

RESTRICTED

Form MG11(T)

Page 1 of 3

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: SCAMMELL, ANTONIA JANE

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: SENIOR NURSE

This statement (consisting of 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 anything which I know to be false or do not believe to be true.

Signed: A SCAMMELL

Date: 20/03/2006

Further to my statement dated 24th May 2005.

I have been asked to clarify what types of treatment were available on the wards during the period 1988-2000.

I have been asked specifically about the following procedures, Venflons and the giving of sets for intravenous infusions, bags of saline/5% dextrose for intravenous infusions, blood transfusions and the giving of intravenous antibiotics and the availability of oxygen.

With the exception of oxygen which was available on all of the wards and could be administered if prescribed by a doctor or in any emergency, none of the above were available.

I have been asked about the availability of an ECG machine. The hospital had an ECG machine which was kept within the Minor Injuries Department. Nursing staff did not operate the machine and all tests were carried out by GP's.

I have been asked if the hospital had an X-ray Department. The hospital does have an X-ray Department which up until 1990 was open from 0900-1700 daily Monday to Friday and was closed between 1230-1330.

From 1990 it remained open from 0900-1700 continuously Monday - Friday. The staff were fully trained.

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Continuation of Statement of: SCAMMELL, ANTONIA JANE

Form MG11(T)(CONT)
Page 2 of 3

I have been asked if the hospital was set up to cope with all common medical emergencies that may develop in patients.

The Gosport War Memorial Hospital is a cottage hospital and as such does not have an on site medical presence. It was not equipped to deal with medical emergencies and staff who had concerns about a patient's condition and could not contact the doctor responsible for the patient would arrange for the patient to be transferred to either Haslar or Queen Alexandra Hospitals. This procedure applied to all staff and was available 24 hours a day, 7 days a week.

I have been asked if there were any guidelines or protocols for the types of medical problems for which patients would be transferred. There were no set guidelines, if a nurse had any concerns about her patients condition then she should seek the advice of a doctor by phoning if necessary and arranging for the patient to be admitted to either Haslar or Queen Alexandra Hospital as an emergency.

I have been asked how a member of staff would have received notification of blood test results. All blood test results were sent to the ward in paper form. If there was any major irregularity or concern then the result would have been telephoned immediately to the ward by the laboratory with the paper result following.

Upon my arrival at the Gosport War Memorial Hospital I identified areas where staff needed to be developed and trained and I implemented this training. I produce a file relating to Training & Development Projects dated August 2000 - September 2002 (TJS/3). I have also provided a copy of the policy document relating to Minor Injuries Department which outlined the guidelines for that department dated 1995 (TJS/4). I have supplied a copy of the policy for guidelines for confirmation of death which was printed in May 1998 (TJS/5).

The following procedures have only become available since August 2000 and are carried out by staff who have been trained in their use. They are encompassed within an Introductory Baseline Therapy Course which includes intravenous drug therapy, cannulations which is the insertion

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Continuation of Statement of: SCAMMELL, ANTONIA JANE

Form MG11(T)(CONT)
Page 3 of 3

of a plastic tube into a vein which enables administration of drugs through one site. Venepuncture which is the taking of blood and the taking and reading of ECG's. Nursing staff have also undertaken in Acute and Rehabilitation skills, AED which means Automated External Defibrillation, the restarting of the heart using electrical currents and the ALERT course which stands for Acute Life Threatening Events Recognition and Treatment. This is the recognising and treating of patients whose condition is deteriorating.

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