

WITNESS STATEMENT

Criminal Procedure Rules, r27.2; Criminal Justice Act 1967, s.9; Magistrates' Courts Act 1980, s.5b

Statement of: PASSEY, COLIN

Age if under 18: OVER 18 (if over 18 insert 'over 18')

Occupation: LAS INCIDENT RESPONSE OFFICER

This statement (consisting of 8 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false, or do not believe to be true.

Signature: C PASSEY

Date: 21/02/2018

Tick if witness evidence is visually recorded ☐ (supply witness details on rear)

This statement refers to my involvement on WEDNESDAY 14TH JUNE 2017 at GRENFELL TOWER. I first joined the London Ambulance Service (LAS) on the 6th October 1991, I have 26 years' service and I currently hold a band 7 role as an Incident Response Officer, Isleworth Ambulance Service is my base station. I was an ambulance person (PTS), ambulance technician, ambulance paramedic, ambulance team leader, ambulance duty officer, ambulance duty station officer and now Incident response officer (IRO). I am also a practice educator which means that I mentor new staff members, currently that involves mentoring new ambulance officers. I also hold a BSc Honors degree in Paramedic Science which I gained at the University of Hertfordshire, I graduated in 2003 after 5 years of study. I have been in my current role since the 7th September 2015. The purpose of an IRO is to provide effective leadership and support to ambulance personnel at critical incidents. A critical incident could be defined as an incident that presents challenges that front line ambulance crews encounter very infrequently, for example a gunshot wound victim and multiple casualty road traffic collisions. I'm also tasked with staff welfare and giving clinical guidance at challenging medical and trauma calls.

I was on a run of early turn shifts and I'm normally a very prompt waker to my alarm clock, unusually for me I woke up early and something told me to check my iPhone. On my iPhone I had a BBC news flash indicating there was a serious fire in a multiple story tower block in London. There was a text message from IRO Tom GLEESON who was the night turn IRO which read something like, "major incident..., multiple casualty fire", I saw this on my phone, and as a result I was out of bed in record time, I skipped my breakfast and made my way to work. We have six IRO at Isleworth however we only have one

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vehicle that the six of us share, Tom text me to tell me that the car was at the incident and when I arrive at work to not be surprised that he wasn't at the station and neither was the car. I don't recall what time I left my house, my scheduled start time at work was 0700 hours and when I left my house I came straight to Isleworth Ambulance station.

On arrival I went straight into the garage and identified a fast response unit (car) that appeared not to be in use. I started loading my equipment into the car and Senior Paramedic Lisa GOLDSMITH arrived and asked me why I was nicking her car, I explained to her that there was a major incident and I needed to take her car. Lisa informed me that will leave her with nothing to use and offered to come with me. I took with me my personal issued incident commander equipment which included a protective Kevlar helmet, a long sleeved high visibility jacket, two sets of body armour and the necessary administration to carry out my duty, i.e. log books.

I liaised with ambulance control (EOC) and they agreed to dispatch Lisa and I on the call. On 14 June 2017 I was dispatched on CAD 247 to GRENFELL TOWER, W11. I left the ambulance station at 0632 hours on blue lights and sirens, using the designated call sign IR72. I remember that I was driving and Lisa was the passenger. I approached from the SOUTH off of HOLLAND PARK to make my way into LADBROOK GROVE, until we reached HOLLAND PARK the traffic was good, once we got to HOLLAND PARK the traffic was struggling. Whilst enroute to the call I was monitoring the command channel that had been allocated to the incident, I knew that I needed to navigate myself to the ambulance RVP adjacent to ST CHARLES HOSPITAL. However, I didn't get to ST CHARLES HOSPITAL, as I tried to get there it was clear the roads were gridlocked around LADBROOK GROVE. I wasn't familiar with this part of LONDON so I actually found myself behind the KENSINGTON LEISURE CENTRE which runs adjacent to BOMORE ROAD where there were a large number of ambulance command vehicles. I parked my vehicle on DULFORD STREET, I parked as much on the pavement as possible so it didn't become an obstruction, I arrived here at 0657 hours. I have marked the location where I parked on exhibit CAP/1 marked with "P".

At that stage my view of the tower was obscured by the leisure centre but I could see smoke wafting, it was daylight by this time. All of BOMORE ROAD and DULFORD STREET were crammed with emergency service vehicles, there seemed to be a higher concentration of command type vehicles in that area, I found myself in quite a good place to park. I had never been to GRENFELL TOWER before so I didn't know the area.

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Lisa and I donned all of our personal protective items, consisting of helmets and high viz jacket, I collected my incident administration folder and headed off to report to the ambulance scene commander to be assigned a duty, this is normal practice at a major incident. The commander of the LAS was IRO Laurence IOANNOU. Lisa and I reported to Laurence who was located in the NORTH EAST corner of GRENFELL ROAD, Laurence looked really tired and I asked him what assignment he would like me to take on and he indicated he may want me to take on one of the bronze sector roles. I said to Laurence you look exhausted and I'm the first early turn officer to arrive, given the shortage of vehicles available to transport other early turn IRO's to scene, it's probably best if I take over as scene commander from yourself. Laurence agreed that I should become scene commander which is bronze medic and we commenced a rolling handover period, the purpose of this is to ensure that the oncoming officer fully understands the current situation, the rolling handover commenced at around 0710 hours.

Laurence gave me a timeline of when the fire had started, the current resources deployed on scene by the LAS and he named the officers in each bronze role. He gave me an estimation of the current casualty count which included six "dead". There was so much to take in and the entire time I was talking to Laurence I was being distracted by the enormity of the incident. Standing next to Laurence I looked up and was completely shocked by what I saw before me, GRENFELL TOWER was 24 stories tall the building was completely blackened, thick black smoke was billowing from the building. I was then absolutely horrified to see a person waving what looked like a WHITE t shirt out of a window on one of the upper floors, that's when I realised there were people still inside.

At 0738 hours I was formally declared the new scene commander. This information was relayed officially to EOC via radio. Laurence already provided a METHANE report previously. Laurence then took Lisa and I on a tour of the ambulance sectors and showed me the layout of our ambulance ingress and egress points. As I toured I noticed that each night turn officer carrying out a bronze role appeared to be completely exhausted. Laurence showed me sector 1 which was in the EAST aspect of the tower, a casualty collection point had been established and behind it a casualty clearing station was set up. Laurence indicated that the KENSINGTON LEISURE CENTRE was kindly allowing emergency services to use their facilities for rest and refreshments.

As we toured I noticed that the surrounding three story blocks were very close to the burning tower, Laurence informed me that these blocks had been evacuated. Sector two was located WEST of the tower, sector two contained a casualty collection point and a casualty clearing station, both sectors were fully manned in accordance with LAS policy and procedure, all ambulance personnel were wearing correct

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PPE for this type of incident. As I toured sector 1 and 2 I could not see any patients being treated at that time.

Just as we came to the end of the tour at approximately 0810 hours I saw some commotion in sector two, the fire service brought out of the building an oriental gentleman who looked around 50 years of age who was covered in soot and was very distressed. Very swiftly ambulance personnel rushed to his aid. I last saw him being taken to the casualty clearing station, to the best of my knowledge and belief he was the last person to be brought out of the tower alive.

Laurence informed me that a silver meeting in the fire brigade command vehicle was now due and we proceeded to BOMORE ROAD to attend the meeting. It is normal practice for the outgoing scene commander to attend the meeting with the ingoing scene commander. Laurence introduced me at the silver meeting. There was a lot of the people in the vehicle I do not remember, it was completely packed out with people, like sardines. Some of the introductions began outside of the vehicle first, that's when the early turn tactical advisor Tracy PORTER and the early turn radio operator, Amanda CASSIDY arrived. The silver meeting sort of began outside and then moved inside due to the sheer amount of people in attendance. At this stage I allocated Lisa GOLDSMITH the role of bronze staff officer, my rationale for this was that as scene commander at the LONDON BRIDGE TERRORIST ATTACK I had overworked myself to the point of near collapse, I realised there was a possibility I would work myself to the maximum limits again, so I mitigated against this risk by appointing a staff officer to care for my welfare and carry out menial tasks on behalf of myself like taking my phone calls. She acted as a runner delivering face to face messages.

Amanda and Tracey both indicated that they would log on my behalf. My experience from LONDON BRIDGE taught me it was vital that I needed to share out my work load in order to be performing at maximum efficiency. I formed a 4-person command team. Helen WIGLEY was Laurence's loggist, she recorded at 0738 I became commander of the scene and at 0800hours Amanda CASSIDY formally became radio operator. This was all communicated to EOC. I was very reassured that Laurence had passed me an incident that was in good order from an ambulance perspective.

At 0845 hours I officially attended my first silver meeting as LAS commander, it was chaired by the London Fire Brigade incident commander whose name I embarrassing don't recall. The loggist couldn't come into the vehicle with me so I scribbled down notes. The synopsis given by the LFB incident commander was, above the floor the environment was extremely hostile, active firefighting was taking place, a large scale relief of night turn firefighters was underway and it was identified that this would

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present significant challenges for ingress and egress for all emergency services who were effectively attempting to relieve their night turn colleagues. Very sadly he reported that there were multiple fatalities inside the building, a systematic search of the building indicated there may be some non-survival areas, I think they were talking about the 12th floor. The fire brigade was attempting a floor by floor analysis of the building, they were attempting to ascertain the number of survivors and number of deceased. I was able to inform the fire brigade that the LAS were aware of 8 P1 patients, 12 P2 patients, 40 P3 patients and very sadly 6 persons deceased. Police informed us all cordons were in place and that the police were formulating a plan to route in and out emergency service vehicles. The number of persons potentially trapped inside the building was given as approximately 171, I was mortified by this huge number. The local authority liaison officer detailed the 6 rest centres that had been established for the displaced residents. The police indicated that a survivor reception centre had been established in the rugby club in WALMER ROAD. The LFB indicated that they believed the seat of the fire had been situated around FLAT 16 on the 4th floor, no further details were available on exactly what had started the fire. It was recognised that survivability inside the building was decreasing as each hour passed, however the casualty retrieved at 0810 hours gave the LFB hope that further survivors maybe found. The disaster victim identification (DVI) team were working towards an understanding of the actual number of fatalities inside of the building. The next meeting was scheduled for 1010 hours.

I returned from the fire vehicle and briefed my command team on the current situation, I then spoke on the telephone with Mr Athar KHAN who was undertaking the role of ambulance silver medic, Mr KHAN was located remotely in ambulance HQ, I was talking to him on speaker phone and it was clear that he had a team of experienced ambulance officers providing him advice and support. Mr KHAN is a highly experience ambulance officer who I trust implicitly, he is known for sound decision making. I believe he was in-between roles at the time, he was a [REDACTED] manager. I briefed Mr KHAN on the situation and he requested that two ambulance officers be appointed to the role of bronze safety, bronze safety is responsible for the personal safety and welfare of each ambulance person on scene, this was actioned immediately. Staff officer Laurence COWDEROY was allocated sector 2, HART supervisor Dave LAMBETH WILLIAMS was allocated sector 1 as bronze safety. It was agreed that three blasts on a whistle would be the signal to evacuate. Following the telephone conversation with Mr KHAN, a member of his team was tasked to ascertain the hospital destination for those casualties already conveyed to hospital. This information was important to me as I wanted to ensure I did not unduly overburden any one hospital and cause a delay to patient treatment. At this point I knew the following hospitals had received;

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Kings College Hospital — 12 patients

Chelsea and Westminster Hospital — 12 patients

St Marys Hospital — 13 patients

Royal Free Hospital — 15 patients

Charing Cross Hospital — 4 patients

St Thomas' Hospital — 3 patients

I calculated the total number of patients conveyed to hospital to be 64.

Mr KHAN and I discussed a strategy for relieving all of the night turn bronze officers and rotating out night turn ambulance crews. Mr KHAN acknowledged the enormous challenge this was going to present, a shortage of blue light transport for IRO's was proving particularly challenging.

As part of the role of bronze medic I completed a rolling handover of night turn officers and day turn officers. I cannot remember the time scale for each bronze officer appointment. IRO Neil TURNER was allocated bronze sector 2, IRO Nick GOH was allocated bronze sector 1, Jason JEFFERS was appointed bronze triage sector 1, Antonio OLMA was allocated bronze parking sector 1, Jack WAKELIN was allocated bronze clearing sector 2, Chelsea PIKE was allocated bronze clearing sector 1, Neil THOMAS was allocated bronze loading sector 2, Stuart FLEMING was allocated bronze triage sector 2, Colin PENNINGTON assumed the role of incident support officer (ISO). I briefed all bronze officers to prepare for further survivors, I warned them that the environment inside the building was extremely hostile and that any survivor would be extremely unwell. To the best of my knowledge the last night turn officer departed scene at approximately 0930 hours.

At 1010 hours I attended a silver meeting in the fire brigade command vehicle. The fire brigade informed us that they were trying to push beyond the 12th floor of the tower. The environment remained extremely hostile, they indicated that they may have to make a decision regarding the viability of anybody else surviving, it was clear this was an agonising decision for the fire brigade to make. The LFB had carried out a detailed floor to floor search of all flats up to the 10th floor, this was proving extremely challenging as some of the floors were bent and twisted. I updated all attendees on the hospital conveyed figures, we discussed the number of ambulance resources that maybe required to assist the fire service. Up to 50 firefighters were inside the building and I was keen to ensure I had sufficient ambulance resources should a floor collapse and firefighters fall through the floor. Deceased had been located in parts of the building up to the 4th floor. It was believed that two deceased people at the base of the tower had died whilst attempting to jump to safety. I suggested to the fire service as a parent if I was inside the building and

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attempting to save my child's life I would throw my child into the large tree located on the NORTH EAST corner of the tower. I asked if the tree had been searched for any possible casualties, the fire service advised me this would be actioned immediately. A gentleman who I believe was a building surveyor or possibly an architect informed us that the building was erected in 1974 and had a concrete frame, he thought the building would remain stable for 4-5 hours, the core of the building was intact but on the outer areas there was a potential for collapse. He couldn't guarantee the structure wouldn't collapse. Debris was falling from the building and it was suggested that the cordon area should be widened. The LFB indicated that they would maintain inner cordons to ensure safety of emergency service personnel whilst continuing the rescue effort. Somebody in the room informed us that the power to the railway lines had been switched off and trains stopped. A group discussion identified the following risks; debris falling, wind direction changing and blowing the smoke towards emergency service personnel and fires relighting inside the building. The group decision was that we should forward plan for 72 hours on site to support the LFB. I asked if any information was available as to whether asbestos was or was not present inside the building, at that stage it was unclear. The silver meeting concluded around 1100 hours. Next silver meeting was scheduled for 1300 hours.

At some stage I ordered paper masks to be issued to ambulance personnel to mitigate around the risk of toxic partials. I ensured that a steady cascade of information was passed down to my bronze officers who in turn disseminated the information to the staff under their command.

Around 1100 hours Colin PENNINGTON was tasked to assist the police DVI team with maintaining the dignity and respect of the deceased, furthermore I tasked him to survey and collate the whereabouts and numbers of the deceased.

At 1130 hours I received information via ambulance control that Kings College Hospital were concerned that there was a potential for cyanide poisoning as a result of being exposed to the fire, this was cascaded to the medical staff on scene. At 1157 hours I received information from sector 2 that territorial support group police officers had been deployed in equipment in sector 2 due to upset civilians. I took a health and welfare break for myself and my command team and took the opportunity to review how the incident was running.

At 1300 hours I attended another silver meeting, the LFB commander Dominic ELLIS chaired the meeting. There was a general safety discussion and we were informed the main gas supply to the tower was in the process of being isolated. He reported that there had been some low level internal and external collapse of the building, LFB were dampening down some areas of extinguished fire. Sadly, the fire

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brigade reported that they suspected that any lives that were going to be saved had been. There had been a bit of progress, the LFB reported they were now firefighting on the 13th floor, they were using thermal imaging cameras to review the structure and integrity of the building. Asbestos was discussed by the group and its location and quantity were still unclear. Police informed us that further evacuation was taking place of nearby residential properties, the DVI team were making steady progress as the fire brigade pushed on. I informed the group we were working with the DVI team to ensure the dignity and respect of the bodies and to ensure recognition of life extinct had been recorded. Somebody said that for the next 2 hours there may be a focus on body recovery. I gave an LAS deceased update and indicated that my understanding was 6 deceased outside and a further 3 confirmed deceased inside the tower. I believed the DVI team stated that they had searched from ground up to the 9th floor, three search risks to the DVI staff were clearly identified, fatigue, heat exhaustion and how would they know that they needed to rapidly exit the building, everybody was reminded in the group that 3 blasts of the whistle would be the signal for any evacuation. The next meeting was scheduled 1530 hours.

Following the silver meeting, Colin PENNINGTON approached me at 1345 hours, the police DVI team had indicated that they may need support from LAS HART operatives in relation to the deceased inside of the building. Based on the information I had gained in the previous silver meetings I was extremely cautious to deploy HART Operatives into the building, given the risks involved I considered this to be a decision far beyond my personal authority as scene commander. It was clear that a formal risk assessment would need to be undertaken.

Colin PENNINGTON was tasked to work with the DVI on the formal risk assessment. I liaised with Mr Athar KHAN who also shared my concern and made it perfectly clear to me I had no authority to deploy HART Operatives into the building.

At 1409 hours I met with the DVI police lead whose name I do not recall. The DVI team progressed up to the 9th floor however they could not move any of the deceased until recognition of life extinct had been completed, hence the request for HART operatives to enter the building. HART were working with the DVI team on a provisional strategy, wearing half face masks or full BA was being considered as a form of protection, one cause of concern was the lack of protection provided by HART operative ground kit uniform in such an environment. The DVI team had been doing a good job of mapping the deceased. Flat 81 was identified as having some deceased inside, the stairwell between floors 11 and 12 had been identified as having some deceased. Extremely sadly a deceased child had been identified on floor 13. I believe the DVI gentlemen I was talking to was called Alistair HUTCHINGS.

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At 1430 hours an open conference call took place where a decision log was completed summarising GOLD medic, SILVER medic, my own and HARTs thoughts on the deployment of LAS staff. Pending confirmation from the utility companies that the gas had been switched off and the dynamic risk assessment had been completed, we maybe in a position to deploy HART Operatives into the building to assist the DVI process. This is recorded in log number 1 stamped 2171 on page 27. For the duration for my period as scene commander, HART did not enter the building.

Sometime after 1430 hours I had a telephone discussion with Mr KHAN to discuss the need to downgrade the LAS response to this incident from a major incident to a significant incident. We had a discussion around what resources maybe required, how these resources maybe deployed and best utilised to assist our colleagues from the fire brigade and the police. It was suggested that sector 2 maybe a candidate for closure as it was an area of minimal activity. This was not implemented at this stage.

At 1530 hours I attended a silver meeting in the new location in an open hall inside of KENSINGTON LEISURE CENTRE. Stakeholder Engagement Manager Martin BOWDLER had arrived on scene, Mr KHAN had recognised I had been working flat out with scant regard for my own welfare, Mr BOWDLER began the process of rotating into the scene commander role, Mr BOWDLER joined me at the silver meeting. The LFB informed us aggressive firefighting was taking place on the 16th floor. Some debris had been falling and they were extremely concerned about fire fighter fatigue. The fire brigade indicated that shoring up of the building maybe required to protect the safety of fire fighters and DVI staff inside of the building. The fire brigade indicated that the stair cases were the safest parts of the building. We were updated with a deceased figure of 10, 4 of which were inside the building. The police provided an updated number of unaccounted for people as being 37. A group discussion took place about the A40 road, it was considered unlikely that debris from the tower would fall onto the road. It was identified that the road could potentially be reopened but with TFL enforcing a restricted speed limit. A structural review of the building had taken place up to the 5th floor and the structure of the flooring had been identified as an issue of concern. The core of the building was believed to be in good condition. The external columns were identified as being in good condition however issues of cracking when the columns cooled was identified. Further discussion took place around the where, when and how of shoring up. The LFB reported that one area of the building was relatively intact, it was agreed the LFB would remain responsible for policing the inner cordon. The utility companies reported that isolation of the electrical circuits was taking place and access to the gas shut off valves was possible in the near future. It

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was distressed at this time that gas and electric had still not been isolated. The fire brigade indicated they were reaching the limits of safe exploration; the next meeting was scheduled for 1830 hours.

At 1615 hours Martin BOWDLER formally assumed the role of ambulance scene commander, all responsibility for the running of the incident was passed to Martin BOWDLER. I had 100% confidence in Mr BOWDLER's abilities. I toured both sectors one last time thanking all of my staff irrespective of rank for the outstanding contribution today and advised them that Martin BOWDLER was now in command of the incident and I would now be departing scene.

At approximately 1700hours I departed with Lisa in our response car for our base station at ISLEWORTH AMBULANCE STATION. Mr KHAN said to me you have done so much for me today and allowed me to finish work before my scheduled finish time of 1900 hours. Post incident I was mentally exhausted and physically drained, my wife reports it took 7 days for me to recover psychologically and she said I continued to lack physical energy for up to 10 days.

I have participated in a lengthy, well-structured and well attended debrief for GRENFELL TOWER. I believe the LAS is preparing an internal report on how well we preformed against our own criteria. I sustained no injuries however I remain concerned about the possibility that I've inhaled asbestos particles that were blowing in the wind. I'm concerned that some of my other colleagues in attendance may also have inhaled toxic particles, the long term health risks of this are unknown. I conducted no media interviews, these were undertaken by Mr Paul WOODROW.

2017 was without doubt the most stressful year in my 26 years of ambulance service. In one summer period I was the sector commander on WESTMINSTER BRIDGE during the terrorist attack and personally witnessed appalling and horrific injuries. Following this I attended the LONDON BRIDGE terrorist attack where I preformed the role of scene commander. Once again I was called upon to make multiple, critical thinking decisions and witness human suffering and misery on a large scale. My attendance at GRENFELL TOWER was almost the straw that broke the camel's back in terms of my psychological wellbeing. I have received outstanding support from my wife, family and work colleagues. This has helped me remain at work and feel positive about the contribution I have made to these three incidents. I'm incredibly proud to be a member of the London Ambulance Service.

I have exhibited a map, "MAP OF SCENE SHOWING "P" WHERE COLIN PASSEY PARKED", from Colin PASSEY, taken by PC Joshua TREVASKUS on 21/02/2018, exhibit reference CAP/1, serial number MPSZ13111225.

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