



2 of 2.

London Ambulance Service **NHS**
NHS Trust

Incident Report

LA 21a

Date	14-06-17
Incident (Including CAD if applicable)	247
Name of Person Completing Log	M. CONYERS.
Call Sign	1R51
Role and Location of Person Completing Log	BRONZE SECTOR 2
Continued in Log book (LA434)	Yes No LA21A.
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

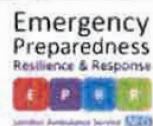
Describe exactly what you
can see in front of you

Use your Action Cards



JESIP
JOINT EMERGENCY SERVICES
INTEROPERABILITY PRINCIPLES

Working Together - Saving Lives



IDM Review	EPRR Review	Lessons Identified Added	KPI	Feedback

Incident Guidelines

Task	Description	✓
1	Provide a Windscreen Report To Red Base.	
2	Don Hi-Viz PPE, tabard marked SCENE COMMANDER and protective Helmet if required.	
3	Stay focussed on your role Do not attempt rescue or advanced treatment of casualties.	
4	Locate the 1st person on scene and obtain a handover. Keep the 1st person on scene with you as a loggist If required. Co-locate with other agency scene commanders.	
5	Provide a (S/M)ETHANE Report to Red Base as quickly as possible.	
6	Ensure staff are wearing appropriate PPE.	
7	Undertake the role of Bronze Medic and work through the Bronze Medic Action Cards. Remember CSCATTT .	
8	Think Command and Control - designate staff to undertake the primary roles of: Bronze Sector and Bronze Clearing. Create more than one incident sector where required.	
9	Provide updates to the LAS Silver Medic via Red Base.	

Logging Guidelines

The log must be a comprehensive record of events, information, decisions, reasons for decisions and actions taken.

Record occurrences in the timed log pages and any decisions on a decision log page.

No ELBOW - Erasures

Leaves Torn out

Blank spaces / pages

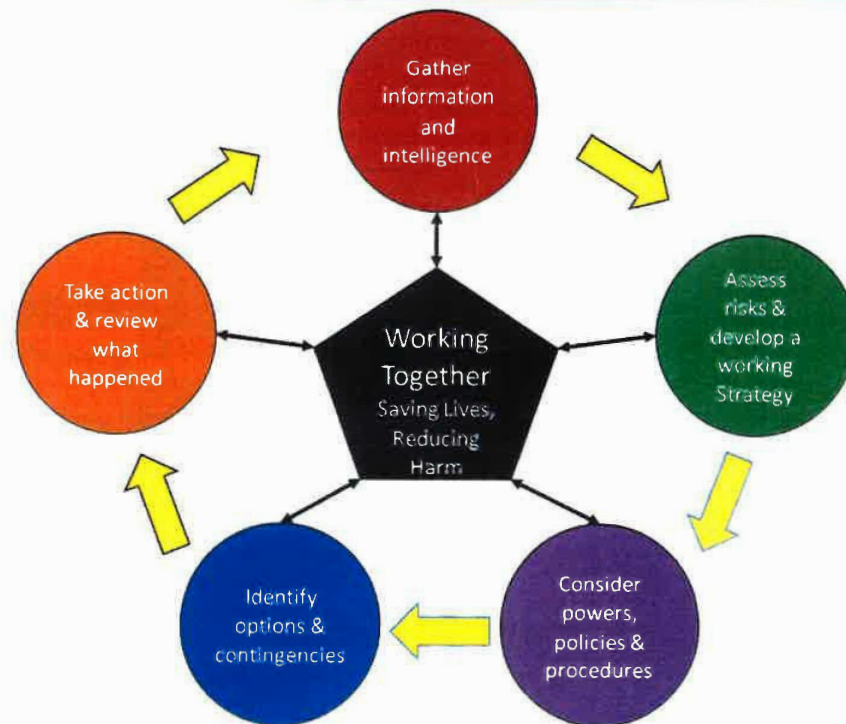
Overwriting

Writing between lines

Line through any blank spaces or sections not required

At the end of the incident ensure all logs and supporting documents are collated and securely returned to EPRR

Joint Decision Model



Principles for Joint Working

Co-locate	Co-locate with other agency commanders as soon as practicably possible at a single, safe and easily identified location near to the scene
Communicate	Communicate clearly using plain English
Co-ordinate	Co-ordinate by agreeing the lead service. Identify priorities, resources and capabilities for an effective response, including the timing of further meetings
Jointly understand risk	Jointly understand risk by sharing information about the likelihood and potential impact of threats and hazards to agree potential control measures
Shared Situational Awareness	Shared situational awareness established by using S/METHANE and the Joint Decision Model

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
03:15	HIGH	05:10	HIGH
04:20	"	05:50	"
04:40	"	06:50	"

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

METHANE	1st Report	2nd Report
	Time:	Time:
	S/M Significant Incident / Major Incident. Or omit if not	Significant Incident / Major Incident. Or omit if not
	E Exact Location of Incident	Exact Location of Incident
	T Type Of Incident Include descriptions of numbers and types of buildings/vehicles involved	Type Of Incident Include descriptions of numbers and types of buildings/vehicles involved
	H Hazards Present and Potential	Hazards Present and Potential
	A Access Provide details of the best access and egress routes	Access Provide details of the best access and egress routes
	N Number and Type of Casualties P1/P2, P3 and Dead	Number and Type of Casualties P1/P2, P3 and Dead
E Emergency Services Who is on scene, who is required Share your report with other agency commanders	Emergency Services 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
Gold (Remote)		
Silver (Remote) Incident Commander		
Tactical Advisor (Remote)		
Bronze Medic Scene Commander	L. 10ANNON.	
Bronze Parking 2	1R31.	
Bronze Safety 1+2	1R41.	
Bronze Equipment		
Bronze Sector		
Bronze Triage (SIEVE)	1R71/HART	
Bronze Extraction	HART.	
Bronze Patient Liaison	Ø.	
Bronze Clearing	HART(GEOFF) & N997.	
Bronze Triage (SORT)	HART.	
Bronze Loading/Parking	DUEL 1R31.	
Bronze Sector (As Required)		
Bronze Triage (SIEVE)		
Bronze Extraction		
Bronze Patient Liaison		
Tactical Advisor (Scene)	EP07 + 4292.	
Incident Support Officer	M. SHUTE.	
Command Support Team	Ø.	
Medical Advisor	HEMS.	
CCS Medical Lead	ANMA & HEMS	

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

Event Log

TIME	ENTRY	DECISION REF
0134	Dispatched + Cancelled	
0236	Reinstated with IR71 + IR41. ETA TO I/C 10 mins	
0300	On Scene, parked up, claimed High V13 + 8 → CONTINUED FROM BOOK 1-2	
0455	CH103 ENOUGH VEHICLES TO CONVEY ALL PTS AT PRESENT.	
0508	^{DMA'S} 2 DEPARTING SECTOR 2 NOW TO GO TO SECTOR 1. 3X DMA'S ON WAY BACK FROM A&E'S TO SECTOR 2.	
0523	H+H'S ARRIVED FOR HEMSTEAM CH123 FOR TEAM.	
0531	CH103 PT UPDATE SO FAR. 5x P1 6x P2 18x P3 0x P5 AT SCENE FOR SECTOR 2.	
0536	GB ALL FURTHER CREWS HELD AT HAMMERSMITH HOSPITAL.	
0539	REQUEST UPDATE WITH INTEGRITY OF STRUCTURE 7	

Event Log

TIME	ENTRY	DECISION REF
0541	CH103 - SWAP OUT PLAN FOR NIGHT CREWS.	
0548	DISCUSSION WITH BP2 TO RELEASE 10X DMAS + KEEP 5X DMAS AGREED TO RELEASE 10 ONLY.	
0602	WALKED WITH POLICE INSPECTOR FOR SURVIVOR RECEPTION CENTRE TO HARROW CLUB. BELIEVED DMA WAS IN ATTENDANCE.	
0617	SWAPPED BRONZE CLEARING TO N997 (JOHNNY FROM CLUB) REPATRIATED (GEOFF) BACK TO HART TEAM.	
0645	RH103 REQUEST CAB FOR HEMS DR TO RETURN BACK TO RLH TO CONTINUE WITH DAY SURGEY - NEVER HAPPENED.	
0727	4X X-RAY DMAS NEEDED DESPERATELY SWAPPING (NIGHT SHIFT)	

Event Log

TIME	ENTRY	DECISION REF
0800	WARRIOR UPDATE RE PATIENTS AT CCS SECTOR 2. ∅ AT THAT TIME.	
0813	1X MALE PI OUT OF BUILDING CH 103 INFORMED, C302 TO CONVEY.	
0910	HANDOVER TO F2 T/L FOR BRONZE SECTOR 2.	
0930	LEFT BRONZE SECTOR 2 BUT WAS UNABLE TO FIND MY CAR, CALLED EOC CH19 TO DROP A PIN & TRACK MYSELF TO IT.	
1030	ISH → EOC CALLED, WAS I NIGHT OR DAY SHIFT. CAR BROKE DOWN BUT GOT IT RESTARTED.	
11:10	RTB, DEKIT CAR, LOCKED UP CAR AS 1251 DAYSHIFT WENT TO SCENE IN SPARE FRU.	
11:30	OFF DUTY.	
1040	CALLED IDM OFFICE TO ASK	

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Event Log

TIME	ENTRY	DECISION REF
	FOR PACIER TEXT TO GO OUT TO REQUEST O/T FOR RESILLIENCE 1RO'S TO COME IN ON NIGH SHIFT TO SUPPORT TEAM. VERY VERY TIRED OUT.	
	THIS LOG WAS CREATED WITHOUT A WATCH SO SOME OF THE TIMES ARE APPROXIMATE.	
	LOG CLOSED → ML	
	NOTE: LOTS OF OTHER DECISIONS WERE MADE BUT NOT RECORDED SUCH AS: (1) DID WE NEED A MAKE DO/TEMPORARY MORTUARY FOR THE DEAD. (2) ENTERING THE PUB FOR P3'S.	

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Event Log

[illegible]

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Event Log

[illegible]

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Decision Making Log

Decision Log Number	1	Date & Time of Decision	14-6-17
1) Gather Information and Intelligence <i>[What happened? What do we know so far?]</i>	Set up sector 2 at hammers Rd. Reports of multiple patients at location.		
2) Assess risks & Develop a working strategy <i>[Do I need to take action immediately? Do I need to seek more information? Where can I get it from? What could go wrong?]</i>	On arrival BOSS overwhelmed with public + Road almost in back of DM. + 1 fireman to assist. Need to clear public, distressed, upset. Access & Egress.		
3) Consider Powers Policies & Procedures	Public Order, Met Powers.		
4) Options & contingencies <i>What options are open to me? Consider immediacy of any risk/threat, limits of information etc]</i>	Risk of building collapse. Public control + clearing for Egress.		
5) Take Action <i>Record the decision made and the rationale</i>	Police for public control. Access + Egress set up. 1R71 → Bronze sector 2 Triage. 1R31 Bronze sector Parking + Loading		
6) Review what happened			
Name of Person Making Decision	M. CONYERS		
Name of Person Recording Decision	" "		

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Decision Making Log

Decision Log Number	2	Date & Time of Decision	
1) Gather Information and Intelligence <i>[What happened? What do we know so far?]</i>			
2) Assess risks & Develop a working strategy <i>[Do I need to take action immediately? Do I need to seek more information? Where can I get it from? What could go wrong?]</i>			
3) Consider Powers Policies & Procedures			
4) Options & considerations <i>What options are open to me? Consider immediacy of any risk/threat, limits of information etc]</i>			
5) Decision & Rationale <i>Record the decision made and the rationale</i>			
6) Review what happened			
Name of Person Making Decision			
Name of Person Recording Decision			

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Vehicle Movement Log

[illegible]

Casualty Tracking

[illegible]

Casualty Tracking

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Multi Agency Contacts

[illegible][illegible]

After Action Review Guidelines

Debriefing is a subsequent examination of the incident and is necessary to:

- Critically examine the incident
- Record successful actions and techniques, for inclusion in future plans and training
- Evaluate what went wrong, so that it won't happen again
- Solicit suggestions for improvement and consider valid criticisms
- Identify any need for welfare assistance or support, and provide that assistance if required. LINC [REDACTED], Counselling [REDACTED], EAP [REDACTED]

After Action Review Key Features

- Held immediately after the incident response, event or exercise
- Allows a rapid 'off-load' of a variety of issues and concerns
- Should address key health and safety issues
- Provides an opportunity to thank staff and provide positive feedback
- May be facilitated by a number of people from within the organisation
- A number of After Action Reviews may be held within an organisation simultaneously following an incident
- Each department/unit may wish to hold their own hot debrief to identify key issues within their locality

It is important to explain that this is a quick and dirty process aimed at gaining the immediate concerns or issues that could be classed as dangerous if not rectified immediately. If this is a large incident then an organisational structured debrief will be held by EPRR at a later date.

Conducting an After Action Review

- Should take place as soon as possible after the incident.
- All who played a key role in the incident should be present
- Keep a record of those who attended the After Action Review
- Open the AAR with a Thank you to all involved and provide any additional information received about the incident.
- Discuss what people expected to happen, based on information available, training and procedures
- Discuss what actually happened
- Discuss any differences between expectations and what actually happened
- Discuss the main learning

Thank those involved for their honesty and offer welfare and support – Linc scheme, TRIM practitioners, counselling, Employee Assistance programme

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:		
Those Present:		
Details of Incident		
What did you expect to happen ?		
What did happen ?		
Was it different ? If so why		
What is the main learning for future incidents ?		

Return Completed Report to EPRR

Metropolitan Police Station

Exhibit No. <i>MAC / 2</i>	Cust No.	Serial No. MPSZ13185429
Ex. Book No. <i>289 / 11</i>	OCU: <i>SC01</i>	Other Stn. Ref.
		Lab Ref. No.

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

From place/person: *Maria Conyers*

Taken by: *DC Longden* Date: *13⁰² 18* Time: *1500*

Sealed by: *DC Longden* Date: *13⁰² 18* Time: *1500*

I IDENTIFY THIS EXHIBIT AS THAT REFERRED TO IN MY STATEMENT

Signature: *[Signature]*
Signature(s) of additional witness(es)

DC MaHL

MP 1404/04

MPSZ13185429

Form 420B

