

**WITNESS STATEMENT**

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

Statement of: MANSFORD, KEVIN

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

Occupation: HART PARAMEDIC

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This statement (consisting of 7 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: K MANSFORD

Date: 21/04/2018

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

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This statement relates to my involvement in the Grenfell Tower fire on the 14<sup>th</sup> June 2017.

I am currently a HART operative for Yellow Team and have been in post for 2 and half years. I began with the LAS in 1996 on the 5th February. My initial training was in Wiltshire and was a 20-week residential course. I started my operational career at Buckhurst Hill where I was based for 6 weeks, before Edmonton and the Tottenham complex for 18 months on relief. I qualified as an ambulance technician in 1998 and returned to Tottenham where I remained until 2002 with various crewmates. I became a paramedic in 2000 following a 10-week top up course and 6 weeks at Fulham Ambulance Station Training Centre. I spent 4 weeks at North Middlesex Hospital for consolidation training before moving back to Tottenham for a year. In 2003, I moved to Edmonton ambulance station and remained for 8 years as paramedic. In August 2011, I moved to [REDACTED] as part of the Central Operations Team now known as the Tactical Response Unit (TRU) in response to Marauding Terrorist Firearms Attack (MTFA) after Mumbai. The aim was to spread 5 MTFA cars across London as prime response to any major incident. Following the move, the Olympics were after for which I was in and out of park and at the conclusion, I stayed on Central Operations until November 2015 when I transferred to HART.

HART is the Hazardous Area Response Team and its functions are to go to any hazardous area to treat patients rather than them having to come to us - we go directly to them. We are trained in water rescue, confined space, safe working at height, Extended Duration Breathing Apparatus (EDBA), MTFA, Urban Search and Rescue (USAR).

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The training on the water involves going to Wales, to an outreach centre that trains in swift water rescue. We complete training in boat work and rope work primarily and is an initial week's course. We then complete refresher days 4 times a year and every 2 years we recomplete our grade 2 water certification.

The confined space training is a 2 day course with a City and Guilds qualification at the end of it. This is a twice a year requalification we have to complete and now every 2 years we complete a further module in Breathing Apparatus.

Urban Search and Rescue is a 2-week course completed with the National Ambulance Resilience Unit and at the National Fire College in Moreton. This is undertaken every 2 years.

The safe working at height course is a 2-day course depending on the training provider and is completed 4 times a year. Every 2 years there is another additional 1 day course

The BA course is a 2-week course at Fire Service College. We have to wear BA every 28 days operationally. Essentially we have to walk around for 15 minutes with 501, which is something we revisit 4 times a year. The fourth attendance should be at Croydon to the Protective Equipment Group to check fittings.

The training for MTFA is a 3-day training course at Gravesend with police and the LFB. We revisit this once a year and if there is a spare day in calendar we try and do it again.

Our certificates of competence are issued and kept on a training records and kept by Lee Emmett, our dedicated training officer. My training is up to date and now electronic record now kept for ease.

I have never heard of Grenfell Tower before the night of the fire.

On the night of the 14<sup>th</sup> June 2017, I was night shift, a bulk standard 1830-0630. I came on at 1830, and there was nothing of particular note at the start. At about 1.15am-1.30am a call came in to LAS, on the Incident Response Officer's channel, a dedicated radio channel. The IRO can have direct contact with Control Room and is an open channel so we are able to hear where ambulances are going. John DELL, who was listening on the IRO channel, stated that there was a large pump fire, think he said 14 at the time, in west London. Ian SIBTHORPE, our supervisor then got a phone call from the west HART team giving information about what was happening. Our west department are based in Clock Tower Road, Isleworth. However, we had received nothing official in terms of call out, but we were aware. Shortly

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afterwards Ian told us that we would be going. I had not seen any images of the incident or looked at the news.

With any call, it comes to the Control Room in Waterloo or Bow. The request for HART gets flagged on the screen and tells the operator that there needs to be a HART response either via the phone or radio to team leader. Depending on the nature, Ian would decide what the turnout would be and once allocated, the call would come down on the MDT but also on our personal radio. We can physically see a digital display on the radio with the CAD number and address and maybe a general description for example a fire/explosion which is what we had.

On the screen of the radio we will have the exact address so we know where we are going. Ian sent the whole team over to the West because all HART were needed. We were on a mini bus because we had vehicle difficulties and the heavy equipment was put on board. The BA sets were not put on vehicle at the time, so Mark HODSON and I grabbed our sets and put them on and wore our heavy duty kit to save time. We turned the radio on to IRO's channel so we could hear what was going on, which was getting frantic. Having checked the address on my phone, I knew the Kensington Leisure Centre was used for the Notting Hill Carnival so I knew exactly where we were going. I was the driver of Y132 with Mark HODSON and I and no one else. We have 2 double crewed vehicles and the other 3 are single crewed. We all drove on blues and two to the scene.

Having left Cody Road, we drove in convoy through the Limehouse link, along Embankment and right towards Trafalgar Square, then towards Hyde Park Corner and down the road before turning off by Ladbroke Grove tube station. We left at about 1.45am and arrived at 02.18am. The radios at the time were getting frantic and very heated on the IRO's channel. On the normal channel there were updates and various call signs arriving on scene. Our channel was quiet because we were all going. All we knew was that it was a big fire with lots attending. I had seen nothing on my phone but I was not really looking because I was driving. Mark did not look at his phone and tell me anything.

When we were getting nearer the scene, we heard more two tones so we knew it was a big event. I believe our RVP was the leisure centre but I cannot remember for sure. I do not remember the name of the road. The last 200m of the journey was right by the leisure centre, and I could smell smoke and could see lots of LFB. Then I saw the tower for the first time and my thoughts were 'Fucking hell'. We first parked in Dulford Street to the east of the tower. All along the road were parked cars, so we followed a fire

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appliance in to Dulford Street by a walk way and appliances were everywhere in front of us. The tower was to the right of us and half of the tower was pure fire, completely ablaze. The base of the fire appeared from floor 5 or 6. There was definitely dead space above. I could see flames going out from 2 corners and the east side was totally ablaze and the north side. About two thirds of the way up, I could see 4-5 floors of solid fire but it had not reached the top at that point. The top 10 floors were not a light at the time, but the middle floors were. I could hear lots of noise, and screaming from the tower area by where we were and lots of people milling around, It was frantic chaos. There was lots of smoke, I could smell it strongly. There was also lots of blue lights and a general ambience of chaos and noise. All I could think was 'fucking hell, this is big'. It was the worst thing I had ever seen, something out of a movie. All hell was breaking loose. At that point I went in to auto pilot and the training and experience kicked in for the job in hand.

We booked on scene via radio, so Ian would know we were there. We were asked by Ian to relocate to the rest of the team Y131, Y151 This was so we did not get blocked in. We relocated to between the leisure centre and the school/academy by a footpath access between the two buildings. The vehicle remained there for the duration of our attendance. We got out of the vehicle and Ian and the FRU Y151 (First Response Unit) were in front of us. Ian said to grab as much kit as we could such as oxygen, bandages, and anything that would allow us to treat patients clinically at the scene of the Casualty Collection Point (CCP). Once a patient is triaged (basic assessment), they are given a category P1, P2 or P3. The first crew triages at a normal incident. The west HART team were already doing that role, as they were the first LAS contact. At CCPs patients are categorised to certain priorities and any lifesaving intervention given that is required, before being prioritised. They are then prioritised as the following:

P1 - the sickest patients, life threatening injuries or conditions

P2 - injuries that cannot mobilise on their own.

P3 - walking wounded

There is also a dead category.

At the point of triaging, a scale is set out both nationally and internationally that everything has been done to try to save life. If there is still no pulse, any clinician can make the decision in a triage role that the person is dead.

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We dumped out kit at the end of the pathway on the corner of Grenfell Road, to the east of the tower, and to the west of the leisure centre by the bottom of a grassed area. Ian asked us to come forward to where the garages were on the corner of Grenfell Road at the south of the tower. He was liaising with the West team who had taken control on behalf of HART and started triaging under the covered walkway.

I was given a patient who was a P3, and I was aware that the West team had already begun setting up their own CCP on a concourse by Bomore Road. I started to walk up the road towards the CCP and met a firefighter who walked off with the patient to the CCP. The casualty was a female in her 20s or 30s and Asian I believe. She was suffering with smoke inhalation. We did not have much of a conversation other than me telling her that we would take her to a safe area. The next patient I had was an unconscious patient who was severely burnt and brought out by the LFB. I took hold of one of the arms and neck to try to protect the airway. I am not even sure if they had been triaged. This was underneath the walkway. The patient was held by the left arm and my right arm was under his neck for airway maintenance. We went up the grass slope and was taken off me by another firefighter to the COP. He was unconscious but I did not know if he was dead. He was unable to do anything for himself and was a dead weight to carry. The patient was badly burnt; the torso, arms, chin and neck. They were still wearing bottoms but not wearing anything on top. Without wishing to sound crass, the torso looked like a hog roast. The LFB were already running with the patient and I did not want to stop them. I only had a minute with the patient but remember he was a male of big build, but I could not tell what colour they were.

Having already dealt with 2 patients, I had only been on scene for 5-10 minutes.

I came back down the slope and spoke to Ian about the carrying of patients. We carry 'carry sheets' for patients and it was agreed that I would get some from where I could find them for greater ease. We had one and I found an ambulance with another. They are canvas or plastic made for load bearing. I only managed to find 3 so Ian said to speak to the West team to try and find more but I could not find any. At the same time, I was given a family of 4 who were all P3 by the green area where there is a path near the kit dump so I took them to the CCP and handed over to another paramedic.

At this point, the only paperwork that is done is a triage tag which is time and dated and what triage they are. It is tied round the wrist of the patient and is only a quick initial assessment.

The West vehicle was present so I managed to grab another carry sheet from the back but I was asked to

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grab a mass casualty cube from one of the West vehicles. Someone from the CCP, Matt HALLAM, had asked me to grab the kit and bring back to him. Inside the cube there are lots of airways, fluids, bag valve masks and other medical equipment. There were some police officers present who asked if they could help so they took it over for me and I took the carry sheet I needed and made my way back to the triage point. Ian was still present as well as Clive DYETT who said there were reports of people coming out of Latimer Road tube station. There were lots of people and casualties on the west side of the building and I was asked to go and have a look by Ian. A colleague, Mifta MURAD, and I went with a triage pack oxygen and a few burns dressings along the north of the building by Silchester Road in front of the academy around to the west of the building. We turned left at Latimer Road station where we found a police officer and about 10 patients all suffering from smoke inhalation. There were also a lot of distressed people. Mifter radioed in and informed control of our findings and I began triaging the patients. There were many relatives around and lots of chaos. All were initially P3, all talking and walking. I tagged all of them and timed it however, my watch was on the truck and I asked a member of the public for the time who actually gave me his watch. One patient was a little short of breath who we gave a limited amount of oxygen. The possible consequences of smoke inhalation are all the toxins and chemicals in the air can cause burns to the airways. If people are asthmatic, this can make their breathing worse. If pure smoke inhalation, then pure oxygen is used to blow the carbon monoxide out.

At the location there was a tree, so I sat all the P3 patients by the tree and tried to clear the area as much as I could. We only had one cylinder of oxygen so it had to be passed around. We treated the five patients that we initially had and continued triaging other casualties who were present. We had one patient who was upgraded to a P2 because she was pregnant, but that was the main reason. All remained sitting around the tree. Patients continued to flow out and I ran out of tags so I rolled the left sleeve of the arms of the patients and wrote on their arm the same details as would have been on the tags. I cannot remember any times now.

At some point BTP officers, came running down the road with a child in cardiac arrest in their arms. They came from the tower with a five year old and we laid her down in front of the station and started life support. We put an airway in and the BTP officers had a defibrillator with them so we began life support. The defib was connected but not used because we had a heart beat. I said to Control that we had a priority at Latimer Road, a 5yr old in cardiac arrest and at the same time I am pretty sure that compressions were started by BTP. I wanted to try and get IV access into her but within a couple of minutes a vehicle arrived

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and the technician asked me what I wanted. I said I wanted a paramedic bag and a PALS (Paediatric Advanced Life Support) which has all the kit you need for a child including advanced airways, initial drugs and cannulation (A method of introducing fluids or drugs into the veins). The technician went off and seconds later I decided to take the child to the ambulance because everything was there and it was out of public view. From then on, I did not deal with anything else with the child. We only dealt with the child for 2 or 3 minutes, which is logged by our Control. Shortly afterwards, they went off to hospital and to this day I do not know whether that child survived.

I went back to the CCP from the tube station and patients continued to arrive. I remember the TSG were present and the area was becoming so busy it was becoming unmanageable. There were people with camera phones out and so enclosed, that the TSG eventually pushed people back so that we could work in a much better environment. I was happy for each patient to have one family member with them but not the extent that it was. It was quite a relief when they were pushed back. Staffing wise, it was still Mifta and I. At some point a doctor I know as 'Dr Faye', I do not know her surname, arrived. She is a doctor who does pre hospital care similar to HEMS but she does not work for HEMS. She works with the LAS but not for the LAS. She spoke to me about what was happening and began listening to the patients' chests. She had salbutamol which is a bronchial dilator usually used for asthmatics but it opens restricted airways so was perfect for smoke inhalation. I continued to triage and offer reassurance. It was still dark at this point and probably about an hour after we had arrived.

I became aware of some Emergency Planning Officers arriving, in particular Matt SHUTE. became a sector commander for the area and HEMS were present. The Helicopter Emergency Medical Services are based from the Royal London Hospital and are trauma doctors and paramedics. The presence of officers and HEMS means that the next level of expertise and equipment was able to take the pressure off us to some degree and further ambulances were also arriving as well as more HART but they did not know the level of the situation at the time due to a lack of radio transmissions I believe.

Matt asked me which patients needed to go and I advised that the P2 lady needed to go with a relative and we started to load the P3s. At the scene, we had no facilities to discharge so they would need to be sent to hospital. We were able to get more than one patient in the ambulances, which assisted in getting the patients away. At some point, a decision was made to use the pub across the road to house the P3s and the amount had started to slow down so we were able to treat them with oxygen and salbutamol. By moving them, the other HART team (West) were able to triage effectively instead of us and we would look after

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the P3s. There remained a steady flow of P3s in and out of the pub, with every one of them suffering smoke inhalation. A lot of the members of the public kept saying they could not find their relatives, some were very distressed. Some were very flamboyant in expressing their feelings. Some patients said that they had been trapped. I cannot remember what else was said. It became very difficult when we were saying to some that the entire family could not go in the ambulance.

Soon after, it began to get light and time just seemed to go. We were constantly topped up with oxygen and masks. By about 5-5.30am I borrowed Mifta's phone and phoned home to my wife to let her know I was ok. I went back to the pub after the call and all my HART team was in the pub. The remaining patient were being treated by other crews and Dr FAYE, We made the decision to go back to the east side of the tower to a wall by the leisure centre by the kit dump. We remained sat, watching. We could see exhausted firefighters coming out of the building. When we were on the west side of the building, we could not see the flames so when we came back we could see the full inferno. By that point, there were no further casualties coming out to us.

The tower was still burning, the hydraulic lift was up and the firefighters were absolutely exhausted but still going in. There were still flames but it appeared to be much more under control. They were pouring water on but there appeared to be more smoke than fire. We had a couple of hours sat there, waiting for early turn to relieve us. I think they arrived about 8am. There was a handover by the team leaders and all we do then is hand the kit over. Our vehicle was left unlocked with the keys left in the visor just in case it needs to be moved, the window is slightly open to reach the keys.

We drove back to base and threw our kit in a pile and went home. I had twisted my ankle so strapped it up and went home. I officially reported my ankle injury. I slept a couple of hours and went back in to work a bit early as we anticipated going back the next day. I went in at about 1700hrs.

We went back to Grenfell later that night but the decision had been made that nothing else was going to happen that night. We had to go back anyway to retrieve our vehicles as well as relieving the crews. I remember travelling over the A40 and looking at the building, which looked like a scene from Armageddon. We saw the building was smouldering at that point. The decision was made to return so that we could cover the rest of London. We had had a debrief back at the base in which we discussed our feelings, and learnings from the incident so that we could get a good perspective of what happened, good and bad.

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I did not attend on the Thursday but went back a further two times. I worked with the DVI teams to provide medical cover for them. The first day the building had shifted and all the crews were pulled out so we did not go in.

Another day I went up the 13<sup>th</sup> floor to offer medical cover for those in the building including the DVI. That was my last contact with Grenfell.

In the days after we had a full HART debrief headed by a representative from NHS England, David WILLIAMS. There were 12-14 people present and we talked about what we could learn and did not learn.

On reflection, we did the best we could do with the patients we had. I felt I did my job to the best of my ability that night. It gave me a boost in my confidence that I knew my job that night. I know that every patient I dealt with came out of hospital, which is a nice feeling. Regarding Grenfell after that, there was the Notting Hill Carnival and we were based near the quiet area and there was a minute's silence, which was very respectful. [REDACTED]

I give consent for my statement to be given to the Public Inquiry Team and the LFB Review Team.

Throughout the statement I have referred to a map, which I exhibit as KWM/1.

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