



1 OF 2.

London Ambulance Service **NHS**  
NHS Trust

# Incident Report

LA 21a

Date	14.07.17
Incident (Including CAD if applicable)	247.
Name of Person Completing Log	MARIA COMECS.
Call Sign	IR51 (BRONZE) (GETOP 2)
Role and Location of Person Completing Log	IRO @ LI.
Continued in Log book (LA434)	Yes <input checked="" type="radio"/> No <input type="radio"/> LAZIA.
Classification When Complete	HIGH +++

When completed return to Department for Emergency Preparedness Resilience & Response

## Before leaving your vehicle

Contact EOC by Airwave and provide  
a WINDSCREEN REPORT

Describe exactly what you  
can see in front of you

Use your Action Cards



**JESIP**  
JOINT EMERGENCY SERVICES  
INTEROPERABILITY PRINCIPLES  
Working Together - Saving Lives



IDM Review	EPRR Review	Lessons Identified Added	KPI	Feedback

# Incident Impact Assessment Model

RISK FACTORS	
PATIENT NUMBERS / TYPES:	SAFETY: SERVICES, PUBLIC OR OTHER
This risk should reflect the actual or potential number of patients involved and the ability to manage the incident.	Whether an inner cordon has been established by LFB will inform the risk associated. STEP 123, staff fatigue, building structures, weapons etc will inform this rating.
NEED FOR SPECIALIST ASSETS	MEDIA OR REPUTATION SENSITIVITY
Specialist assets are attending or actively in use, such as HART, LAA (HEMS), Decon, Public Order/MRT, Central Ops.	Where an incident or event occurs that may, does, or will attract media attention or pose a potential exposure of the Trust. These may include transportation network incidents, firearms, clinical incidents, VIPs, 'celebrities'.
One of these = medium assessment (min.)	

RESOURCE FACTORS	
PROTRACTED : LIKELIHOOD	RESOURCES : VOLUME REQUIREMENTS
Incidents such as fires, entrapments, hostage, HAZMAT or CBRNe, hostile activity	Where the incident requires multiple core resources or that will tie up specialist assets for exceptional periods of time.
NHS EXISTING OR FORESEEABLE PRESSURES	LAS: EXISTING OR FORESEEABLE PRESSURES
Where hospital delays are evident or likely, such as winter pressures or where the specialist units, such as Major Trauma Centres are under pressure.	Consider REAP level, DMP level, operational demand and resourcing or other known pressures that exist at the time.

# Incident Impact Assessment Model

**Step 1**

RISK FACTORS - TAKE THE HIGHEST SCORE FROM THIS AXIS					
PATIENT NUMBERS / TYPES:			SAFETY: SERVICES, PUBLIC OR OTHER		
HIGH	MEDIUM	LOW	HIGH	MEDIUM	LOW
NEED FOR SPECIALIST ASSETS			MEDIA OR REPUTATION SENSITIVITY		
HIGH	MEDIUM	LOW	HIGH	MEDIUM	LOW

**Step 2**

RESOURCE FACTORS - TAKE THE HIGHEST SCORE FROM THIS AXIS					
PROTRACTED : LIKELIHOOD			RESOURCES : VOLUME REQUIREMENTS		
HIGH	MEDIUM	LOW	HIGH	MEDIUM	LOW
NHS EXISTING OR FORESEEABLE PRESSURES			LAS: EXISTING OR FORESEEABLE PRESSURES		
HIGH	MEDIUM	LOW	HIGH	MEDIUM	LOW

**Step 3**

INCIDENT ASSESSMENT ESCALATION MATRIX				
RESOURCE	HIGH	M	H	H
	MEDIUM	L	M	H
	LOW	L	L	M
		LOW	MEDIUM	HIGH
RISK				

**RECORD INCIDENT ASSESSMENT - REVIEW REGULARLY**

TIME	LEVEL	TIME	LEVEL
CONTINUOUS	HIGH		

**ESCALATION BASED ON INCIDENT IMPACT ASSESSMENT**

ACTIONS TO TAKE	
HIGH	Request immediate contact with LAS Tactical Commander and Tactical Advisor
MEDIUM	Request EOC to notify LAS Tactical Commander
LOW	LAS Operational Commander to continue to manage



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# Incident Impact Assessment Model

**Step 1**

RISK FACTORS - TAKE THE HIGHEST SCORE FROM THIS AXIS

PATIENT NUMBERS / TYPES:	SAFETY: SERVICES, PUBLIC OR OTHER
HIGH MEDIUM LOW	HIGH MEDIUM LOW
NEED FOR SPECIALIST ASSETS	MEDIA OR REPUTATION SENSITIVITY
HIGH MEDIUM LOW	HIGH MEDIUM LOW

**Step 2**

RESOURCE FACTORS - TAKE THE HIGHEST SCORE FROM THIS AXIS

PROTRACTED : LIKELIHOOD	RESOURCES : VOLUME REQUIREMENTS
HIGH MEDIUM LOW	HIGH MEDIUM LOW
NHS EXISTING OR FORESEEABLE PRESSURES	LAS: EXISTING OR FORESEEABLE PRESSURES
HIGH MEDIUM LOW	HIGH MEDIUM LOW

**Step 3**

INCIDENT ASSESSMENT ESCALATION MATRIX

RESOURCE	HIGH	M	H	H
MEDIUM	L	M	H	H
LOW	L	L	M	M
	LOW	MEDIUM	HIGH	
	RISK			

RECORD INCIDENT ASSESSMENT - REVIEW REGULARLY

TIME	LEVEL	TIME	LEVEL
CONTINUOUS	HIGH		

ESCALATION BASED ON INCIDENT IMPACT ASSESSMENT

ACTIONS TO TAKE	HIGH	Request immediate contact with LAS Tactical Commander and Tactical Advisor
	MEDIUM	Request EOC to notify LAS Tactical Commander
	LOW	LAS Operational Commander to continue to manage



# METHANE Report

<b>S/M</b>	1st Report <b>0328</b> Time:	2nd Report Time:
	<b>Significant Incident / Major Incident. Or omit if not</b> <b>ALREADY DECLARED</b>	<b>Significant Incident / Major Incident. Or omit if not</b>
<b>E</b>	<b>Exact Location of Incident</b> <b>SECTOR 2</b> <b>BRANLEY RD</b> <b>ON LOCKTON RD, WTL</b>	<b>Exact Location of Incident</b>
	<b>Type Of Incident</b> Include descriptions of numbers and types of buildings/vehicles involved <b>FIRE</b>	<b>Type Of Incident</b> Include descriptions of numbers and types of buildings/vehicles involved
<b>T</b>	<b>Hazards</b> Present and Potential <b>BURNS, FIRE,</b> <b>SMOKE INH,</b> <b>BUILDING COLLAPSE</b>	<b>Hazards</b> Present and Potential
	<b>Access</b> Provide details of the best access and egress routes <b>AS ABOVE</b>	<b>Access</b> Provide details of the best access and egress routes
<b>A</b>	<b>Number and Type of Casualties</b> P1/P2, P3 and Dead <b>1x Dead P1</b> <b>6x P+A P2</b> <b>15x P+A P3</b>	<b>Number and Type of Casualties</b> P1/P2, P3 and Dead
	<b>Emergency Services</b> Who is on scene, who is required Share your report with other agency commanders <b>DMA'S X10</b>	<b>Emergency Services</b> Who is on scene, who is required Share your report with other agency commanders

Continue to provide updated report to Red Base at least every 30 minutes

# LAS Command Role Allocation

Role	Name, Rank & Time Commenced Role	Name, Rank & Time Commenced Role
<b>Gold (Remote)</b>		
<b>Silver (Remote)</b> Incident Commander	<b>LAURENCE</b> <b>IONNOAU</b>	
<b>Tactical Advisor (Remote)</b>	<b>GEOFF LONG</b>	
<b>Bronze Medic</b> <b>2</b> Scene Commander		
<b>Bronze Parking</b>		
<b>Bronze Safety</b>		
<b>Bronze Equipment</b>		
<b>Bronze Sector</b> <b>2</b>		
<b>Bronze Triage (SIEVE)</b>	<b>TBM GLEESON</b>	
<b>Bronze Extraction</b>	<b>HART</b>	
<b>Bronze Patient Liaison</b>		
<b>Bronze Clearing</b>		
<b>Bronze Triage (SORT)</b>	<b>HENIS</b>	
<b>Bronze Loading/Parking</b>	<b>DAVE BARNES</b>	
<b>Bronze Sector (As Required)</b>		
<b>Bronze Triage (SIEVE)</b>		
<b>Bronze Extraction</b>		
<b>Bronze Patient Liaison</b>		
<b>Tactical Advisor (Scene)</b>		
<b>Incident Support Officer</b>		
<b>Command Support Team</b>		
<b>Medical Advisor</b>		
<b>CCS Medical Lead</b>		

Brief staff as they are appointed - Ensure they use the Action Cards



# Event Log

TIME	ENTRY	DECISION REF
0300	Parked up log open	
	Brasley Rd	
	JW. Shallock Driv	
	B685	
	8xP3	
	1X P1. Read	
	8xP3. P2 x	
	1X CA P3	
	P31	
	IRT1 Bronze triage	
	IRT3 Berking	
	IRT5. Me	
	C331	
	11.10 106950	

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# Event Log

TIME	ENTRY	DECISION REF
	P1 Anna.	
	Bronze Medic	
	St Charles Hospital	
	A night.	
	TC84	5160 CSV
	TN81	C302
	B330	
	F2 WS97 N.	

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## Event Log

TIME	ENTRY	DECISION REF
0235	DISPATCHED, COMMAND POINT 7 RVP.	
	USE CH103, EN ROUTE RADIO CHECK.	
0300	ON SCENE AS CLOSE AS 1R41 + 1R71 COULD GET. AREA BLOCKED BY LFB. BUILDING FULLY ON FIRE AS SEEN WHEN DRIVING OVER A40. DONNED EAR PLUGS, HIGH VIZ, HELMET, TOOK CARRY SHEETS X10.	
0306	AT RVP, FOUND INCIDENT COMMANDER WHO TOLD 1R71 + Y292 TO GO AND INVESTIGATE THE WEST SIDE OF THE TOWER. GROUPS OF SICK PEOPLE THERE.	
0308	MOBIE TO OTHER SIDE OF TOWER, TAKEN ROUND BY MASSIVE OF THE PUBLIC.	
0314	AT SECTOR 2, 1R71 → WALK DOWN STATION APPROACH AS MORE PTS BELIEVED TO BE THERE, 1X DMA BEING OVERWHELMED BY PUBLIC. (B535)	
	1X HYPOXIC ARREST READ INSIDE, NO MOTHER, GRABBED FREEMAN TO TRAVEL TO ASSIST CREW. BLUE TO CH103'S ALLOCATED BY CH103. NEEDED TO SET DMA AWAY. CRED TO CH123-BUECALL	

## Event Log

TIME	ENTRY	DECISION REF
0318	METHANE REPORT TO CH103, LOCATION FOR CCS. BRAMLEY RD IN LOCKTON RD. MAKE DMA X10. NEEDED URGENT POLICE ASSISTANCE FOR CROWD CONTROL.	
	DISTRESSED/TRAUMATISED PUBLIC IN CCS. 1R71 AT FRONT OF STATION WALK BRONZE FORWARD/SAFETY/TRIAGE. NEEDED: SMART TRIAGE PACK + CARRY SHEETS, GIVEN TO HART OPERATIVE. TRYING TO GET STRUCTURE INTO CCS. HART TO LIVE AT TREE BASE. DM50 ASSISTING, SHE RECOGNISES ALL PTS TO BE ON HIGH FLOW O <sub>2</sub> . REQUEST O <sub>2</sub> + BKTS VIA 103.	
0331	1R31 ON SCENE → BRONZE PARKING. 10X DMA INBOUND, PUBLIC ORDER.	
0337	FURTHER 10X DMAS DUE TO UNCERTAINTY OF CASUALTIES INSIDE BUILDING. COULD SEE PEOPLE WAVING CARBENTS FROM THE UPPER FLOORS	



## Event Log

TIME	ENTRY	DECISION REF
0843	EXPLORED A BUS FOR P3'S WITH CH103.	
0845	REQUEST POLICE TO ASSIST WITH THE MEMBERS OF PUBLIC, ALL VERY FRAUGHT. POLICE ASSIST WITH REQUEST. EVERY SERVICE VERY BUSY. CROWDS AGITATED + TRAUMATISED, KIDS WITHOUT PARENTS A VICEVERSA, CONCERNED WITH STRUCTURE INTEGRITY.	
0845	P1 X 1 DEAD, P2 X 8 P3 X 7. 1X BABY IN FIREMAN'S ARMS?	
	IS MOTHER. TOLD HIM TO KEEP BABY & STAY BY THE TREE.	
0858	C331 X P1 DEAD, TOOK TRIAGE BACK OFF DVA.	
0859	MORE CARRY SHEETS + O <sub>2</sub> X 20	
0902	CH103 → STRUCTURAL UPDATE. CCS TAKING SHAPE.	
	HEMS ON SCENE, CANT REMEMBER TIME THEY ARRIVED, REQUESTED TO SEVE.	
0906	CH103 REQUESTED TO FIND	

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## Event Log

TIME	ENTRY	DECISION REF
	LFB COUNTERPART FOR SAFETY, IN YELLOW TABBARD, COULD NOT FIND AT ANY TIME DESPITE SEARCHING	
0910	CASUALTY UPDATE: 2X P1'S 1X P2 3X P3, 1X DEAD, SURVIVOR	
0916	CARRY SHEETS + BLANKETS.	
0931	CONSIDERATION TO RELOCATE AS UNSAFE, STAYED WITH POSITION AS LOTS OF LFB RESTING ON STN WALK, FELT WE NEEDED LINE OF SIGHT.	
0931	REQUESTED POLICE TO OPEN 'GARDEN BAR & GRILL' PUB FOR P3'S DONE IMMEDIATELY CCS & P1'S OR P'2'S.	
	HARROW CLUB, PRESTON RD → SURVIVOR RECEPTION AREA	
0943	O <sub>2</sub> + EQUIPMENT. REQUEST MORE HH'S FOR HEMS AS THEY HAD NONE WITH THEM.	

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## Decision Making Log

Decision Log Number	1	Date & Time of Decision	03:20 15H.
1) Gather Information and intelligence [What happened? What do we know so far?]	RVP + SECTOR AREA. WHERE DO I PUT IT.		
2) Assess risks & Develop a working strategy [Do I need to take action immediately? Do I need to seek more information? Where can I get it from? What could go wrong?]	YES, CLEAR DISTRESSED PUBLIC EVALUATE ACCESS/EGRESS SAFETY. DISTANCE THAT IS WORKABLE & PRACTICABLE. WHERE ARE KNOWN PATIENTS SITUATED NOW. I GET IT WRONG & IT DOESN'T WORK.		
3) Consider Powers Policies & Procedures	MPS, POWERS, HAS MANOEVREABILITY. ONLY 1-WAY.		
4) Options & contingencies What options are open to me? Consider immediacy of any risk/threat, limits of information etc]	LIVE/ACTIVE OUT OF CONTROL FIRE, SMOKE, TOXINS IN AIR, DEBRIS. - STAY WHERE WE ARE. - MOVE FURTHER BACK.		
5) Take Action Record the decision made and the rationale	STAYED WHERE WE WAS NEAR 1ST TRAUNCH OF PTS. WHERE B630 WAS. (171) FORWARD/TRIAGE/SAFETY. TOP OF STN APP FOR CCS/TREATMENT AREA. DMAS COLLECT FROM BEAULIEY RD/LOCKTON ST UNDER BRIDGE. 2X DMAS & ONE LOAD & GO. WORKED OUT: VERY RELIANT ON BEAULIEY PARKING		
6) Review what happened			
Name of Person Making Decision	M. COMBERS. DELIVERING.		
Name of Person Recording Decision	M. COMBERS.		

## Decision Making Log

Decision Log Number	2	Date & Time of Decision	05:40 15H.
1) Gather Information and intelligence [What happened? What do we know so far?]	CH103 WANTS 10x DMA'S TO RETURN TO HOLDING AREA AT HAMMERSMITH HOSP 10/15 IN SECTOR 2.		
2) Assess risks & Develop a working strategy [Do I need to take action immediately? Do I need to seek more information? Where can I get it from? What could go wrong?]	HAD DISCUSSION WITH HEMS + I THINK EP07 OR 4292 + BRONZE PARKING. & PTS IN CCS, & GIVEN TO US IN AGES. PLFB COULD FIND POCKETS OF PTS IN BUILDING. ACTIVE CALLERS LFB STAFF		
3) Consider Powers Policies & Procedures	NONE. EXHAUSTED. WELFARE? BUILDING COLL.		
4) Options & considerations What options are open to me? Consider immediacy of any risk/threat, limits of information etc]	- KEEP ALL IS - NEGOTIATE NUMBERS TO BE RELEASED. - LET 10 GO.		
5) Decision & Rationale Record the decision made and the rationale	GAVE 10 BACK TO CH103. SILVER, ONLY ON THE BASIS THAT I WAS GUARENTEED IMMEDIATE RETURN OF NUMBERS SHOULD ANYTHING CHANGE AT SECTOR 2.		
6) Review what happened	10 HANDED BACK.		
Name of Person Making Decision	M. COMBERS.		
Name of Person Recording Decision	M. COMBERS.		



## Vehicle Movement Log

[illegible]

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## Casualty Tracking

[illegible]

## Multi Agency Contacts

Time of Next Meeting	Location / Type	Attended By	Red Base Updated

Record the details and submit all logs to Department for Emergency Preparedness Resilience & Response



# After Action Review Record Sheet

Date & Time	Cad Number	Location
Chaired By:	NONE.	
Those Present:	NONE.	
Details of Incident	CATASTROPHIC INCIDENT.	
What did you expect to happen?	CAME BACK INTO WORK AFTER GETTING HOME @ 12 15 for 1900. SHOULD HAVE BEEN STOOD DOWN (WHOLE TEAM) AND HAD A WELFARE DEBRIEF FOR MY: GENERAL WELLBEING PHYSICAL HEALTH (LACK OF SLEEP)	
What did happen?	PUT DRIVING LICENCE & HCPC @ RISK. DIDNT RECOGNISE HOW I WAS FEELING OR HOW EXHAUSTED I WAS. A 'MAKE DO' TYPE OF INCIDENT DEBRIEF @ 0200 AM.	
Was it different? If so why	WAS NOT A WELFARE DEBRIEF. WAS CONDUCTED WITH THE BEST INTENTION.	
What is the main learning for future incidents?	SAW F. FERNANDES ON MON 19/06/17. WELFARE PLAN PUT IN PLACE & TO BE ADDED TO THE GOLD PAGER SYSTEMS. SOMEONE HELD RESPONSIBLE FOR ALL STAFF SWAPOUTS &	

**Return Completed Report to EPRR**

HEALTH & WELLBEING.

## Metropolitan Police Station

Exhibit No. MAC / 1	Cust No.	Serial No. MPSZ13185431
Ex. Book No. 209/10	OCU:	Other Stn. Ref. Lab Ref. No.

Description of exhibit: Decision log of Maria  
Conyers from Grenfell Tower fire - LAS  
(Book 1 of 2) - Copy

From place/person: Maria Conyers

Taken by: DC London Date: 13<sup>02</sup> 18 Time: 1510

Sealed by: DC London Date: 13<sup>02</sup> 18 Time: 1510

I IDENTIFY THIS EXHIBIT AS THAT REFERRED TO IN  
MY STATEMENT

Signature: *M. Conyers*  
Signature(s) of additional witness(es)

DC MATH *←*

MP 1404/04

MPSZ13185431

Form 420B

