficult to sort of picture anything
7 around because I was just more focused on what the
8 patient was presenting with more than anything. It's --
9 I suppose when you go onto aeroplanes normally and
10 there's lot of -- it's completely full and you do -- you
11 always get people staring at you. So I think in some
12 ways I sort of close down on the patient itself because
13 otherwise you get engrossed in people saying, talking
14 and you just try and focus on what you're there to do.
15 And I just remember it not being so busy down the back
16 and these gentlemen, the three gentlemen in suits, who
17 sort of gave me a very, very, very brief history but
18 I was more concerned that he wasn't breathing."

19 A. That's correct.

20 Q. So is this what you were saying, that your concentration
21 was directed to the physical appearance of the person
22 that you had come to help, is that the?

23 A. That's correct, yes.

24 Q. As a result of that, you have some difficulty, after the
25 event, remembering exactly what you were told at the

1 time?

2 A. That's correct, yes.

3 MR BLAXLAND: Do you remember asking for a very, very brief
4 history -- you said you did -- and being told words
5 similar to that, "He complained he was unable to
6 breathe, appeared to go unconscious and he had a very
7 weak pulse"?

8 DEPUTY CORONER MS MONAGHAN: That's not in your statement.
9 Mr Blaxland is just asking you: do you remember those
10 words? Do you want to say them again.

11 MR BLAXLAND: Yes. Words similar that, "He complained he
12 was unable to breathe, appeared to go unconscious and
13 had a very weak pulse"?

14 A. I don't recall those words being said to me.

15 Q. When you were interviewed by the police, you were
16 specifically asked -- and this is page 198 of your
17 interview. The police officer interviewing you, in the
18 middle of this page, specifically asked you this
19 question:

20 "Did you hear any conversation at all about the fact
21 that he had been complaining he couldn't breathe?"

22 You said:

23 "No --

24 A. Sorry --

25 DEPUTY CORONER MS MONAGHAN: Mr Blaxland, he wasn't with

1 you.

2 MR BLAXLAND: 198.

3 A. Sorry, I was on 197.

4 Q. No need to apologise. Page 198. The question was put
5 to you, in the middle of the page:

6 "Did you hear any conversation at all about the fact
7 that he had been complaining he couldn't breathe?"

8 You said:

9 "No."

10 Mr Baldwin said:

11 "You don't remember?"

12 "Answer: I don't remember hearing anything about
13 that."

14 Later on, and this is at page 235, please, the
15 officer put to you something that he had been told by
16 your colleague Sally Rooks; right? I am going to read
17 the passage. It's in the middle of the page again.
18 This is the officer, Sergeant Baldwin:

19 "Finally, the last question I have is that Sally has
20 already told us that she received information that the
21 patient had said at some point during the incident that
22 he couldn't breathe and she'd received that information
23 from you. Do you remember that at all?

24 "Answer: I don't remember. I don't remember having
25 that conversation with Sally but that -- I couldn't say

1 hand on heart that I remember having that conversation
2 with Sally. As I say the only information I remember
3 getting -- because little bits seem to be changing,
4 coming through in dribs and drabs. It wasn't as if
5 it -- it wasn't as if it was black and white. This is
6 exactly what's happened and I didn't want to get
7 involved in sort of Chinese whispers but I don't
8 remember. It might have been. I might have said that
9 to Sally. I can't hand on heart that I did."

10 Then over the page:

11 "I don't remember saying that he said he couldn't
12 breathe. I know now that -- I know after the job and
13 everything like that somebody had said he couldn't
14 breathe. He said he couldn't breathe but that night
15 I didn't remember saying to Sally about it."

16 Then the officer says:

17 "If you can't remember, you can't remember.

18 "Answer: I can't remember that night. I know now
19 that there was a comment that he was being restrained
20 and he said he couldn't breathe but I don't remember
21 saying that evening to Sally in fact."

22 All right?

23 A. Yes.

24 Q. Just doing the best that you can, you have no memory of
25 that being said to you?

1 A. I don't.

2 Q. No. On the other hand, because of what you were
3 involved in, things may have been said to you which you
4 simply didn't remember?

5 A. That's correct, yes. As I said in my statement, there
6 was lot of bits coming through that could have been
7 resembled Chinese whispers type thing and it's trying to
8 pick what's right and who it's come from and who I'm
9 saying it back to if I'm saying stuff.

10 Q. But most importantly what you were absorbed in was doing
11 your best to revive Mr Mubenga?

12 A. That's correct, yes.

13 Q. That was the task at hand?

14 A. That was my task that evening.

15 MR BLAXLAND: Thank you very much.

16 Examiné by MS HEWITT

17 MS HEWITT: Mr Buer, I want to ask you first of all just
18 a few more questions about Mr Mubenga's appearance when
19 you first went towards him. So he's still sitting in
20 the airline seat.

21 A. That's correct.

22 Q. You have described already that he was sitting in
23 an upright position?

24 A. Yes, from what I remember and my statements, yes.

25 Q. His arms to his side?

1 A. That's correct.

2 Q. Were his arms on the chair armrest?

3 A. I seem to think he was sat with his arms on the chair --
4 on the armrests of the chair, sorry.

5 Q. The way in which he was sitting upright, is it right --
6 I take this from what you said in your interview -- that
7 the initial impression it gave to you was that it was
8 someone sitting quite normally?

9 A. Yes, that's correct. I was a bit taken back when
10 I realised he wasn't breathing and hadn't got a pulse
11 because he just seemed to be sat. As I've described
12 over and again he just seemed to be sat staring at the
13 chair in front and not responding to anybody, not
14 talking to anybody, as if he was just ignoring
15 everything that was going on around him.

16 Q. So your very first impression --

17 A. It was just a side view that I had of him sat because
18 I'd come round the side of the seat. So I couldn't
19 quite see him because of the gentleman who was leaning
20 over the back of the seat was sort of blocking my vision
21 initially but it wasn't until I got quite close and it
22 was more of a side view of him, he just seemed to be sat
23 staring at the seat in front.

24 Q. Can I take you to what you said in interview about it.
25 It me be important. Do you have the bundle there with

1 your interview in it?

2 A. Yes.

3 Q. Could you go to page 187. You talk, don't you, about
4 his precise position? Is this right, you say that:

5 "He seemed be sitting as any sort of passenger would
6 do in an upright position. It seemed slightly strange.
7 He didn't seem to be slumped as if he was unconscious."

8 Is that right?

9 A. Yes, that's correct.

10 Q. And he just seemed to be supporting himself?

11 A. Hmm, hmm.

12 Q. "It gave me the impression this doesn't seem right, not
13 that -- most people you go to who are unconscious are
14 either slumped to one side and they can't support their
15 head or, you know, there's something as you walk up you
16 can tell they're not supporting themselves."

17 A. That's correct, yes.

18 Q. "Because they're unconscious, but he seemed to be
19 sitting as if he was just waiting for the plane to
20 take-off"?

21 A. That's correct, yes.

22 Q. "And was more or less in the position of anybody else."

23 Then at page 191, talking about the same thing, that
24 top paragraph, you say this:

25 "He just looked like he was sat there refusing to

1 speak to anybody, staring into space. He didn't present
2 like a normal unconscious patient."
3 A. That's correct, from what I remember as well.
4 Q. Clearly from what you have said once you started
5 examining Mr Mubenga, you changed your view about his
6 condition?
7 A. Very quickly, yes.
8 Q. But that was the visual impression you got on first
9 approach?
10 A. Yes.
11 Q. Do we take it from that that I think you say that
12 Mr Mubenga's eyes were open?
13 A. Yeah, from the angle I was addressing the patient, he
14 seemed to have his eyes open, yes.
15 Q. And staring into space?
16 A. Just staring at the back of the seat in front.
17 Q. As far as what you have described about your subsequent
18 examination and what you found, you referred to signs of
19 what his circulation was doing. I think on your form
20 the heading, "Circulation"?
21 A. That's correct, yes.
22 Q. There are tick boxes relating to cyanosis?
23 A. Yes.
24 Q. Cyanosis, the sort of blueness?
25 A. Yeah, the blueness. When somebody hasn't been breathing

1 for a while, their lips start to go blue.

2 Q. And maybe their fingers?

3 A. And their fingers as well.

4 Q. Peripheral cyanosis?

5 A. Peripheral cyanosis, yes.

6 Q. You said in answer to the learned coroner's questions

7 that this was difficult to see in the seat?

8 A. Yes.

9 Q. And became more apparent -- was more obvious when you

10 laid Mr Mubenga on the floor?

11 A. Yeah, I could see the whole of the patient then. Once

12 we got him on the floor, you could see that his colour

13 was different. He seemed to be cyanosed -- slight

14 cyanosis round the lips which was all getting worse.

15 Q. So slight when you laid him down and then progressively

16 worse as you watched him?

17 A. Yeah. As we were treating the patient, yes.

18 Q. The same, is this correct from what you have been

19 saying, was true of his pallor; in other words, whether

20 he looked pale or not?

21 A. Yeah.

22 Q. That didn't strike you when he was sitting in the seat?

23 A. No.

24 Q. But you noticed a paleness once he was on the floor?

25 A. Yeah.

1 Q. Is that right?

2 A. That's correct, yeah. I was more concerned when he was
3 sat in the chair with whether he was breathing or had
4 a pulse.

5 Q. Well, if I can just take you to a sentence in your
6 statement and that's at page 255. I think you just go
7 a little bit further in the sense in your statement
8 because if you look at that sentence, right at the --
9 let me take you back just to the sentence on the page
10 before. I am so sorry, you say this:

11 "My first impression was that he was just ignoring
12 everyone around him. There was no saliva or drooling
13 coming from the patient's mouth. His pallor appeared
14 normal."

15 A. Hmm, hmm.

16 Q. Is that right?

17 A. That was my first impression of him, yes, my very first
18 impression.

19 Q. You say:

20 "I don't remember him appearing pale or cyanosed."

21 A. No. My first impression of him was that side he didn't
22 seem to be --

23 DEPUTY CORONER MS MONAGHAN: Just pausing there because you
24 have said that a couple of times. I want to be clear in
25 my own mind. You said you had a sideways view of him?

1 A. Yes.

2 DEPUTY CORONER MS MONAGHAN: Does that mean that you would
3 have seen his lips, for example, cyanosed, whatever the
4 word is, even if they were?

5 A. It has to be quite pronounced. Because of the colour of
6 his skin it has to be quite pronounced.

7 DEPUTY CORONER MS MONAGHAN: Because he's dark-skinned?

8 A. Because he's dark-skinned.

9 DEPUTY CORONER MS MONAGHAN: If that process was beginning
10 to happen, it wouldn't necessarily be immediately
11 visible, is that right?

12 A. No, no, it would -- it would take longer for me to start
13 to assess that.

14 DEPUTY CORONER MS MONAGHAN: Is that because of the colour
15 of his skin?

16 A. Because of the colour of his kin.

17 DEPUTY CORONER MS MONAGHAN: So if you're white it's more
18 visible earlier on?

19 A. It seems to come up a bit quicker.

20 MS HEWITT: So the part I took you to in your statement,
21 I think you are explaining why it is and why that was
22 much more apparent to you once you laid him down.

23 A. Once we got him out we could see a lot more of the
24 patient. It was more visible.

25 Q. You said in answer to one of the learned coroner's

1 questions, I think, that it did not appear to you at the
2 time that the guards appreciated that Mr Mubenga was in
3 cardiac arrest?

4 A. No.

5 Q. One of the guards, you have said, was talking to
6 Mr Mubenga when you approached?

7 A. Yes, that's correct.

8 Q. The guard in 40F?

9 A. That's correct, yes.

10 Q. Again, can I be clear about what you heard him saying
11 and, if it helps you, you were asked about this in
12 interview. If you go to page 194. At the bottom of
13 page 194 you refer to a guard sitting next to him. You
14 were asked:

15 "Can you remember what he was saying to him?"

16 Then over the page, you say:

17 "He was just sort of -- sort of reassuring sort of
18 talk, 'You're all right, fella'. You know, 'You're
19 going to be all right. The medics are here now.
20 They'll sort you out' sort of conversation."

21 A. Yes.

22 Q. Then it stopped after you started dealing with the
23 patient?

24 A. Yeah.

25 Q. You said in the next answer:

1 "I don't remember the exact words" --

2 A. It may have been said as I was being introduced to the
3 patient, those words might have been said, and that was
4 another puzzle as to why they were trying to reassure
5 him when he was sort of -- it probably gave -- probably
6 made me stumble a little bit in the fact of reassuring
7 him but he's not breathing and hasn't got a pulse.

8 Q. As far as the words were concerned, you say you don't
9 remember the exact words but it was that type of thing?

10 A. Yeah, I seemed to remember the gentleman in seat F was
11 rubbing his right arm.

12 Q. The history given -- well, I think, madam, what I was
13 going to take the witness to has really been covered by
14 Mr Blaxland. Most in particular I was going to ask you
15 about the suggestion of you being told at some stage
16 about Mr Mubenga complaining of not breathing or
17 stopping breathing.

18 A. Yeah.

19 Q. But that section you have just been taken to --

20 A. It's very difficult to -- I can't exactly remember who
21 was telling me stuff at that time. I can't remember
22 whether it came from the police, the security guards who
23 were with him or my colleagues who were on scene with
24 me.

25 Q. At that time you were told things on the plane and

1 subsequently?

2 A. I believe most of the history got was on the plane.

3 Q. The pulse, looking for the pulse, the finger device that

4 you have seen has a small screen on it?

5 A. Yes.

6 Q. Which is capable of giving a reading?

7 A. Yes.

8 Q. Is the reading numerical only, as opposed to any sort of

9 a line?

10 A. Yes, just numbers.

11 Q. It's numbers only?

12 A. Yes.

13 Q. So any visual indication of a line would be from --

14 would have been from the defibrillator, is that right?

15 A. What, the first electronic device that we were using?

16 Q. I didn't put the question very well. Of all the

17 machinery or devices that were in use at the time, which

18 of them may have given a visual indication of a line?

19 A. The defibrillator that we used.

20 Q. That would only be the defibrillator?

21 A. Yes.

22 DEPUTY CORONER MS MONAGHAN: Is there a visible line on the

23 defibrillator?

24 A. Yes, there's a physical screen. It's a LCD screen.

25 MS HEWITT: You have described flat-lining as an expression.

1 A. Yes.

2 Q. The jury has heard evidence from in fact the captain of
3 the plane who thought he saw something other than a flat
4 line showing on the screen. Was that possible?

5 A. With -- even with moving the patient around you can get
6 a line on a -- a waveform on the defibrillator. It
7 could be presumed as somebody having an output but it's
8 not. Also, when we do compressions on the chest,
9 because you're actually moving the heart you will get
10 a waveform on there but when we stop doing the
11 compressions, it went back to asystolic which was a flat
12 line.

13 Q. A different member of the crew referred to hearing the
14 word "rhythm" I think he said when you were taking
15 Mr Mubenga from the plane.

16 A. I don't recall --

17 Q. Do you know what that could have been a reference to?

18 A. Not at all.

19 Q. The final few questions from me are about your removal
20 of Mr Mubenga from the seat. None of these questions,
21 I hasten to add, are meant critically. I just want to
22 clarify what happened. When Mr Mubenga was in the seat
23 initially, he had the seat belt on --

24 A. Yes.

25 Q. -- when you arrived. Both armrests either side of him

1 down?

2 A. Yes.

3 Q. And you have described a moment ago I think his feet
4 under the seat in front?

5 A. Yes.

6 Q. Can you remember this, that you moved to move him from
7 his seat relatively quickly after making a brief
8 assessment?

9 A. Yes.

10 Q. When you did so, was there initially a first attempt to
11 move him across, then one of the guards, the one who was
12 standing in the aisle I think, saying to you something
13 like, "Hold on a minute, I'll lift the armrest up for
14 you" and then the guard doing that and then a second
15 movement?

16 A. I don't recall that happening. I remember -- I recall
17 lifting the patient out of the chair. We may have moved
18 him over into the next chair but it's still in my
19 position of holding the patient and there was only me
20 and Sally Rooks who actually lifted the patient out.
21 There was nobody else assisting us in the movement of
22 the patient from what I can recall. We may have lifted
23 him over into the nearest seat, which would have been D,
24 and then moved him from there straight in, but I had
25 hold of him all the time. It may have just been to move

1 footings -- move my feet so I got a better position but
2 I still had hold of the patient. I did not release from
3 the patient's grip until the patient was on the floor
4 safely.

5 DEPUTY CORONER MS MONAGHAN: What about the feet of
6 Mr Mubenga, were they held the whole time by --

7 A. I can't recall --

8 DEPUTY CORONER MS MONAGHAN: Or may have been helped by
9 somebody else?

10 A. I can't recall that at all, but I know I had control of
11 the top of the gent -- of the patient for the removal on
12 to the floor.

13 MS HEWITT: Do you remember the armrest, and to be clear
14 this would be the armrest to Mr Mubenga's left, do you
15 remember that being lifted out of the way for you?

16 A. I don't recall it being lifted out of the way for me.
17 Unfortunately I take a lot of people off aeroplanes that
18 way and I don't recall on that day whether the armrest
19 was in the down position or up position.

20 Q. You remember it down initially?

21 A. Initially it was -- I'm 100 per cent sure it was down
22 because his hands were on the armrest.

23 Q. Do you remember Mr Mubenga's seat belt being undone by
24 anyone?

25 A. Yes.

1 Q. Can you remember who did that?

2 A. I think Sally Rooks.

3 Q. The reason I am asking you this is I wonder whether, in
4 that first attempt to move Mr Mubenga, before, as I am
5 suggesting to you, there was an interruption for the
6 armrest to be lifted, was the movement not to
7 Mr Mubenga's side so that his side was coming towards
8 the armrest and on to the armrest, can you remember?

9 A. Yes, it would have been. He was moving to the left --
10 to his left-hand side so it would have been he was
11 moving towards the armrest and to the armrest at the end
12 of the row as well which he would have to clear to come
13 out.

14 MS HEWITT: Thank you.

15 Examiné by MS BALLARD

16 MS BALLARD: Can I just ask you first about the pulse
17 oximeter. Do you still have it there?

18 A. I have it in front of me there.

19 Q. Firstly, with regard to that, when it's initially opened
20 up and placed on to a patient's finger, does it
21 initialise at all in any way or show any read-out on the
22 screen?

23 A. No. From placing it on the finger, it -- you get a red
24 light and then a green light if you can find a pulse.
25 Mine is going a little bit fast at the moment I imagine,

1 but it does -- all you get is red lines until you -- it
2 actually finds a pulse. It's still working now.

3 DEPUTY CORONER MS MONAGHAN: Does it flash or anything did
4 you say?

5 A. The little light will flash while it's searching and you
6 get the red little lines.

7 DEPUTY CORONER MS MONAGHAN: Do you see that, members of the
8 jury? Yes.

9 MS BALLARD: Madam, if the jury wish to see it, Mr Buer is
10 content. It is his own pulse oximeter, but he's content
11 if they want to have a look at it.

12 DEPUTY CORONER MS MONAGHAN: Do you want to have a look at
13 it and practice whether you have a pulse? Would you
14 like to have a look at it, members of the jury? Yes.
15 The gentleman at the back would like to have a look.
16 (Handed)

17 MS BALLARD: I am grateful. Thank you. The information
18 that was relayed to you about Mr Mubenga having gone to
19 visit the toilet and then having come back essentially
20 with a different behaviour and a different response to
21 that he demonstrated prior to visiting the toilet, that
22 was significant to you as you gave in evidence to the
23 coroner already. Is the reason for that connected at
24 all to the potential reversible causes of cardiac arrest
25 known as the four Hs and the four Ts?

1 A. That's correct, yes.

2 Q. If you can explain that, please, in a little bit more
3 detail. It's not a test of your knowledge of four Hs
4 and four Ts.

5 MS BALLARD: It's in the guidance, madam, if you would like
6 to have a look at it.

7 DEPUTY CORONER MS MONAGHAN: Do we have that in the bundle?

8 MS BALLARD: Yes. It's in green bundle, volume 3B. It
9 starts at page 8, right at the bottom. Green 3B,
10 page 8. There's a small section at the bottom of
11 page 8, headed up, "Potentially reversible causes". Can
12 you find that there, please, Mr Buer?

13 A. I have it, yes.

14 Q. If we turn the page over to page 9, it lists those
15 causes, doesn't it, known as the four Hs and the four
16 Ts?

17 A. Yeah.

18 Q. So the Hs are, please ...?

19 A. Hypoxia, hypovolaemia, hyperkalaemia and hypothermia.

20 DEPUTY CORONER MS MONAGHAN: Hypoxia is a reduction in
21 oxygen, is it?

22 A. Yes.

23 DEPUTY CORONER MS MONAGHAN: Hypovolaemia?

24 A. To do with shock. Somebody's had -- could be to do with
25 somebody having an allergic reaction to something.

1 DEPUTY CORONER MS MONAGHAN: Hyperkalaemia?

2 A. I think that's --

3 DEPUTY CORONER MS MONAGHAN: Don't worry. It's none --

4 A. The ones we were concerned about that day would be the

5 Ts which would be the toxic substances.

6 MS BALLARD: The four Ts are tension pneumothorax,

7 tamponade, toxic substances and thromboembolism?

8 A. That's right.

9 Q. But the relevant one is toxic substances?

10 A. That's correct, yes.

11 Q. So the risk in your mind is he might have taken

12 something in the toilet that you could potentially

13 reverse the cause of at hospital?

14 A. That's correct, yes.

15 Q. Which is one of the reasons why he would fall into

16 a category of continuing CPR, even if there's no output?

17 A. Yes, correct.

18 Q. Until you can get him somewhere where you can reverse

19 that potentially reversible cause, is that broadly

20 right?

21 A. Yes, that's correct.

22 Q. Defibrillator, it was not going to shock asystole

23 because in broad terms, is this right, there's no

24 electrical current to correct with a bolt of

25 electricity?

1 A. That's correct, yes.

2 Q. Because it's only when the heart is beating in the wrong
3 way that if you give it a force of electricity,
4 a current, you can shock that current into performing
5 the correct electrical function within the heart?

6 A. Yes, that's correct.

7 Q. A defibrillator works and everything in essence on CPR
8 works in times, doesn't it, in cycles?

9 A. That's correct.

10 Q. So your basic cycle of chest compressions are you do
11 a number of chest compressions to breaths?

12 A. You do 30 compressions to two breaths.

13 Q. That's a cycle of CPR, isn't it?

14 A. That's correct, yes.

15 Q. And the automated external defibrillator, the AED,
16 advising you to wait every two minutes or five cycles
17 roughly of CPR?

18 A. That's correct.

19 Q. Then it will say -- well, what does it say?

20 A. It says "analysing" and at that point you take -- you're
21 supposed to stop. I think it does say "take your hands
22 off patient" and then it will analyse and then it says
23 "no shock advised" and then you continue CPR.

24 Q. It takes that reading quite quickly, doesn't it?

25 A. Yes, very quickly.

1 Q. So you imagine the situation is you have your hands over
2 the patient performing the physical heart massage, the
3 chest compression part of the CPR?

4 A. Yes.

5 Q. You just lift your hands up while it advises you it's
6 analysing and then it decides whether or not it has
7 a rhythm that it can shock. If it doesn't, you just put
8 your hands straight back down continuing that very
9 important chest massage, is that right?

10 A. We are told the chest compressions are the most
11 important thing so the less time you're off the chest,
12 the better.

13 Q. Thank you. You're an emergency medical technician,
14 you're not a paramedic?

15 A. That's correct.

16 DEPUTY CORONER MS MONAGHAN: That was probably my fault
17 then. I beg your pardon.

18 MS BALLARD: That is relevant so far as it goes to your
19 knowledge and ability to administer cannulation and
20 drugs, doesn't it?

21 A. I don't give cannulation and drugs.

22 Q. Because that's done by the paramedic?

23 A. That's the paramedic does that.

24 Q. You have been asked about various conversations, whether
25 you recall or do not recall them. Do you recall having

1 conversations with the security guards who were
2 attending Mr Mubenga and telling them that he had
3 a pulse, be it weak or faint, or in any way had a pulse
4 at all?

5 A. No, not at all. I would -- from the moment the patient
6 was out of the seat and on the floor, I don't recall
7 having any conversation with the security guards that
8 were on the scene.

9 Q. You're sure about that?

10 A. Yes.

11 MS BALLARD: Thank you, madam.

12 DEPUTY CORONER MS MONAGHAN: Thank you. Thank you very
13 much. I think Ms Rooks is next, isn't she? I wonder
14 if, rather than start her now, we'll take a slightly
15 earlier lunch and come back at 1.45.

16 Thank you very much, Mr Buer. Thank you very much
17 for your assistance. You're free to leave, if you want
18 to. That concludes your evidence.

19 A. Thank you.

20

21 DEPUTY CORONER MS MONAGHAN: 1.45 then, please.

22 (12.50 pm)

23 (Luncheon Adjournment)

24

2 DEPUTY CORONER MS MONAGHAN: Good afternoon, members of the
3 jury. I know one of you has had some discomfort. Are
4 you okay to carry on?

5 A MEMBER OF THE JURY: Yes.

6 DEPUTY CORONER MS MONAGHAN: It's important that you're not
7 distracted by pain or discomfort. As I said at the
8 beginning, you must tell me if there are any problems
9 because you do need to be able to concentrate. So if
10 you are in pain, then do let me know.

11 A MEMBER OF THE JURY: Thank you.

12 DEPUTY CORONER MS MONAGHAN: Ms Rooks, please.

13 MS SALLY ROOKS (sworn)

14 Examined by THE CORONER

15 DEPUTY CORONER MS MONAGHAN: Good afternoon. Can you give
16 us your full name, please.

17 A. Sally Jennifer Rooks.

18 DEPUTY CORONER MS MONAGHAN: Can tell us who you're employed
19 by now?

20 A. The London Ambulance Service.

21 DEPUTY CORONER MS MONAGHAN: How long have you been employed
22 by the London Ambulance Service?

23 A. Since 2004. I did a degree so I've done some bank work
24 and then a period as a technician and then as
25 a paramedic.

1 DEPUTY CORONER MS MONAGHAN: So in 2004 you started?

2 A. In 2003 I started but my first year was purely study and
3 then my second year was bank work as part of my studies
4 and my third year was out on the road as a technician
5 and partly as paramedic.

6 DEPUTY CORONER MS MONAGHAN: Did you graduate in your third
7 year or your second year?

8 A. My fourth year I graduated. So I've been a paramedic
9 since 2006, that's probably easier.

10 DEPUTY CORONER MS MONAGHAN: With the London Ambulance
11 Service throughout?

12 A. That's correct, yes.

13 DEPUTY CORONER MS MONAGHAN: You trained and qualified with
14 the London Ambulance Service?

15 A. That's correct.

16 DEPUTY CORONER MS MONAGHAN: We're going to look obviously
17 back at the events of 12 October 2010. You were
18 interviewed by the police about this and you provided
19 them with a statement as well.

20 A. Yes.

21 DEPUTY CORONER MS MONAGHAN: Have you had the opportunity to
22 refresh your memory from the statement?

23 A. Yes, I have. Thank you.

24 DEPUTY CORONER MS MONAGHAN: Starting then with your first
25 involvement with Mr Mubenga on 12 October 2010, you

1 received a call of some sort?

2 A. Yes.

3 DEPUTY CORONER MS MONAGHAN: Can you tell us how that went

4 then?

5 A. From the beginning?

6 DEPUTY CORONER MS MONAGHAN: Yes, please.

7 A. We were in the ambulance, myself and Katie Elderfield.

8 DEPUTY CORONER MS MONAGHAN: Katie Elderfield was a student,

9 wasn't she?

10 A. She was a student paramedic.

11 DEPUTY CORONER MS MONAGHAN: Carry on.

12 A. I was driving so Katie was attending, but we did swap

13 once we established the case. We were going along the

14 northern perimeter road away from our station. We

15 received the call, the case, down the mobile data

16 terminal which --

17 DEPUTY CORONER MS MONAGHAN: Speak up a little bit, sorry.

18 A. The mobile data terminal which is a computer we have in

19 the ambulance that the jobs came down. Katie pushed the

20 buttons to say that we had accepted the job and we were

21 responding and en route. So I remember I did a U-turn

22 and then headed the opposite direction along the

23 northern perimeter road and then to Terminal 5. I think

24 the stand was 536, I think, I would have to check, and

25 Terminal 5B. So we went through the security post.

1 I have an airside driving pass that allows to me drive
2 airside. I've done a course that allows that. We
3 parked up at the stand.

4 DEPUTY CORONER MS MONAGHAN: Pausing there then before we
5 get to what happened when you got to the stand. First
6 of all, your call-sign?

7 A. Alpha 505.

8 DEPUTY CORONER MS MONAGHAN: Was that a call-sign for both
9 of you?

10 A. Yes. It's the ambulance crew.

11 DEPUTY CORONER MS MONAGHAN: The message that came through,
12 do you recall what the message was? Does it give you
13 any details about --

14 A. On the MTD, from my statement and from the notes that we
15 have been given, it says feels faint or unconscious and
16 fainting episode I think. I would have to double check.

17 DEPUTY CORONER MS MONAGHAN: We'll come back to the notes
18 you made at the time, but it was something like "feels
19 faint, unconscious" or something of that sort?

20 A. That the category I think it came under as unconscious.

21 DEPUTY CORONER MS MONAGHAN: You were with Katie Elderfield?

22 A. Yes.

23 DEPUTY CORONER MS MONAGHAN: I said I would come back to
24 this. She was a student paramedic?

25 A. Yes.

1 DEPUTY CORONER MS MONAGHAN: Can you just describe what
2 stage she was at in her studies?

3 A. I know she was -- she did a different method to the way
4 I did mine so it's a bit different. She's clarify that
5 for you hope hopefully. But I know she was due to take
6 her pre-paramedic exams the next day which is why she
7 was working with me that day because my shift was 2
8 until midnight finish. I think she was meant to be on 3
9 until 1 o'clock in the morning, or something like that,
10 so they swapped her in order that she might finish a bit
11 earlier so she could get to her exam the next day. But
12 I couldn't tell you exactly what stage she -- or what
13 her thing is. I only know that she wasn't a paramedic
14 at the time, she was a student.

15 DEPUTY CORONER MS MONAGHAN: Was she permitted to administer
16 emergency care with your supervision?

17 A. Well, by her -- in her own qualification she can
18 administer first aid, emergency care, pre-hospital care,
19 but there are certain drugs and procedures she wouldn't
20 have been allowed to do is my understanding and she
21 didn't.

22 DEPUTY CORONER MS MONAGHAN: What would have been the
23 procedures that she wouldn't have been able to do that's
24 relevant to Mr Mubenga's case?

25 A. Okay. I'm just trying to think. I think she probably

1 would have -- no, she wouldn't have been able to do
2 anything because she was just pre-paramedic. She
3 wouldn't have been able to intubate. I'm trying to
4 clarify in my head. She wouldn't have been able to
5 intubate, she wouldn't have been able to cannulate and
6 she wouldn't be able to give the resuscitation drugs
7 that we give.

8 DEPUTY CORONER MS MONAGHAN: Thank you. So you get to the
9 stand?

10 A. Yeah.

11 DEPUTY CORONER MS MONAGHAN: As you have told us.

12 A. Yeah.

13 DEPUTY CORONER MS MONAGHAN: What happens then?

14 A. From within the ambulance I radioed Gareth to ask him if
15 he needed us to bring any additional equipment with us.

16 DEPUTY CORONER MS MONAGHAN: That's Gareth Buer that we
17 heard from a moment ago?

18 A. Yes.

19 DEPUTY CORONER MS MONAGHAN: What did he say?

20 A. He said, "I'm here, just come up. I'm surprised you're
21 coming" or something like that. "I wasn't expecting
22 you".

23 DEPUTY CORONER MS MONAGHAN: Pausing there. You heard him
24 say that as well because at that stage I think
25 certainly, whatever you were, he was alerted to the fact

1 that it was a fainting episode or something of that
2 sort?

3 A. Yes.

4 DEPUTY CORONER MS MONAGHAN: Do you know why you were called
5 in those circumstances?

6 A. No, I don't.

7 DEPUTY CORONER MS MONAGHAN: Could it have been because it
8 was described as unconsciousness?

9 A. I think --

10 DEPUTY CORONER MS MONAGHAN: Or would that not be a reason
11 either?

12 A. It could be but we get a lot -- I think because fainting
13 and unconscious is categorised in the same bracket
14 because you can faint and then have recovered within
15 seconds or you can be unconscious and that lead to
16 something more. So possibly or it might have been
17 just -- I don't know. I can't speak for the dispatcher
18 who thought we were going.

19 DEPUTY CORONER MS MONAGHAN: Anyway, you called him and
20 said, "Do you need any equipment?" and he said he's
21 there and what did you do?

22 A. I took my paramedic bag, which is what I carry my
23 intubation roll and cannulation roll and my paramedic
24 drugs in. And I think we took the oxygen bag as well
25 because Gareth if he needs to give a patient oxygen,

1 it's only a smaller cylinder whereas we have a much
2 bitter one that lasts longer.

3 DEPUTY CORONER MS MONAGHAN: What happened then?

4 A. Then we made our way up the jetty steps. I've got
5 a pass that lets me in on the metal steps that go
6 directly onto the jetty and then onto the aircraft. We
7 were directed by British Airways staff at the door to
8 say that you're patient and colleague is at the back.
9 So we then went down the row between D and C all the way
10 to the back of the aircraft.

11 DEPUTY CORONER MS MONAGHAN: Pausing there. Do you know --
12 you may not -- how soon after Mr Buer you got to the
13 back of the aeroplane?

14 A. I don't know exactly. I know that the plane was there
15 when we arrived and I know he said that plane wasn't
16 there when he got to the stand. I think as we sort of
17 pulled round into the area of the stand, the jetty was
18 just going on. So as soon as the jetty went on and the
19 doors opened, he would have gone on and we were just
20 coming up the steps, and he was still on jetty I think
21 when I radioed him. So within 30 seconds or a minute.

22 DEPUTY CORONER MS MONAGHAN: So you go up between C and D?

23 A. Yeah, all the way up to the back.

24 DEPUTY CORONER MS MONAGHAN: All the way up to the back?

25 A. Yeah, last row.

1 DEPUTY CORONER MS MONAGHAN: So we know that Mr Mubenga was
2 or had been sitting in E?
3 A. Yeah.
4 DEPUTY CORONER MS MONAGHAN: So what do you see when you get
5 to the back?
6 A. I saw the patient in the middle. I'm aware there maybe
7 somebody standing, like, in the gap in front of the
8 galley but still in view of the seating, if that makes
9 sense?
10 DEPUTY CORONER MS MONAGHAN: Yes, it does, but which side?
11 Would it have been the same side as you between D and E
12 or the other side between F and --
13 A. There were quite a lot of people around. So there was
14 somebody between D and C but right at the back and then
15 also I think there was somebody -- a few people might
16 have been British Airways staff standing the other side
17 of the row, between H and F. It's like an eye test.
18 DEPUTY CORONER MS MONAGHAN: I'm struggling as well but H
19 and F?
20 A. And there was a male, I believe he was part of the
21 security team, sitting next to the patient.
22 DEPUTY CORONER MS MONAGHAN: So you have Mr Mubenga, the
23 patient, in the middle?
24 A. Yeah.
25 DEPUTY CORONER MS MONAGHAN: A security guard sitting to

1 the --

2 A. His right.

3 DEPUTY CORONER MS MONAGHAN: And in the other seat, in the

4 C/D seat?

5 A. Is Gareth.

6 DEPUTY CORONER MS MONAGHAN: He's already there?

7 A. Yes. He's kneeling on the seat. Sort of one knee on

8 the seat and one leg sort of in the corridor, whatever

9 you call it, the galley.

10 DEPUTY CORONER MS MONAGHAN: Sorry, the aisle?

11 A. The aisle. That's the word.

12 DEPUTY CORONER MS MONAGHAN: Okay. Did you see any other

13 men that looked like security men around in the front of

14 them or anything of that sort?

15 A. No, I didn't see anybody in the front row of Mr Mubenga,

16 although I know Gareth was referring to somebody there.

17 DEPUTY CORONER MS MONAGHAN: Could you see what Mr Buer was

18 doing?

19 A. As I approached, he was taking a pulse on the patient's

20 carotid left-hand side. That's the first thing I see.

21 That gave me an indication of the severity of the

22 patient. I could see that he was -- do you want me to

23 describe how he was?

24 DEPUTY CORONER MS MONAGHAN: Yes, please.

25 A. Slumped -- not slumped, but just sort of in the chair

1 with his arms resting. He wasn't laying over or
2 anything like that. His eyes were barely open, so sort
3 of almost slits, quite a blank stare. I think Gareth
4 indicated that as he was -- his skin colour was very
5 dark, it was difficult to tell, but to me he didn't
6 look -- his complexion just didn't look right. He
7 didn't look healthy, full of vibrance or anything. You
8 know, he looked sort of drawn and pale I think is how
9 I have described it on my paperwork.

10 DEPUTY CORONER MS MONAGHAN: Yes.

11 A. So obviously I've gone up to Gareth, he's taking a pulse
12 so I know it's serious and I think he said to me, "He's
13 not breathing. He's not got a pulse. We need to get
14 him on the floor". And then I assisted with the legs,
15 Gareth's got in behind him.

16 DEPUTY CORONER MS MONAGHAN: Pause there. First of all with
17 his legs, where were his legs, Mr Mubenga's legs?

18 A. His legs were in the seat as a normal but his feet were
19 caught underneath where the life-jacket is underneath
20 the seat that he was sitting on.

21 DEPUTY CORONER MS MONAGHAN: The sort of bar that you get at
22 the bottom?

23 A. Yes, not underneath the seat in front. They were under
24 the bar where the life-jacket is.

25 DEPUTY CORONER MS MONAGHAN: So tell us what happened then.

1 You went to get his legs.

2 A. Then I put my arm underneath his knees, so the hollow in
3 his knees, and Gareth got behind him. I might have sort
4 of helped move the body -- patient forward so Gareth
5 could get behind him, popped his arms underneath, as
6 he's explained, and I went underneath his knees. So
7 we're sort of probably gone 1, 2, 3, lift, he's got
8 stuck. So I said hang on a minute, his legs are caught
9 or his feet are caught underneath.

10 DEPUTY CORONER MS MONAGHAN: That was because his feet were
11 caught the way you described, is that what caused the
12 original difficulty in lifting him?

13 A. Yes -- I don't think there was a difficulty. It was
14 just was more of a delay, just a minute, we'll pull his
15 legs out or feet out. So then we've gone over onto the
16 floor.

17 DEPUTY CORONER MS MONAGHAN: Pausing there. Do you know if
18 the armrests were up or down?

19 A. I think they were both down. I think possibly somebody
20 from British Airways might have tried to let's put it up
21 but I think we were more keen of getting him on the
22 floor quickly because sometimes -- we do so many jobs at
23 the airport, the armrests either do or don't come up.
24 It depends on the plane. So I think it was a case of
25 no, no, let's not worry about it. We lifted him over.

1 We had managed one so we just carried on to the floor.

2 DEPUTY CORONER MS MONAGHAN: You have heard me ask this of

3 Mr Buer as well. Were there any dropping of him or

4 bumps or --

5 A. No. As Gareth described, top and tail is really sort of

6 close to the chest. His head would have been on

7 Gareth's chest. He wouldn't have hit his head on

8 anything.

9 DEPUTY CORONER MS MONAGHAN: His body, his torso hit

10 anything?

11 A. We might have paused on the armrest but not for any --

12 you know, it was -- literally he on the floor within

13 ten seconds of getting him into the right position to

14 lift him and out.

15 DEPUTY CORONER MS MONAGHAN: Are you aware of anything done

16 during the course of that move that might have caused

17 Mr Mubenga some physical injury?

18 A. I don't think so. I think, you know, we do it often

19 enough that we didn't -- there wouldn't have been

20 anything. We might have just sort of touched it but not

21 enough to actually cause trauma.

22 DEPUTY CORONER MS MONAGHAN: So you're lifting him out in

23 the top and tail way you have described?

24 A. Yeah.

25 DEPUTY CORONER MS MONAGHAN: Carry on.

1 A. We placed him on the floor. Gareth's then opened his
2 airway and he's -- he's at the head end as we call it.
3 He's opened his airway, put in an OP, which is
4 an oropharyngeal airway, and Katie set up the bag of
5 masks. I said to Gareth, "Pass me your defib." He said
6 that it's on the bike. I've immediately jumped up and
7 ran all the way down the C to D aisle and then up the
8 jetty to where he parked the bike. I've done a stint on
9 the cycle response unit so I knew where to find it on
10 the bike and where the bike would be. And in the
11 meantime Gareth and Katie had started CPR so Gareth's
12 ventilating and doing chest compressions and Katie's
13 sort of assisting with that. I've run back. Everyone
14 was in their seats so the aisle was completely clear.
15 So --

16 DEPUTY CORONER MS MONAGHAN: How long did it take you to get
17 back?

18 A. Not long. It's not that far as long as you can get
19 through, which it was clear. Less than a minute,
20 30 seconds if that I think.

21 DEPUTY CORONER MS MONAGHAN: Okay.

22 A. So. Yes, they're doing CPR. I've gone to get the
23 defib, come back. So we need to put the defib on.
24 There was a man -- that's why I'm pausing. I'm not sure
25 chronologically whether he actually physically blocked

1 me getting back to the patient or whether I'd got past
2 the patient and then he was sort of hovering at the
3 patient's feet and standing over us watching. I think
4 that probably more likely, rather than he actually
5 blocked me.

6 DEPUTY CORONER MS MONAGHAN: Who was that?

7 A. I believe he was a member of security team because
8 I asked him, "Can you return to your seat, sir", or
9 something, because people are very nosey when it comes
10 to other people's misfortunes and I didn't want him
11 observing this gentleman.

12 DEPUTY CORONER MS MONAGHAN: Yes.

13 A. And I think he said something like -- I made reference
14 to it in my statement, that, "I'm with the team. I'm
15 with him". Do you want me to say it as I said in my
16 statement?

17 DEPUTY CORONER MS MONAGHAN: Yes.

18 A. I must have looked confused because -- he said "team"
19 and I think I said in my statement about the
20 Commonwealth Games -- I think it was the Commonwealth
21 Games -- so I was thinking he was a runner and all these
22 things were going through my head. And obviously
23 I looked confused and he said, "I'm part of the
24 immigration team" or he's a deportee or detainee,
25 I can't remember the word he used, and part of the team

1 that's with him. And I said, "Okay, can you step back
2 because we need some room" to be able to get on.
3 Shortly after that -- well, so we've turned the defib on
4 and assessed his rhythm and he's in asystole.

5 DEPUTY CORONER MS MONAGHAN: Pausing there. Did you radio
6 back to the Star Centre?

7 A. Yes. Because they were quite happy doing the CPR and
8 the ventilations --

9 DEPUTY CORONER MS MONAGHAN: Who?

10 A. Gareth and Katie, I sort of started thinking of the
11 overall picture. Often the paramedic, if they're not
12 doing interventions that we need to do, they're doing
13 like the overall: let's plan of how we're going to
14 manage this, scene management. So I'm thinking: how are
15 we going to get him out? So we need a high-lift and
16 I asked -- I believe it was BA crew, but it was
17 somebody, to make sure that there had ordered the
18 high-lift. Often there's quite a delay about it getting
19 there, but it just sort of helps to check that it's on
20 its way. I radioed our control because at the time they
21 were still aware or under the impression this was just
22 a simple fainting episode or unconsciousness. It
23 wasn't -- they weren't aware it was cardiac arrest until
24 I let them know.

25 DEPUTY CORONER MS MONAGHAN: That it wasn't ...?

1 A. It was a cardiac arrest, and I radioed Star as well to
2 get police running, get fire 10 running. Again, they
3 assist with getting the patient out and things like
4 that.

5 DEPUTY CORONER MS MONAGHAN: So you're doing some overall
6 management, radioing Star, getting the fire brigade so
7 they can help with things like the lift presumably?

8 A. Informing our control to get a sort of -- it would have
9 taken, again, 20, 30 seconds, if that.

10 DEPUTY CORONER MS MONAGHAN: Meantime Katie and Gareth are
11 doing the --

12 A. Constant CPR and ventilations, yeah.

13 DEPUTY CORONER MS MONAGHAN: What happens next?

14 A. So we've done the rhythm check and he's in asystole. So
15 we got straight back on the chest, more CPR. I think at
16 some point Gareth said, "I think we would be better
17 moving him round to the galley, give us a bit more
18 room." I think he was concerned -- I think -- I'm not
19 sure whether he had put in LMA in there, the laryngeal
20 mask airway, or whether it was round the corner.

21 I think it might have been there, but, as he said it, it
22 was sort of whistling. It wasn't -- it didn't seem to
23 have made a good seal around his larynx so --

24 DEPUTY CORONER MS MONAGHAN: Pausing there. The whistling,
25 that was coming from the position of the --

1 A. It's an air leak that's -- because the laryngeal mask is
2 like -- I can't really describe it. Like an inner tube
3 and then a tube coming off it and it's supposed to sort
4 of sit in the airway, block the oesophagus so air
5 doesn't go down into the stomach. It's supposed to make
6 a seal and this one didn't and it wasn't really
7 ventilating appropriately. So the whistling was air
8 leakage, from what we were ventilating in, leaking out
9 down the side. It wasn't him breathing.

10 DEPUTY CORONER MS MONAGHAN: Exactly. So the whistling
11 sound wasn't coming from any air naturally generated by
12 Mr Mubenga?

13 A. No, it was us definite --

14 DEPUTY CORONER MS MONAGHAN: It was coming from?

15 A. Us ventilating him. So then we had again topped and
16 tailed him round into the galley at the back. I've then
17 taken up the head end. I can't remember if -- I'd have
18 to check my file as to whether or not I cannulated first
19 his left arm in this area and then because we were
20 concerned with the airway I then went and put an ET tube
21 in, which is endotracheal, which goes straight into the
22 windpipe rather than just sitting at the top of it
23 blocking the oesophagus. It's a much more secure gold
24 standard, we would say, type of airway. So we've --
25 obviously at some -- changed over to that. Still doing

1 CPR every two minutes we do a rhythm check and a pulse
2 check and the machine's -- Gareth has indicated that
3 it's automated. So it will say: check airway, check
4 breathing, check circulation. If no pulse, begin CPR.
5 And you can see on the screen that Mr Mubenga was
6 flat-lining or asystole. So as soon as we could
7 recognise that, we went straight back onto the chest and
8 doing CPR.

9 So as I said I cannulated. So we've started the
10 drugs protocol and given adrenaline and then every three
11 to five minutes adrenaline and one lot of atropine,
12 given his rhythm was asystole. Still ventilating the
13 patient. I noticed because his head was in between my
14 knees as I'm kneeling that he was quite damp. I thought
15 maybe it was initially blood. We've obviously got
16 clinical gloves on but I could feel it wet against my
17 leg. So I know I felt his head but it was sweat. When
18 I looked at my hands it was perspiration, rather than
19 any blood or anything. So I have a good feel of his
20 head. Then during the course of the time at the back of
21 the aircraft, while we're doing CPR, Chris Clark on the
22 CRA team has arrived, as has duty station officer
23 Darren Weston, and the fire brigade and the police, and
24 information was sort of drip-fed to us.

25 Quite often during a cardiac arrest, once we're

1 happy with everything's been covered, airway, breathing,
2 circulation, and we're quite comfortable in the CPR
3 process, we then start reviewing: okay, what do we know?
4 Do we know the patient's past medical history? What
5 happened before? How did we get to this stage, as in
6 a history of what has happened, why we were called,
7 et cetera. I seem to recall Gareth told me that he'd
8 been told, again I can't say who told him because it was
9 hearsay, that the patient had visited the toilet --
10 sorry, had got on to the plane quite calmly, accepting
11 that he was being deported, then requested to go to the
12 toilet. He then when he came out of the toilet he
13 was -- his mood had changed. He had become aggressive
14 and he'd had an altercation with the security staff and
15 they'd had to restrain him.

16 DEPUTY CORONER MS MONAGHAN: Were you told or were you
17 concerned about the possibility of him having taken
18 something in the toilet?

19 A. Yes. We sort of discussed that amongst -- as we said we
20 sort of review the four Hs and the four Ts. So hypoxia
21 we were correcting with the ventilation and the oxygen.
22 I know Katie -- because when we were concerned about the
23 airway, I think Katie asked for the suction which also
24 helps us clear the airway. But at time -- because we
25 weren't sure what was making the whistle, whether it was

1 a whistle or whether it was vomit or air coming back
2 through vomit et cetera. So I sent her for the suction
3 unit but we didn't actually need it in the end.

4 Sorry, where was I?

5 DEPUTY CORONER MS MONAGHAN: I said to you were you
6 concerned about the possibility of him taking something
7 and you referred to the Hs and the Ts. You told us what
8 you did about that and the Ts, one of them being toxins?

9 A. Yes, so we sort of took that into consideration but
10 there wasn't anything immediately we could do about it.
11 I noticed when I cannulated there didn't seem to any
12 track marks so it didn't seem to be a like a drug user.
13 I was at his head end so I would have noticed any powder
14 or anything and his mouth or nose.

15 DEPUTY CORONER MS MONAGHAN: I asked you about whether or
16 not you had had a concern about him taking anything.
17 That was in the context of you telling me what you had
18 been told about him when you tried to find out something
19 of the history?

20 A. Yes. I'm not sure who told us, who said what to Gareth,
21 but I know apart from when I said -- I'd spoken to the
22 detainee and asked him to step back and give us some
23 room, I know I didn't speak to any other security staff
24 so it was second-hand information that I was given.
25 I say it came from Gareth. I think initially some if it

1 did, but some of it would have come from the police
2 officer that came with us in the ambulance. Some of it
3 probably came from our duty station officer who was
4 updating us and, again, took over the management of the
5 scene point of view from me.

6 DEPUTY CORONER MS MONAGHAN: Did anybody tell you or mention
7 any complaints by Mr Mubenga about breathing?

8 A. It's difficult to remember because I've read different
9 reviews and things like that. I don't remember
10 specifically, no, anybody saying.

11 DEPUTY CORONER MS MONAGHAN: You gave an interview to the --
12 this isn't to catch you out. This is just to help you
13 remember. You may still not remember, which is
14 absolutely fine, but if you turn to page 413 --

15 A. Blue or red?

16 DEPUTY CORONER MS MONAGHAN: Sorry, blue. This is a part of
17 your interview -- I am going to check the date. It's
18 413. Just so you know, if you wanted to check at
19 page 340, it's an interview that you had on
20 2 November 2010.

21 A. Okay.

22 DEPUTY CORONER MS MONAGHAN: So reasonably shortly after the
23 incident, certainly nearer than we are now?

24 A. Hmm, hmm.

25 DEPUTY CORONER MS MONAGHAN: At page 413, at the top of the

1 page, very top line, you said:

2 "Gareth told me the patient had said he'd complained
3 about being unable to breathe. Then that person told
4 Gareth who then told me that the patient then fainted,
5 that he'd been told Gareth was then informed that the
6 patient had then fainted."

7 Does that ring bells with you?

8 A. Obviously this is probably more accurate than my memory
9 today so the information was given to me via Gareth but
10 I don't know who necessarily said it. It could have
11 been second-hand.

12 DEPUTY CORONER MS MONAGHAN: Sure. But the best you can
13 help us with at the moment is your memory would have
14 been a lot better then that it is now?

15 A. Yes.

16 DEPUTY CORONER MS MONAGHAN: Can we assume that what you
17 would have told the police at that time would have been
18 what you believed --

19 A. As accurate as I could remember, yes.

20 DEPUTY CORONER MS MONAGHAN: That's perfectly fair enough.
21 So just still in relation to what you learned. Did
22 anybody mention to you either directly, through somebody
23 else, that a faint pulse or a pulse had been identified
24 at any stage?

25 A. No, I don't remember that at any point being said by

1 anybody.

2 DEPUTY CORONER MS MONAGHAN: Just moving back, I should have
3 asked you this a moment ago. When you were moving
4 Mr Mubenga from the chair, the centre chair to the aisle
5 and then the galley, did anybody help you, apart from
6 you two, Mr Buer and you?

7 A. I think Katie had a leg when we were moving him round to
8 the galley or she might have just been with the
9 equipment I think. It's possible that the gentleman
10 sitting immediately on Mr Mubenga's right may have sort
11 of done something but not enough to actually -- he
12 wasn't lifting because of the way he was seated and
13 positioned.

14 DEPUTY CORONER MS MONAGHAN: That would have been the man in
15 F?

16 A. Yes, and -- but I don't think it was significant. He
17 wasn't physically lifting the patient. I think it was
18 more just guidance maybe, not enough to assist. It was
19 Gareth mostly and I just sort of assisted getting his
20 legs round the awkward bit.

21 DEPUTY CORONER MS MONAGHAN: So you have learned what you
22 have learned during that process.

23 A. Yes.

24 DEPUTY CORONER MS MONAGHAN: You have undertaken some
25 management. So you have the police there and the fire

1 brigade coming?

2 A. Yes.

3 DEPUTY CORONER MS MONAGHAN: We have heard about lift coming
4 up and him being moved onto a trolley eventually?

5 A. Yes, onto a rescue sheet provided by the fire brigade.
6 Normally we would have a carry sheet in the ambulance
7 but we didn't.

8 DEPUTY CORONER MS MONAGHAN: A carry sheet?

9 A. Yes, it's a canvas as such the length of the person.

10 DEPUTY CORONER MS MONAGHAN: So you roll him on to there
11 first?

12 A. No, we would normally have one of those and it has like
13 eight handles on it. However, our ambulance didn't have
14 one of those so the fire brigade provided their what
15 they call a rescue sheet which is the same principle
16 it's just bigger. It has handles on it, black, but it's
17 quite a lot bigger than ours. So we would have rolled
18 Mr Mubenga -- during one of our assessment checks, pulse
19 checks and defib checks, during that two-minute cycle of
20 CPR, doing the checks after that, we would have then
21 rolled this underneath him or next to him and then
22 rolled him back over it and pulled it out to make sure
23 it was underneath him, sort of concertinaed.

24 DEPUTY CORONER MS MONAGHAN: Then lifted him onto the
25 trolley?

1 A. Yes.

2 DEPUTY CORONER MS MONAGHAN: Then he was obviously taken
3 down?

4 A. Yeah, still doing CPR throughout the whole event. While
5 we were physically lifting him off the floor onto the
6 trolley bed you can't do CPR but as soon as he's flat
7 again onto the trolley bed, straight back on the chest.

8 DEPUTY CORONER MS MONAGHAN: How long would that have taken
9 between the break in the CPR while you physically lift
10 him up?

11 A. Again, very, very quick. We make sure that
12 everything's -- while we're doing still CPR everything's
13 planned: right, you're going to hold there, here, there
14 and there, on 3 we're going to lift, et cetera,
15 et cetera. And then as soon as it's re-analysed and
16 we've checked the rhythm, made sure there's no changes,
17 still in asystole, we've then gone: 1, 2, 3, left, or
18 ready for the brace role. I can't remember what was
19 said. We've gone straight up, round, everyone sort of
20 like caterpillar walked, and then onto the trolley bed.
21 Right, straight back on the chest, whoever was doing the
22 CPR or nearest, straight back on the chest, ventilating
23 again.

24 DEPUTY CORONER MS MONAGHAN: He was then moved into the
25 ambulance?

1 A. Moved into the high-lift which takes sort of a minute to
2 get down to the ground level.

3 DEPUTY CORONER MS MONAGHAN: Still doing CPR?

4 A. Yeah, still doing CPR and then out on to their platform
5 and then lowered again to the ground, then on to the
6 ambulance up on the high-lift or the tail lift, as we
7 call it, onto the ambulance. Onto the ambulance, still
8 doing CPR the whole time, locked the bed in and then at
9 some point between the high-lift and him being in the
10 ambulance we noticed his cannula had come loose or was
11 leaking. So Christopher Clark, who's another paramedic
12 who was the CAR team, put in a cannular on the opposite
13 side.

14 DEPUTY CORONER MS MONAGHAN: Christopher Clark had arrived
15 on the plane later on?

16 A. Yes.

17 DEPUTY CORONER MS MONAGHAN: With Darren Weston I think?

18 A. Yes.

19 DEPUTY CORONER MS MONAGHAN: So he put another cannula in?

20 A. Yes.

21 DEPUTY CORONER MS MONAGHAN: Prior to the second cannular,
22 had you been administering any drugs through the
23 cannula?

24 A. Prior to moving him we'd done drugs.

25 DEPUTY CORONER MS MONAGHAN: Adrenaline?

1 A. Yes. There may have been a delay in the drugs between
2 moving him from the galley down into the high-lift into
3 the ambulance. But as soon as we reestablished the new
4 line, we then put the drugs and more CPR.

5 DEPUTY CORONER MS MONAGHAN: But for the fact that the
6 cannula came loose, would he have been receiving
7 adrenaline non-stop?

8 A. There's normally a slight pause when you're trying to
9 move people because you have to sort of pack everything
10 up because the drugs pack would go with him. So there
11 might be a slightly longer delay between drugs than
12 there would have been if we had just static looking the
13 clock every three to five minutes or doing it every
14 other cycle which would be four minutes.

15 DEPUTY CORONER MS MONAGHAN: So you then get onto the
16 ambulance?

17 A. Yes. I plugged him into the capnography machine.

18 DEPUTY CORONER MS MONAGHAN: Which is?

19 A. CO₂, end tidal CO₂, into the ET tube which gives
20 a waveform. After we have moved him we want to make
21 sure that tube hasn't displaced and we're not
22 ventilating in the wrong place. So we've verified that
23 the tube is still in the right place and good bilateral
24 air entry whilst bagging him. No stomach sounds,
25 whistling at the tube and a read-out on the ET CO₂ level

1 which is the five that Gareth was going through on the
2 observation and it was five.

3 I plugged him into a microvent which is an automatic
4 ventilator. It just -- it prevents somebody having to
5 sit there with the bag because there's only two of us in
6 the ambulance.

7 DEPUTY CORONER MS MONAGHAN: It does the same thing as the
8 bag would be doing but does it automatically?

9 A. Absolutely. Then that meant Gareth -- between us we
10 could do CPR in the back and I could make sure that he
11 continued to have his drugs every three to five minutes
12 on the way to hospital.

13 DEPUTY CORONER MS MONAGHAN: Pausing there. Who was
14 driving?

15 A. Obviously we swapped because Katie is a student
16 paramedic. I'm a senior clinician so I stayed in the
17 back with the patient.

18 DEPUTY CORONER MS MONAGHAN: So rather than you driving as
19 has occurred on the way to the plane, you swapped roles
20 so you could undertake the senior responsibility?

21 A. Yes. Airside you always leave keys in the vehicle. So
22 the keys were already the ignition so we swapped.
23 I high-lift -- sorry, a follow-me was arranged for her.
24 She didn't have an airside driving licence so a follow
25 me, which is a Lima truck that would escort her out of

1 the apron onto the main road was arranged or was already
2 there I think. Darren Weston put in the blue call which
3 is the pre-alert for the hospital to let them know we
4 were coming.

5 DEPUTY CORONER MS MONAGHAN: Who was in the back of the
6 ambulance at this stage, apart from Mr Mubenga?

7 A. Right, we haven't left scene. Then it would be Katie
8 myself, Gareth, Darren Weston and possibly the police
9 officer but I'm not sure where he sort of jumped in. On
10 the way to hospital it was myself, Gareth and the police
11 officer and driving was Katie. I think Darren Weston
12 drove up in his own car.

13 DEPUTY CORONER MS MONAGHAN: You're carrying on CPR?

14 A. Yeah, still doing CPR.

15 DEPUTY CORONER MS MONAGHAN: Pause there one second. Just
16 turn to page 394. Again, this not to catch you out but
17 help you with your memory. Page 394 in blue.

18 A. Yeah.

19 DEPUTY CORONER MS MONAGHAN: Still in the same interview
20 with the police. The second entry down for Rooks, you
21 said:

22 "And Darren Weston also in the back of the
23 ambulance."

24 Does that mean you perhaps have misremembered?

25 A. No, as I said, prior to leaving the scene, in the

1 ambulance was --

2 DEPUTY CORONER MS MONAGHAN: So this is prior to leaving

3 the --

4 A. Yes.

5 DEPUTY CORONER MS MONAGHAN: I see.

6 A. We haven't left yet.

7 DEPUTY CORONER MS MONAGHAN: And he does the blue call,

8 alerts the hospital?

9 A. I think we had a conversation as in what are we going to

10 say in this blue call, what are we querying and that's

11 when the term positional asphyxiation came. It was sort

12 of labelled.

13 DEPUTY CORONER MS MONAGHAN: So I was just going to ask you

14 about that very thing. Whilst Darren and you all are

15 discussing the blue call and he's putting it in, you say

16 there that he was sort of querying positional asphyxia,

17 asphyxiation, and/or poisoning?

18 A. Yes.

19 DEPUTY CORONER MS MONAGHAN: Can we take it -- you tell

20 me -- the poisoning concern come from the possibility of

21 something happening in the toilet?

22 A. Yes.

23 DEPUTY CORONER MS MONAGHAN: Where did the positional

24 asphyxia concern come from?

25 A. It was the information that had been drip-fed us to and

1 possibly Darren Weston that he had been restrained after
2 he came out the toilet.

3 DEPUTY CORONER MS MONAGHAN: Did anybody give you
4 a description of the restraint?

5 A. I think I've made reference to the fact that he was
6 across three seats but I don't know how he was
7 restrained.

8 DEPUTY CORONER MS MONAGHAN: Just apart from the three seats
9 issue and we'll come to that, do you remember anything
10 else being said about restraint or positional asphyxia
11 that's sticks in your mind?

12 A. The only time the words were mentioned were when
13 Darren Weston said it in the back of the ambulance
14 before we put in a pre-alert call. Nobody else said
15 those words but it's possible he was speaking to the
16 police and witnesses and whatever whilst we were doing
17 CPR in the galley. So he wouldn't have -- he wasn't
18 involved in that directly. He could have got more
19 information from the police or witnesses as to why.

20 DEPUTY CORONER MS MONAGHAN: That you may not have heard at
21 all?

22 A. Exactly, yeah.

23 DEPUTY CORONER MS MONAGHAN: So that happens. Darren Weston
24 goes off in his own car or whatever it is.

25 A. Comes up to the hospital.

1 DEPUTY CORONER MS MONAGHAN: And comes to the hospital with
2 you.

3 A. As in a separate car.

4 DEPUTY CORONER MS MONAGHAN: You do CPR and ventilation and
5 so on all the way?

6 A. The microvent is doing the ventilations and Gareth did
7 the majority of the CPR and I'm doing drugs every three
8 to five minutes.

9 DEPUTY CORONER MS MONAGHAN: When you get to the hospital?

10 A. Park up. So they're already aware we're coming. Katie
11 opens the tower lift. I think actually Darren Weston
12 might have opened the tail lift. Take the patient out,
13 obviously de-attach everything, keeping him on the AD.
14 Again we're doing pulse checks every two-minute cycles.
15 So taking everything out with us. Obviously
16 re-attaching the microvent to a loose cylinder because
17 the ambulance has its own cylinders and wheeled him off
18 onto our tail lift, taken the tail lift down and then
19 into resus at Hillingdon Hospital.

20 DEPUTY CORONER MS MONAGHAN: I'm assuming that when you were
21 in the ambulance you had your lights and your sirens on?

22 A. Yes, yes.

23 DEPUTY CORONER MS MONAGHAN: So you take him into resus?

24 A. Hmm, hmm.

25 DEPUTY CORONER MS MONAGHAN: What happens then?

1 A. We put it alongside the hospital bed. He's still on the
2 rescue sheet from the fire brigade. So with the
3 assistance of the hospital staff we lift him onto the
4 hospital bed, still doing CPR. I think at that point
5 a nurse took over and then Gareth and I between us gave
6 the handover to the doctors or the whole team at the
7 hospital.

8 DEPUTY CORONER MS MONAGHAN: Thank you very much. I am
9 going to ask you to look at your report that you
10 prepared and I think that's the one in red, page 106.
11 I think it's your report, you can confirm for me.

12 A. Yeah.

13 DEPUTY CORONER MS MONAGHAN: This is your report?

14 A. Yes.

15 DEPUTY CORONER MS MONAGHAN: You have very small
16 handwriting.

17 A. Yes. There's a lot to write on a resus.

18 DEPUTY CORONER MS MONAGHAN: So you're going to have help
19 take me through it I'm afraid so we can all hear it.
20 Just if you can start with -- we can see at the very
21 opening, the date and the day of the week and your
22 call-sign, A505?

23 A. Yeah.

24 DEPUTY CORONER MS MONAGHAN: Then activation details, you're
25 told it's an emergency, Terminal 5B, gate 536 or

1 stand 536?

2 A. Yeah.

3 DEPUTY CORONER MS MONAGHAN: That he's fainted and the
4 origin time 20.24?

5 A. Yes.

6 DEPUTY CORONER MS MONAGHAN: The origin time is ...?

7 A. The origin time is 20.24.

8 DEPUTY CORONER MS MONAGHAN: Describe what that is?

9 A. That's when the -- on my understanding it's the initial
10 call connect time. So when the person dials 999 it
11 connects to our control who give us the details.

12 DEPUTY CORONER MS MONAGHAN: That's precisely what Mr Buer
13 told us. Then we have the despatch time in the next
14 column. That's 20.28?

15 A. Yes.

16 DEPUTY CORONER MS MONAGHAN: Who despatched by. We don't
17 need to worry about that. Accepted by Katie Elderfield?

18 A. Yes, she was in the attendant's seat.

19 DEPUTY CORONER MS MONAGHAN: Mobile?

20 A. The same time.

21 DEPUTY CORONER MS MONAGHAN: 20.28, so you got the call and
22 you went immediately?

23 A. Yes. We were driving at the time so, as I said, I did
24 a U-turn and went the other way up the road towards
25 Terminal 5.

1 DEPUTY CORONER MS MONAGHAN: Then you arrived at the scene
2 at 20.35?
3 A. Yes.
4 DEPUTY CORONER MS MONAGHAN: Did you have the button thing
5 that you press when you arrive?
6 A. It's in the ambulance so that's the turning a key off on
7 the ambulance, press the button, get out the vehicle,
8 get the equipment -- or radio Gareth, get the equipment,
9 go up the steps.
10 DEPUTY CORONER MS MONAGHAN: So the 20.35 would be when you
11 turn the ambulance off?
12 A. There is an automatic one but that is when Katie pressed
13 the button when we got to the stand.
14 DEPUTY CORONER MS MONAGHAN: Then the next one, 20.38?
15 A. That's an estimation of how long it took us to get our
16 equipment out, get up the steps, get onto the jetty,
17 down to the back of the aircraft, see the patient and
18 Gareth.
19 DEPUTY CORONER MS MONAGHAN: So the best estimate you could
20 give at that time was about three minutes?
21 A. Yes.
22 DEPUTY CORONER MS MONAGHAN: Then in the next column --
23 looking at the next row below, next column you give
24 details about Mr Mubenga?
25 A. Yes.

1 DEPUTY CORONER MS MONAGHAN: Including his age and his date
2 of birth?

3 A. I believe that would have come from the police officer
4 once we had handed over Mr Mubenga at the hospital, once
5 we were filling out the paperwork.

6 DEPUTY CORONER MS MONAGHAN: Because this would have been
7 filled up afterwards of course?

8 A. Yes.

9 DEPUTY CORONER MS MONAGHAN: Was it filled up the same
10 night?

11 A. Yes, immediately even before we even left the hospital.
12 I do all my paperwork. I'm quite anal about my
13 paperwork as you can probably tell. So I wouldn't have
14 greened up, which is made ourselves available again,
15 until I had completed it in full.

16 DEPUTY CORONER MS MONAGHAN: Then you have in the next
17 column "Presenting complaint", you have put cardiac
18 arrest?

19 A. Yes.

20 DEPUTY CORONER MS MONAGHAN: When you say "Presenting
21 complaint", that is what you perceived --

22 A. We were greeted with, the main -- yes, what we were
23 presented with.

24 DEPUTY CORONER MS MONAGHAN: That's when you arrive
25 immediately?

1 A. Yes.

2 DEPUTY CORONER MS MONAGHAN: Why do you say -- it may seem
3 very obvious to you, but we need to hear it. Why do you
4 say that you immediately recognised you were presented
5 with a cardiac arrest?

6 A. Why? Because he didn't have a pulse and he wasn't
7 breathing.

8 DEPUTY CORONER MS MONAGHAN: Then under "Breathing", absent
9 I think that is?

10 A. AS, yes, airways clear.

11 DEPUTY CORONER MS MONAGHAN: Breathing absent?

12 A. Hmm, hmm.

13 DEPUTY CORONER MS MONAGHAN: Then complete a sentence in one
14 breath?

15 A. No.

16 DEPUTY CORONER MS MONAGHAN: Then cyanosed?

17 A. Yes, mucosale, which is sort of inside the mouth and
18 gums. I probably had the best access to that because
19 when I'm putting in an ET tube I have to look down his
20 throat or into his mouth with a torch and -- we call it
21 a laryngoscope which lifts his tongue out the way and
22 everything. So I had, you know, the mucosa, his gums
23 and tongue and everything, the best look at that. So
24 Gareth would have seen it when he opened the airway.

25 DEPUTY CORONER MS MONAGHAN: But you could see that?

1 A. Cyanosed, yes.

2 DEPUTY CORONER MS MONAGHAN: Then next one?

3 A. Peripherally cyanosed, so that's fingers and toes.

4 DEPUTY CORONER MS MONAGHAN: Did you see any of that?

5 A. Yes, he was pale and cyanosed.

6 DEPUTY CORONER MS MONAGHAN: Then the next one down, the

7 capillary refill?

8 A. That's greater than two seconds.

9 DEPUTY CORONER MS MONAGHAN: That's the one where you press,

10 is it?

11 A. Press the fingernail and it should pink up immediately.

12 Anyone who has reduced circulation or no circulation,

13 that would be a real delay or there should be a blue

14 tinge or if they were particularly cold as well.

15 DEPUTY CORONER MS MONAGHAN: The answer you have given to

16 that?

17 A. Is yes.

18 DEPUTY CORONER MS MONAGHAN: Then the pulse?

19 A. He didn't have a distal pulse which is the furthest

20 point from the body which is a radial or a pedal pulse

21 and quite often it's distal to the injury.

22 DEPUTY CORONER MS MONAGHAN: Then you have put sweating?

23 A. Yes.

24 DEPUTY CORONER MS MONAGHAN: Vomiting?

25 A. No.

1 DEPUTY CORONER MS MONAGHAN: Fitting?

2 A. No.

3 DEPUTY CORONER MS MONAGHAN: Then the rest are irrelevant.

4 Then the next column, "Observations". Can you tell us

5 what in broad terms we can deduce from that?

6 A. Yeah, at 20.40 the patient was unresponsive. He had no

7 respiration rate so he was not breathing. Therefore

8 there was no depth to the respiration because his chest

9 was not moving. He was cyanosed. I didn't see a sats

10 probe at any point on the scene.

11 DEPUTY CORONER MS MONAGHAN: Say that, you didn't see a ..?

12 A. A sats probe, a finger probe. So I have recorded that

13 he was cyanosed and I've looked obviously at the finger

14 bed and seen that. Peak flow is irrelevant. That's

15 more for asthma. CO2, we didn't have an immediate CO2

16 means of recording that on the aeroplane. So that was

17 recorded in the second observational box once we got

18 onto the ambulance. It would have been, you know, that

19 reading although not necessarily taken at that 20.55

20 time. No pulse. Therefore, you can't comment on its

21 character so whether it was regular, irregular,

22 regularly irregular. Patient was pale. That's

23 a complexion. Again, the BM was done at some point

24 during our assessment, quite often when we're -- most

25 likely in the galley when we're reviewing the four Hs

1 and four Ts. The hypokalaemia and hypocalcaemia and
2 things like that, that's one of the Hs. Only thing we
3 can check on scene as paramedics pre-hospitally is blood
4 sugar. It's more of a thing that can be done in
5 hospital with gases and things like that, and they can
6 check all that. Pain and temperature not relevant
7 because the patient was unconscious. We don't worry
8 about taking temperature unless we're concerned the
9 patient was hypothermic. If it had been cardiac arrest
10 outside or anything like that, that would have been
11 relevant but it wasn't to this. Pupil size checked with
12 a pen torch. So they were unreactive, initially a 3 and
13 then a 6. That could have been the deterioration in his
14 condition as in prolonged cardiac arrest or the fact
15 that I gave him atropine because atropine dilates the
16 pupils so it's a response to that, so that's why there's
17 a difference. NGCS is Glasgow Comma Scale so it's
18 a breakdown of conscious level and that's the lowest
19 level you can score is a 3.

20 DEPUTY CORONER MS MONAGHAN: We heard about that.

21 A. Asystole is the last box, ECG.

22 DEPUTY CORONER MS MONAGHAN: Then the next one down, airway
23 and respiratory management. You have -- we'll come back
24 to the other side -- the other side principally is
25 drugs, isn't it, down there?

1 A. Yes.

2 DEPUTY CORONER MS MONAGHAN: Just looking across this
3 column, maintenance postural and head tilt?

4 A. Yes.

5 DEPUTY CORONER MS MONAGHAN: What were you describing there?

6 A. Postural is when sort of the patient sort of maintain
7 their own airway or you need just a chin tilt. So part
8 of a head tilt as well or --

9 DEPUTY CORONER MS MONAGHAN: Who was doing that or not?

10 A. Gareth had done that when we put him on the floor.
11 We've also re-adjust it when we've moved him. I've
12 redone it when I've got to intubate. We've done it when
13 we've moved him again just to make sure everything's --
14 we're constantly checking all of these things, airway,
15 breathing, circulation, it's a constant cycle of doing
16 all those checks.

17 DEPUTY CORONER MS MONAGHAN: You make reference to the
18 airways there and that's also about managing the
19 airways?

20 A. Yes.

21 DEPUTY CORONER MS MONAGHAN: The next column, the one we
22 just skipped over, that records the atropine and
23 adrenaline that you gave at various times?

24 A. Yes. Above that is the cannulation.

25 DEPUTY CORONER MS MONAGHAN: I see and then the drugs

1 administered?

2 A. Yes.

3 DEPUTY CORONER MS MONAGHAN: They're regular doses of

4 adrenaline?

5 A. Yes.

6 DEPUTY CORONER MS MONAGHAN: Then in the manuscript there,

7 let me just see if I need anything else.

8 A. Cardiac arrest, CPR and defib box.

9 DEPUTY CORONER MS MONAGHAN: Where is that?

10 A. Above. The cardiac arrest was -- we've put yes,

11 witnessed.

12 DEPUTY CORONER MS MONAGHAN: Pause there. I should have

13 asked you about that. You have put arrest witnessed.

14 Who did you consider the arrest had been witnessed by?

15 A. People on the plane, passengers, staff surrounding him,

16 in as much as -- whether or not they have recognised it

17 is different to whether it has been witnessed. They saw

18 him collapse. He was alert and conscious and then

19 they've seen a deterioration in his state. It's not

20 necessarily they've recognised.

21 DEPUTY CORONER MS MONAGHAN: It doesn't indicate that they

22 knew what was happening?

23 A. Exactly.

24 DEPUTY CORONER MS MONAGHAN: Just that they saw him move

25 from consciousness to unconsciousness or whatever it

1 was?

2 A. Yes, there was a history that they could see he was once
3 this and now he's this.

4 DEPUTY CORONER MS MONAGHAN: Then in relation to witnessed
5 you put "by other". Who was the other you had in mind?

6 A. As I said, people who told us what had happened, the
7 account.

8 DEPUTY CORONER MS MONAGHAN: Then you have cause of cardiac
9 arrest?

10 A. Other.

11 DEPUTY CORONER MS MONAGHAN: So the choices are cardiac,
12 respiratory, trauma or other.

13 A. Mmm.

14 DEPUTY CORONER MS MONAGHAN: What did the other denote
15 there?

16 A. That we're thinking about the drugs or the toxins
17 possibly taken in the toilets.

18 DEPUTY CORONER MS MONAGHAN: That's what would have been on
19 your mind at the time?

20 A. Yes.

21 DEPUTY CORONER MS MONAGHAN: I think that's fine on that
22 section. Then the manuscript section. Can you make
23 sense of your own handwriting?

24 A. This is small. Obviously this is twice the size when
25 I'm writing it. I don't write that small.

1 DEPUTY CORONER MS MONAGHAN: We don't have a better copy?
2 MS BALLARD: There only the copy in the red bundle.
3 DEPUTY CORONER MS MONAGHAN: Can you do your very best to
4 read it all out. If you need to do it slowly, then just
5 take as much as you need.
6 A. "On arrival [so OA means on arrival in my shorthand]
7 patient on board aircraft Terminal 5."
8 DEPUTY CORONER MS MONAGHAN: Slow down because the
9 stenographers --
10 A. So:
11 "On arrival patient on board aircraft Terminal 5.
12 Sitting in seats unconscious. No resps, no pulse. CR17
13 on scene. Assisted CR17 [that's Gareth] to get patient
14 out of chair onto floor. Presenting complaint, PC,
15 cardiac arrest, no pulse, no respirations."
16 I've put "FR Lifepack 1000 attached", so that's our
17 defib.
18 "Asystole rhythm, no shots advised. CPR commenced.
19 Bag valve mask ventilations [so that's the 30 to 2
20 cycle]. Patient cannulated. Adrenaline given. LMA
21 poor air entry. Patient intubated. Good bilateral air
22 entry. Chest rise. ET tubes cured. CPR bag over mask
23 via ET continued. Full drugs protocol."
24 I'm not sure what it says initially. It might say
25 on scene again.

1 DEPUTY CORONER MS MONAGHAN: It looks like CR17 given
2 patient history?

3 A. It's the little bit before that I'm not sure about.

4 MS BALLARD: DSO I think it might say?

5 A. "DSO/CR17 given patient history as patient immigration
6 detainee being deported. Patient calm. Went to toilet.
7 Altercation --

8 MS BALLARD: Cubicle and then aggressive, then full stop.
9 Aggressive mood change.

10 DEPUTY CORONER MS MONAGHAN: Thank you.

11 A. "Prior to cardiac arrest patient has had altercation
12 with security/immigration staff. Staff restrained
13 patient face down across three seats. Loss of
14 consciousness followed. Query taken something whilst in
15 toilet cubicle. PRF number ..."

16 That's Gareth's --

17 DEPUTY CORONER MS MONAGHAN: You don't need to read that.

18 A. CR17. Patient removed supine via sheet. Assisted by
19 fire 10 onto ambulance. CPR throughout. Full drugs
20 protocol. Microvent attached. Tube placement
21 confirmed. ETCO2 blue call 176 [which is the code for
22 Hillingdon]. Resus [that's the department we went to].
23 Police ID206 escorted patient to hospital. Paperwork
24 completed at hospital. Clinical waste seized by police
25 officer ID206. ESP informed."

1 DEPUTY CORONER MS MONAGHAN: Under that last bit of
2 handwriting you have just referred to you, have 21.26.
3 Is that blue call?
4 A. Yes.
5 DEPUTY CORONER MS MONAGHAN: What does that mean? What's
6 that referring to?
7 A. That's when Darren Weston put in the pre-alert to the
8 hospital.
9 DEPUTY CORONER MS MONAGHAN: Do we know what time you
10 completed this form? Can we see that on here?
11 A. It would have been after 21.42 and before 23.28.
12 DEPUTY CORONER MS MONAGHAN: So 21.42 is the time at which
13 you handed over Mr Mubenga in Hillingdon?
14 A. Yes.
15 DEPUTY CORONER MS MONAGHAN: The 23.28 --
16 A. Is when we greened up or made ourselves available for
17 another call.
18 DEPUTY CORONER MS MONAGHAN: Thank you very much. If you
19 stay there you will probably have some questions from
20 the representatives.
21 Examiné by MR BLAXLAND
22 MR BLAXLAND: Ms Rooks, when you arrived on the plane the
23 first you saw of what was happening was your colleague
24 Gareth kneeling on the seat, is that right?
25 A. Well, one leg on it and one leg in the alley, yes.

1 Q. He was in the process of checking the pulse,
2 Mr Mubenga's pulse?

3 A. A carotid pulse, yes.

4 Q. That is the carotid pulse, you demonstrated to us. Can
5 you go to page 344 of the bundle which is the other one.
6 I'm going to just come back to a document in the red
7 bundle in a moment. Page 344. This is the very first
8 account you gave in the interview to which you have
9 already been referred. The way you described it was
10 this:

11 "Gareth was sort of kneeling on the seat checking
12 his pulse, checking his breathing. He wasn't breathing
13 and he didn't have a pulse. So I grabbed his legs."

14 My question is this: how did you know that he wasn't
15 breathing and he didn't have a pulse?

16 A. Because Gareth told me and because when I walked up to
17 him and he was doing the pulse check. And he said
18 there's no pulse, there's no breathing and it was a case
19 of -- I can't remember it word for word, but it was
20 let's get him on the floor because that's what we know
21 needs to be done when he's in cardiac arrest.

22 Q. The point is this, he told you that immediately?

23 A. Pardon?

24 Q. He told you that immediately on your arrival?

25 A. Yes.

1 Q. Did you see the oximeter?

2 A. No.

3 Q. That's the first thing I wanted to ask you about. The
4 second thing I want to ask you about is something you
5 have just recently been account about arising from your
6 report at page 106. You don't need to go back to that,
7 but what I would like you to do is to go back to
8 a passage to which you have already been referred but
9 I want to start it a bit sooner. It's page 412 of that
10 same interview.

11 A. Yeah.

12 Q. You were being asked by the officers about your
13 description of the history as it appeared in your
14 report, the report that we've been looking at. The
15 officer took you through it. This is what you said.
16 This is two-thirds of the way down that page. You said
17 about the report:

18 "I wrote it from memory as such the next morning.
19 You know, lots of -- it's like times and stuff but this
20 is incorrect because I didn't have a copy of the PRS.
21 So it's a very, very rough draft."

22 That is the point you are making?

23 A. Hmm, hmm.

24 Q. "So Gareth told me that he had been told by someone on
25 the plane that after the patient returned from the

1 toilet his mood had changed and he became sort of
2 aggressive which resulted in the altercation with the
3 security officers. He was told that they apparently
4 restrained him face down across three aircraft seats is
5 how Gareth said it to me."

6 Let's stop there. That was really essentially what
7 you had recorded on this report form, wasn't it?

8 A. Yes, face down across three seats.

9 Q. But you then went on and you said this:

10 "That Gareth told me that the patient had said he'd
11 complained about being unable to breathe."

12 That's not something which was actually in the
13 report but something which it appears you had remembered
14 as you were talking to the police officer about it?

15 A. Okay.

16 Q. Is that right, "Gareth had told me that the patient had
17 said he'd complained about being unable to breathe"?

18 A. Okay, Gareth told me the information. Whether or not --
19 I don't know who told Gareth.

20 Q. Obviously we don't know that and you can't be expected
21 to comment on that. The point I'm making is that this
22 is something which came to you during the course of the
23 interview. It wasn't something which had arisen from
24 this report. It is something you remembered that Gareth
25 had said to you?

1 A. Okay.

2 Q. Is that fair, unfair, right, wrong?

3 A. Yes, if it's in my statement.

4 Q. Then you went on:

5 "And then that person told Gareth who then told me
6 that the patient then fainted, that he'd been told
7 Gareth was then informed that the patient had then
8 fainted."

9 The point is this: you had some memory of Gareth
10 mentioning specifically that he had been told that the
11 man, Mr Mubenga, had said -- had been saying that he
12 couldn't breathe?

13 A. Sorry, what's the question?

14 MR BLAXLAND: I am going over the ground --

15 DEPUTY CORONER MS MONAGHAN: You're not the only one
16 wondering about that.

17 MR BLAXLAND: I think you're having difficulty remembering
18 it now but you remembered it at the time, is that what
19 it comes to?

20 DEPUTY CORONER MS MONAGHAN: I think you said, when I asked
21 you questions about that, that when you gave this
22 interview you would have given an accurate or honest
23 account about what you remembered at that stage?

24 A. Yes, and I have put that the -- it says, as Ms Ballard
25 said, it does say DSO or CR17 gave patient history as.

1 So that would have referred to that. So I've said
2 Gareth but -- in my statement but equally it could also
3 have been the DSO. So I do refer to it on my PRF.

4 MR BLAXLAND: Thank you very much. There is one other thing
5 I'd like to ask you about and I'd like to deal with this
6 by going back to another document you have not been
7 referred to in the bundle. If you go to the red bundle,
8 page 94. You have told us that when you were in the
9 ambulance the part of the -- the message that was sent
10 to the hospital contained reference to positional
11 asphyxia. What I'm going to refer you to is a log of
12 calls that were made from the ambulance to the hospital,
13 just to help -- this not your message but just so that
14 we can see what appears to be the message at the time,
15 the contemporaneous message. I'm looking at an entry
16 which is about ten lines down I suppose. This is the
17 log entry at 21.27.48. Do you see that?

18 A. Yes.

19 Q. That's the time. It's from blue HDON which I suppose is
20 the --

21 A. Blue call to Hillingdon. That's short code for blue
22 call to Hillingdon.

23 MR BLAXLAND: Thank you.

24 DEPUTY CORONER MS MONAGHAN: So it's a blue call to
25 Hillingdon and would that be the call from

1 Darren Weston?

2 A. Yes, Bravo 592 is his call sign.

3 DEPUTY CORONER MS MONAGHAN: Let me make a note of that.

4 MR BLAXLAND: What recorded is:

5 "Cardiac arrest, intubated, cannulated. Full

6 asystole protocol. Query result OD."

7 A. Yeah.

8 Q. Is that overdose?

9 A. Yeah.

10 Q. "Overdose unknown substance/positional asphyxia. ETA

11 seven to ten minutes."

12 A. Yeah.

13 Q. Still airside. You obviously heard the word positional

14 asphyxia, did you, that evening? Had you ever heard

15 that expression before?

16 A. Briefly, probably.

17 Q. Had it ever been part of your training?

18 A. No.

19 DEPUTY CORONER MS MONAGHAN: Sorry, Mr Blaxland, what would

20 you have understood by the expression positional

21 asphyxia?

22 A. I think it might have been something in the news or

23 something about police officers restraining people and

24 people dying in custody.

25 DEPUTY CORONER MS MONAGHAN: Would you have had any sense of

1 what that meant? Obviously you knew what asphyxia was?

2 A. Yes.

3 DEPUTY CORONER MS MONAGHAN: What would have conjured up in
4 your mind or be conjured up in your mind by the
5 expression positional asphyxia? If nothing just tell me
6 nothing but I'm interested to know.

7 A. I don't know. Do you mean now or at the time?

8 DEPUTY CORONER MS MONAGHAN: At time.

9 A. I understood what it meant that it could have been --
10 it's the way a patient is positioned could restrict the
11 patient's breathing. That could be a number of ways.

12 DEPUTY CORONER MS MONAGHAN: Including restraint as you
13 understood it?

14 A. Yes.

15 MR BLAXLAND: But as part of your medical training were you
16 warned that when you had to deal, for example, with
17 a patient that that might possibly be a cause of injury
18 or death?

19 A. I can't recall specifically.

20 Q. And you don't remember exactly where that -- obviously
21 Darren Weston is the person who radioed the message but
22 you don't know who had offered that explanation to him?

23 A. No, I don't.

24 MR BLAXLAND: Thank you.

25 Examined by MS HEWITT

1 MS HEWITT: Just a few questions, please.

2 DEPUTY CORONER MS MONAGHAN: How long do you think you'll
3 be? Would it be appropriate to take a break now?

4 MS HEWITT: Not very long. Three short topics really. Can
5 I take you back to when you were assisting taking
6 Mr Mubenga out of the seat to place him in the aisle.
7 It was just the way in which you had described it when
8 you gave your interview that I wanted to ask you about.
9 If you have the papers there in front of you, can you go
10 to page 344.

11 A. Yes.

12 Q. You describe there, can you see, that you saw
13 Gareth Buer sort of kneeling on the seat checking for
14 a pulse?

15 A. Yes.

16 Q. Checking breathing?

17 A. Hmm, hmm.

18 Q. He wasn't breathing?

19 A. Yes.

20 Q. Then you go on to say that you then grabbed Mr Mubenga's
21 legs. The way you then describe the movement of
22 Mr Mubenga is, you said and you:
23 "... sort of dragged him forward and Gareth sort of
24 got him under the arms and dragged him out."
25 What I am wondering, whether that use of the word

1 "dragged" is quite descriptive of how the lifting or how
2 the movement was performed at least in that initial
3 movement out of the seat?

4 A. I did say earlier that I helped Gareth -- I brought the
5 gentleman forward so Gareth could get a good grip
6 underneath. So that's the initial dragged him forward.
7 Sort of got under his arms and then dragged him out. As
8 we said it was a difficult removal from the seats so it
9 would have been sort of a lifting. It was getting him
10 out of the seat.

11 Q. If you can try and remember it as it happened at the
12 time, can you remember whether there was an initial
13 movement and then one of the guards, probably the one
14 standing in the aisle, might have said something like,
15 "Let me help you and lift the armrest up" and that then
16 happened before there was then a second movement of my
17 friend Mr Mubenga?

18 A. I can't remember exactly but that's a possibility, but
19 I think I was -- our concern was the urgency of getting
20 him out and onto the floor, rather than -- as
21 I explained that we have people who are in the seat and
22 people try and help the arm rest. Quite often they
23 don't come up. It depends on the plane.

24 DEPUTY CORONER MS MONAGHAN: It's more hassle than it's
25 worth?

1 A. Exactly, and it was the urgency. We needed to get him
2 on the floor. We needed to start CPR as soon as
3 possible and moving a patient or a person isn't
4 particularly comfortable or -- I can't think of the
5 right word -- elegant but it's the urgency. It's the
6 fact that he needs to be on the floor and we try to do
7 that as carefully as possible.

8 MS HEWITT: I understand. When you were answering the
9 learned coroner's questions on this matter you said two
10 things. First of all, you said at one point he got
11 stuck. In what way did Mr Mubenga get stuck?

12 A. His feet are you saying.

13 Q. His feet, is that what you meant?

14 A. Yes, his feet, his shoes.

15 Q. Then you said this, that you might have paused on the
16 armrest I think you said. What did you mean by that?

17 A. Just so, as Gareth said, he could reposition his feet
18 because if he's kneeling on the seat right behind Gareth
19 has to move before the rest of us can -- he can get him
20 down on the floor. So it would have been like a second
21 just so Gareth could literally get a foot on the ground
22 or a knee off the seat or whatever, just so then we
23 could go onto the floor. So it would have been second.

24 Q. So in that process could Mr Mubenga have been leaning on
25 his site on the armrest during that short pause?

1 A. I don't think so, no. I don't think -- because Gareth,
2 he never let go of the top half of him. It was more so
3 Gareth could move. So Mr Mubenga would have been across
4 Gareth's chest or at Gareth's chest. It was unlikely.

5 Q. When you came to give treatment to Mr Mubenga once he
6 was lying in the aisle, I'm not sure whether it's the
7 aisle or the galley part, but at some point when he was
8 lying flat, you describe, and you described it in more
9 detail in your interview, I think finding that he was
10 sweating, sweaty?

11 A. Yes.

12 Q. But you didn't see any blood at all?

13 A. No, no blood at all.

14 Q. You took steps to open or remove Mr Mubenga's clothing?

15 A. I can't remember who cut the clothing off but we need to
16 remove at least the top half of the clothing and the
17 arms that we can have says to veins and access so we can
18 put pads on the chest and make sure we're doing CPR in
19 the right place.

20 Q. So it. The top half more than below the waist?

21 A. Yes.

22 Q. Can you remember noticing whether or Mubenga was wearing
23 a belt in his trousers?

24 A. I can't remember.

25 Q. Or whether there was a belt that was very tightly

1 tightened, very tight?

2 A. Do you mean a seat belt?

3 Q. No, a belt on his trousers?

4 A. No, I don't remember.

5 MS HEWITT: I asked that, madam, because Mr Upton --

6 DEPUTY CORONER MS MONAGHAN: I completely understand.

7 MS HEWITT: Finally, then, the final couple of questions.

8 I just want to take you back briefly to the history as

9 you were given it from Gareth.

10 A. Yes. And the DSO, the duty station officer.

11 Q. Thank you very much. The section you were taken to, so

12 we're back now to page 412 of your interview,

13 Mr Blaxland took you to this section.

14 A. Yes.

15 Q. I'm sorry if I'm the only one not understanding this but

16 the paragraph at the bottom where you give the answer:

17 "I wrote it from memory as such the next morning."

18 So you're referring to a report that you wrote?

19 A. Yeah, sort of notes on the case to -- I think

20 retrospectively I knew it would be a serious case -- it

21 was a serious case, therefore it might come to court or

22 it might at least be a Coroner's Court statement and I

23 need to do it. So while things were still fresh in my

24 head I just made some very simple notes and bullet

25 points just to clarify and make sure that things were

1 clear after. Obviously we didn't finish until gone
2 midnight so I would have done it immediately the next
3 morning as I got up.

4 Q. Because I think what Mr Blaxland was asking you was that
5 whereas in the record that you wrote that night --

6 A. The PRF?

7 Q. Yes. You do make this reference to this description of
8 someone -- or Gareth telling you that the restraint had
9 been face down across three seats, is that right?

10 A. Yes.

11 Q. You put that in your report at the time. When you were
12 interviewed you said the same thing but you also said
13 that the patient had complained about being unable to
14 breathe and that the person told Gareth, who then told
15 you, that the patient had fainted. That part of it
16 didn't appear in the report you wrote on the night?

17 A. Obviously, as you see, there's a lot more information to
18 put on the PRF. It's a brief history.

19 Q. This is not a criticism at all.

20 A. What page is my PRF, just to go back to it?

21 DEPUTY CORONER MS MONAGHAN: Page 106 of the red bundle.

22 MS HEWITT: You're quite right, page 106.

23 A. Loss of consciousness followed so that's the same as
24 a fainting or unconsciousness.

25 Q. I think what Mr Blaxland was asking you particularly

1 about and I am is the suggestion that the patient had
2 complained of being unable to breathe.

3 A. As I said, I didn't speak to anybody else. So any
4 security staff, so if -- in my statement I can see that
5 I've said Gareth but it might well have been duty
6 station officer Darren Weston has relayed the
7 information to us as opposed to specifically Gareth
8 saying it.

9 Q. My final question, I think, just to look at other things
10 you might have been told. If you go to page 394 in the
11 interview, you give an account there as well. The
12 previous page there's a question from the police
13 officer:

14 "Did that come from Gareth?

15 "Answer: Yes. When we were in the galley I was at
16 the head end, ventilating. He was doing CPR."

17 He is Gareth again, isn't it?

18 A. Yes.

19 Q. "He told me that someone had told him, I don't know
20 whether it was a guard or a member of staff or
21 a passenger, that the patient had requested to go to the
22 toilet, had gone onto the aircraft calmly and requested
23 to go to the toilet. He apparently went to the toilet
24 unsupervised."

25 Do you remember someone telling you that?

1 A. Again --

2 Q. Or you remember Gareth telling you that?

3 A. Again, if it's in my statement, this much more closer to
4 the incident than -- I can't specifically tell you now
5 what the words were. This information was relayed to me
6 either by Gareth -- and this refers to Gareth, but,
7 again, who told him I don't know.

8 Q. So you don't know where the suggestion that he had gone
9 unsupervised to the toilet came from?

10 A. Exactly, no.

11 MS HEWITT: Thank you very much.

12 MR BLAXLAND: Madam, unusually, I think uniquely so far,
13 there is just one matter which arises from this question
14 which I think possibly ought to be clarified.

15 DEPUTY CORONER MS MONAGHAN: Can you tell me what it is?

16 MR BLAXLAND: Indeed. It's in relation to when I was asking
17 Ms Rooks about the passage at page 412 and 413 --

18 DEPUTY CORONER MS MONAGHAN: Is this something to be said in
19 front of the witness?

20 MR BLAXLAND: I don't see there's any harm in this at all.
21 I had been working on the basis that the record that she
22 was being referred to there was the record that we see
23 at page 106 which is --

24 DEPUTY CORONER MS MONAGHAN: Just hold on, sorry. I'm not
25 with you.

1 MR BLAXLAND: Page 412.

2 DEPUTY CORONER MS MONAGHAN: "I didn't have a copy of the
3 PRF."

4 MR BLAXLAND: If I can just explain what the point is.

5 I asked questions on the basis that what was being
6 referred to here was the document that we have at
7 page 106 which is called the PRF report which contains,
8 as we know, a brief history.

9 It appeared that it might be the case -- I might
10 have misunderstood -- that what Ms Rooks was saying that
11 in fact in addition to this she had her own notes which
12 she wrote the next morning from memory.

13 A. Yes.

14 DEPUTY CORONER MS MONAGHAN: She wrote the PRF on the same
15 night, leaving at 23.48 or whatever it was on green?

16 A. 23.28.

17 MR BLAXLAND: So if I could ask this question directly, in
18 addition to the PRF, you did have some additional notes
19 of your own, did you, or not?

20 A. I made additional notes thinking that normally within
21 two to three weeks maybe a coroner's statement request
22 would come. So in order to keep it as fresh in my mind
23 and make that most accurate, I wrote one up.

24 DEPUTY CORONER MS MONAGHAN: Do you still have that?

25 A. I have a copy of it at home. As I said in here, it's in

1 red, it's not accurate because I didn't have a copy of
2 the PRF at the time. It was just me making notes and
3 they won't necessarily make any sense to anybody else.
4 But the police -- I believe they even took one because
5 they ask if they can have a copy of it:

6 "Are we okay if we can have a copy of that when
7 you're finished?"

8 I don't know --

9 MR BLAXLAND: You said in fact in the interview that's why
10 it's in red because your notes were in red --

11 A. It's typed and there's bits of it that are in red. So,
12 like, for example, the stand number. I wouldn't
13 necessarily have remembered the next morning what stand
14 it was. So I'd then have to -- once -- I pre-empted
15 having a coroner's statement, having to write
16 a coroner's statement. So I knew it was in red -- so
17 I put certain details in red that I knew when the
18 request came through a copy of my PRF would come through
19 and I could then change that and make it the right
20 stand, if that make sense.

21 DEPUTY CORONER MS MONAGHAN: So the notes you prepared the
22 following morning, you didn't have the PRF?

23 A. No.

24 DEPUTY CORONER MS MONAGHAN: So there were bits and pieces
25 of detail, like the stand number, that would be missing

1 from the notes?

2 A. Yes.

3 DEPUTY CORONER MS MONAGHAN: But in terms of your
4 recollection of events, that would be --

5 A. It would be an aid and I went through it, but most of it
6 it's the statement anyway because I used it in my police
7 statement just as a reference to jog my memory because
8 it was much later.

9 MR BLAXLAND: So just to go back to the point which I may
10 have overlapped which is that page 413, "Gareth told
11 me that the patient had said he'd complained about being
12 unable to breathe", that's something, is it, that was in
13 the notes that you have just told us about?

14 A. Yes, I believe --

15 Q. Because it's not in the PRF?

16 A. No. It would have been as part of my notes. I've put
17 Gareth but it could easily have been somebody --

18 Q. We understand that.

19 A. I was told -- I didn't get the information first-hand.
20 It was told to me.

21 DEPUTY CORONER MS MONAGHAN: I think that's not the issue.

22 I think we all understand that what you were told could
23 have come from anywhere.

24 A. Right.

25 DEPUTY CORONER MS MONAGHAN: I think what we're looking to

1 explore at the moment is whether the matters that you
2 put there, the recollections that you have there,
3 including that somebody told you or somebody told Gareth
4 about the complaint that he couldn't breathe, what we're
5 concerned to know is: would that have been in the notes
6 that you made the following morning? Would you have
7 been taking it from there?

8 A. Yes, very likely. I can't say because I haven't reared
9 them recently, but, yes.

10 MR BLAXLAND: No criticism of you. It's just that we don't
11 have those notes. Thank you very much.

12 Examiné by MS BALLARD

13 MS BALLARD: Can I just ask you, please, to turn up red
14 bundle --

15 DEPUTY CORONER MS MONAGHAN: Pausing there. I have just
16 been reminded we should have a break.

17 MS BALLARD: I'm going to be very quick. We will come back
18 for maybe one or two minutes.

19 DEPUTY CORONER MS MONAGHAN: Really? Is that all? Then
20 I'll let you carry on. Sorry, Ms Ballard.

21 MS BALLARD: If you could please pull up red bundle,
22 page 92, please.

23 A. Yes.

24 Q. We can see at the top that this is a call log and it's
25 page 1 of 4 on the top of page 92, is that right?

1 A. Hmm, hmm.

2 Q. Then if you could turn to page 97. When we're referring
3 and you're writing down the times that you have of being
4 at the scene and going to hospital, we can follow these
5 from this log, can't we, to assist if anyone needs to?

6 A. Yes.

7 Q. Your call-sign is A505?

8 A. Yes.

9 Q. So that block under "status breakdown call-sign A505"
10 has your timings?

11 A. Yes.

12 Q. And "red at scene" is the button that is pressed when
13 you arrive?

14 A. In the ambulance.

15 DEPUTY CORONER MS MONAGHAN: Pausing there, I can't see
16 where that is.

17 MS BALLARD: "Status breakdown call-sign A505." Then you
18 can see "dispatched SMS message text. Amber to scene.
19 Automatic timestamp". Then "red at scene".

20 DEPUTY CORONER MS MONAGHAN: Thank you.

21 MS BALLARD: So that is red at scene when Katie would have
22 pressed the button to say, "We're here"?

23 A. Yeah.

24 Q. Then again "red to hospital" -- we can probably ask
25 Katie when she would have pressed it -- but would have

1 been when you're off to hospital, is that right?

2 A. Yes.

3 Q. Then "red at hospital" again is when you press it to
4 say, "We've arrived at the hospital"?

5 A. Yes.

6 Q. These are captured times so these are the times that we
7 can be fairly confident about?

8 A. Yes.

9 MS BALLARD: Thank you, madam.

10 DEPUTY CORONER MS MONAGHAN: Just one thing which we can
11 probably work out from the timings but just to get
12 an estimate at the moment. How long, roughly, would it
13 have taken you to get from the airport to Hillingdon
14 Hospital?

15 A. I think the blue call was given as 12 minutes -- seven
16 to ten minutes. "ETA seven to ten minutes. Crew still
17 airside." That's from Bravo 592 and I think it took us
18 slightly longer but I can tell you between pushing the
19 buttons, red to hospital 21.27 and at hospital 21.40, so
20 what's that? 13 minutes, but, as Darren Weston said,
21 we're still airside so you have to go through, follow
22 me, go through security. Although we're not stopped,
23 you have to slow down and then make your way out.

24 DEPUTY CORONER MS MONAGHAN: We can see from that it took
25 you 13 minutes?

1 A. Yes. ETAs are always estimates.

2 DEPUTY CORONER MS MONAGHAN: Yes, of course. We'll take
3 a break now. Ten minutes, please. If you could come
4 back at 3.45.

5 That's your evidence, Ms Rooks. You're now formally
6 released so you're free to leave. Thank you very much.

7 (In the absence of the jury)

8 MS BALLARD: Madam, we do have other witnesses present in
9 court but the next witness in the chronology is
10 Katie Elderfield who is due to come tomorrow.

11 DEPUTY CORONER MS MONAGHAN: That's fine. I'm not going to
12 start a witness. We'll take Katie Elderfield and we'll
13 take her tomorrow. I'll give the stenographer a break
14 and we can come back and look at some housekeeping and
15 how we manage the rest of the week.

16 MS BALLARD: Thank you, madam.

17 MR BLAXLAND: Madam, can I raise this: are the jury going to
18 be required again this afternoon?

19 MS BALLARD: No, of course. The jury can be discharged for
20 the afternoon.

21 (3.36 pm)