NATIONAL TRANSPORTATION SAFETY BOARD
**Investigative Hearing**
Washington Metropolitan Area Transit Authority Metrorail train 302 that encountered heavy smoke in the tunnel between the L'Enfant Plaza Station and the Potomac River Bridge on January 12, 2015

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Title

# Interview Transcript for Andre Spriggs

UNITED STATES OF AMERICA

NATIONAL TRANSPORTATION SAFETY BOARD

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| Investigation of: | * |
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| WMATA INCIDENT AT L'ENFANT PLAZA STATION, WASHINGTON, D.C. JANUARY 12, 2015 | * Docket No.: DCA-15-FR-004 |

Interview of: ANDRE SPRIGGS

Washington, D.C.

Wednesday,
January 28, 2015

The above-captioned matter convened, pursuant to notice.

BEFORE: RICHARD DOWNS, JR.
Survival Factors Investigator

APPEARANCES:

RICHARD DOWNS, JR., Survival Factors Investigator
Chairman, Survival Factors Technical Working Group
National Transportation Safety Board

ROBERT JOE GORDON, Investigator-in-Charge
National Transportation Safety Board

STEVE BLACKISTONE, J.D.
Office of Communications
National Transportation and Safety Board

KIMBERLY BURTCH, Senior Program Analyst
Office of Transit Safety and Oversight
Federal Transit Administration (FTA)

DENTON ROURKE, Operations Manager
Office of Emergency Management
WMATA

DERRON HAWKINS, Deputy Fire Chief
D.C. Fire and EMS
Homeland Security & Special Operations Division

I N D E X

I N T E R V I E W

MR. DOWNS: Today's date is January 28, 2015 and the following is an interview being conducted in reference to NTSB investigation number DCA-15-FR-004, which relates to an accident involving a heavy smoke release and train evacuations that occurred in and near the L'Enfant Plaza Station of the WMATA rail -- Metrorail system in -- here in Washington, D.C. on the afternoon of January 12th, 2015.

This interview is being conducted with a member of the District of Columbia Fire and Emergency Medical Services Department and is conducted by the NTSB Survival Factors Technical Working Group of the investigation.

My name is Richard Downs, Jr., and I'm a Survival Factors Investigator with the NTSB, which I also serve in the role as the Survival Factors Technical Working Group Chairperson. I will preside over this interview which is being recorded for the record in which a transcript may also be compiled of the recording as a permanent docketed record of the interview.

I'll now ask that our witness please identify themselves, their employment affiliation, and job position/title for the record.

MR. SPRIGGS: Andre Spriggs, EMS Battalion Fire Chief.

MR. DOWNS: For?

MR. SPRIGGS: The District of Columbia Fire EMS Service.

MR. DOWNS: Thank you, sir. Thank you for joining us

today, Chief. Are you accompanied by anybody today in this interview?

MR. SPRIGGS: No, sir.

MR. DOWNS: All right. Okay. Very good.

I'll now ask that the individuals -- that the participants of this interview who will have an opportunity to present questions to the witness to please individually identify themselves, their employment affiliation, and job position/title for the record.

MR. ROURKE: Good afternoon, Chief. I'm Denton Rourke. I'm with WMATA's Office of Emergency Management. I am the Operations Manager.

MR. SPRIGGS: Okay. Nice meeting you.

MS. BURTCH: Good afternoon. I'm Kimberly Burtch from the Federal Transit Administration's Office of Transit Safety and Oversight.

MR. SPRIGGS: Nice meeting you, Kim.

MS. BURTCH: Uh-huh.

MR. HAWKINS: Good afternoon. Derron T. Hawkins, Deputy Fire Chief, D.C. Fire and EMS, Homeland Security Division.

MR. SPRIGGS: Nice meeting you, Chief.

MR. BLACKISTONE: Steve Blackistone, NTSB Office of Communications.

MR. SPRIGGS: Nice meeting you, Steve.

MR. BLACKISTONE: Thank you.

MR. GORDON: Joe Gordon with the National Transportation Safety Board. I'm the investigator in charge on the incident. And a couple more things before we get started. The just -- purpose of the NTSB investigation is to enhance safety, looking for process improvements. We're not here to assign blame or any fault to anyone. NTSB cannot offer or guarantee any confidentiality or immunity from any legal action, and Mr. Downs spoke about the transcript that would go on the public docket. So with that we can start with the interview.

MR. DOWNS: Okay. Thank you.

INTERVIEW OF ANDRE SPRIGGS

BY MR. DOWNS:

Q. And my first question for the witness, would you please briefly describe for us your role or involvement in the event?

A. Okay. I was a transport group supervisor under the medical branch.

Q. Great.

A. Transport group supervisor.

Q. Very good. Thank you, Chief. And could you please describe for us in your own words what occurred on the day of the event relative to your actions and involvement at the L'Enfant Plaza Station?

A. Oh, okay. My responsibility dealt with transporting patients -- correlate transport of the patient to the different hospitals in the District of Columbia.

Q. Okay. And can you describe for us, starting at the point that you got dispatched from your normal workstation to the site, what transpired?

A. Okay. I was at Howard University, I got dispatched. I arrived on the scene at 7:15, where a non-supervised EMS supervisor was there. I reported to her, and I saw, like, maybe around 10 to 12 persons from out of the -- that came from out of the Metro tunnel or station that was sitting on the curb, and she told me she needed help. And I said, okay. From then I told her to stay with them. I reported to command. Command say -- which was Chief Mills -- told me that I was going to assume -- to report to Chief Dean, which is the medical branch, because the transportation group supervisor work under the medical branch.

I reported to Chief Dean. He said, take the transport group supervisor role, and I said, okay. From there I told him, I'm be working at 7th and D. 7th and D is the entry point where I want all the transport units to come for egress and in and out. I went towards 7 and D, got on the radio. I gave my report where the staging area was going to be for the ambulances to come in, which was at 7th and D Northwest. At the same time I instructed all that was on the incident to make sure they put triage tags on every patient that we touched -- that we triaged. At that time we didn't have as many patient. All I knew at that time maybe around 10 or 12, and then there was report of a cardiac arrest one block down the street from 7th and D.

Q. The cardiac arrest, was that related to the event itself underground, or was that unrelated, just a coincidence you had another medical emergency; do you know?

A. When -- according to the reports, news reports, it was related to the incident.

Q. Directly to the incident itself.

A. Yes.

Q. Because we had previously testimony today from Chief Dean that there was one individual topside who was treated, and it turns out that person was not related to the event, by coincidence. Meaning it was an unrelated medical emergency just happened to happen in that particular neighborhood.

A. Yeah, and it probably was one of the later patients that we treated towards the end of the incident. We were trying determine, I think it was a seizure patient, if it was --

Q. Exactly, yes. The chief --

A. -- if it was related or not --

Q. Yes, the chief did mention --

A. -- and that particular --

Q. -- it was a seizure patient, yes.

A. Right. And that particular patient we put him on, I think, Medic 14.

Q. Okay.

A. Medic 14 is a unit.

Q. Very good, Chief. Thank you. Now, to your best

recollection, about what time did you arrive at the accident site?

A. Honest, I'm not sure.

Q. Not sure? Okay. We can get that from the records later on.

A. Okay.

Q. As soon as you arrived, you encounter a patient or two. You then reported to medical branch --

A. Right.

Q. -- for assignment. They assign you to the transport process. And step by step can you give us a -- an outline as to what you did in terms of handling some of the patients?

A. Okay. So once the staging area was identified, instruction was given to put triage tags on each one of the patients itself. I knew the mass casualty bus was en route. They had the mass casualty bus set up at 7th and D. Normally when we have events like that, especially when we go over nine, it's the normal process for all EMS captains or chiefs to have a direct working relationship with what's called the ELO, a person's at the Office of Unified Command, to get them on the phone and either do a clearinghouse or get us -- get me the -- a local availability of what the hospitals can take.

I got on the phone, listening to the radio reports, looking at what I was seeing, and just told the guy real quickly this thing look like it's going be more than what it is right now. Check with the hospital, get back with me, let me know what they

available to do. And by that time I started getting a report there was additional patients, you know. When I got there it was, like, maybe 10, 10 or 12, then one cardiac arrest. I get a report there's additional patient there and there was a cardiac arrest was there.

From there the medical branch person, you know, he sends some help down there. I monitor -- my area of responsibility, the transport units come in, have them pull up in a direction where they can egress in and out. I also monitor the stuff that was going on in the treatment areas to find out when they were ready to transport to determine if they needed to go in the ambulance or if we can put them on a bus. Both of the buses, both of our mass casualty buses pulled up shortly after I got there, and then we had a Metro bus also that was in that block near where we was at.

And as the patient start -- as the patients count start going up and as we were triaging, majority of them would just walk -- was walking out and walking to the area we was at -- or near where we was at so we put all the ones that was able to walk on a bus, on the Metro buses. And the ones that needed immediate help, like were having trouble breathing, we put them on the mass casualty command bus. I meant the mass casualty bus. We call it Bus 1 and 2.

Q. Okay.

A. And it was, like, 9:00 at the time.

Q. And, Chief, you indicate initially there were maybe a

dozen or so folks and then you --

A. Yes, sir.

Q. -- you got a report from some entity that there were going to be more casualties en route.

A. Yes.

Q. Were they underground casualties coming up? Is that what you're describing here?

A. No. I got reports that outside where the CPR was at it was, like, 22. Believe he said it was, like, 22 more persons down there that may need medical attention. And it was a engine company that was down there that was doing the triage. They did everything down there, and once they determined the triage priority and the treatment process of it, we end up -- they end up moving a bus, a Metro bus with 20-something people on it up to where we was at. Where I was at was determined to be the casualty collection point. That's the normal process.

Q. I see.

A. And trying to get everybody in one area so determine what resources we need to assign and what hospital and destination that we need to transport them to.

Q. I see. So the engine company was doing a triage down on the platform?

A. No, I would -- I don't know if they did it on a platform.

Q. Where -- it was underground someplace.

A. No, it was on top.

Q. Top -- the topside.

A. Right. It was on top because the -- by that time I guess they was walking out.

Q. They were coming up on their own --

A. Right. They were walking up.

Q. -- and then they were received by this engine company doing triage, and based upon the triage disposition you would receive patients from them that needed further treatment; is that correct?

A. Right. Well, what we was doing back there -- that's correct. So the patients came up, they got triaged by the engine company that was there. Once they did that triage -- looked at the treatment modality, then we determine, hey, we need to bring some of these patients up to where you at so we can coordinate how we want to get them to the hospital. That's the normal response. You know --

Q. Okay.

A. -- something definitely where you got three different geographical areas, spreaded over the span that we had --

Q. Widespread.

A. Right. And in inclement weather. We were just trying to make it work the best way we could.

Q. I see. Okay. That's my question for now. I'm going to pass it on to our next questioner.

BY MR. ROURKE:

Q. Denton Rourke, Metro. Chief, where was the CPR going on?

A. At -- I think it's 9th and D --

Q. 9th and D.

A. -- at the --

Q. Okay. By -- at the other entrance.

A. Right. At the other entrance.

Q. Okay. Thanks. I'm just going to ask some general training questions about Metro, and then I'll ask specific questions about L'Enfant Plaza itself.

A. Okay.

Q. Are you a cross-trained firefighter/medic?

A. No.

Q. So you're a EMS --

A. Medic.

Q. -- medic. Okay. And have you ever received any firefighting training in your career, or have you always been strictly EMS?

A. Not in D.C., but yeah, I --

Q. Okay. In D.C., yep. Do you have -- have you ever had any Metro training?

A. In the past. Not with D.C., but I --

Q. Where was before?

A. PG County. I was one of the volunteers. I been --

stayed out there for over 27 years so (indiscernible) and all that stuff there.

Q. That's what I thought. All right. Cool. All right, so have you ever participated in any Metro training? I -- what kind is that?

A. Here?

Q. Yeah, here.

A. Yeah, I mean, I have. I have.

Q. What kind?

A. Just years ago, MCI training.

Q. Uh-huh.

A. That's about it.

Q. And that leads to my next question, what Metro exercises have you been -- participated in?

A. Lately none.

Q. Oh. Well, do you remember when the last one you might have here in D.C.?

A. Oh, wow. It's been a while, but --

Q. How long you been here in D.C.?

A. I been on the job 28 years.

Q. Oh, 28 years.

A. Twenty-eight and some months.

Q. You're the senior man so far. Okay.

A. Yeah, it's been a while.

Q. So, all right, let's go back then and we'll talk about

L'Enfant. What kind of -- what, what's the District Fire Department SOP, or is there an SOP on mass casualty incidents?

A. It is. It's Bulletin 1.

Q. Bulletin 1?

A. It should be EMS Bulletin 1 and EMS Bulletin 2.

Q. And just briefly describe for us what they have.

A. It just give a standard operating procedures. What the medical branch director role is, hospital clearance, the purpose of identifying a MCI early in the incident so the hospital could be notified so they can get their additional resources. The roles that the individuals that work as supervisory roles under the medical branch, which is triage, treatment, and transport group supervisor, and additional roles can be also assigned to and -- also as leader, like the morgue supervisor. And anything else that need to be added to it.

Q. All right. And the EMS Bulletins 1 and 2, they apply to everyone? Fire and EMS?

A. Yes.

Q. Okay. Thank you.

A. Yes.

Q. And what's the baseline for declaring a mass casualty incident?

A. Far as mass casualty, not nine and more -- nine and above.

Q. And you saw that when you pulled up there was already 10

to 12, you said?

A. Yes. There was quite a few of them sitting out there.

Q. Had they made a declaration of a MCI before you arrived on scene?

A. Yeah, they did. They did.

Q. And when did you come?

A. Well, I got dispatched when they called for the MCI bus.

Q. Okay.

A. Or the mass casualty bus.

Q. Is that -- is the MCI bus a standard part of the dispatch for a mass casualty incident?

A. Yeah.

Q. And do we know who called for that?

A. The on-scene incident commander.

Q. Uh-huh.

MR. DOWNS: Not the medical branch chief?

MR. SPRIGGS: No, I -- I'm pretty sure though. You probably need to check on that, though, because I -- I'm not sure.

BY MR. ROURKE:

Q. So the IC would call for --

A. Most likely -- it's common practice for --

Q. Right.

A. -- the on-duty battalion chief that's running the incident call.

Q. Right. How was your communications amongst -- between

you and the groups you were working with and between you and the branch director?

A. Actually our communication was pretty good because by having a casualty collection point, we all was somewhere near within that block where I was able to -- even if I didn't talk to them on the radio, step over to the different buses and different areas and check to see how things was going, status change of the patients, making sure we're getting the resources on the buses that can, you know, treat the patients as outlined so we can get them to the hospital. I think we had very good communications far as the medical aspect of it.

Q. All righty. And did the radio -- how'd the radio perform?

A. Oh, very well. We switched channels. We came off TAC channel that they was using for the operation, dealing with the stuff of the Metro incident, and we went to EMS -- a separate channel just for EMS, so --

MR. DOWNS: EMS channel?

MR. SPRIGGS: Yes. And I'm not too sure, I think that was, like, 8-5. I think it was, like, 8-5.

BY MR. ROURKE:

Q. Did you have any interaction with any Metro employees, Metro Transit Police officers, not from a treatment point of view but from a command and control coordination point of view?

A. Yeah, far as the buses. They had, like, three bus --

two buses there and they were -- the CPR was there, and as a patient was coming up, they allowed the patients to get on the Metro bus so the driver, we kind of talked to the driver about, hey, move the bus up to this area, 7th and D, where we -- where all the patients are being collected at.

Q. And do you know how he got involved?

A. The Metro bus driver?

Q. Yes, sir.

A. Because we needed to know who was driving the Metro bus --

Q. Well, no, I guess let me rephrase. Did you all just --

A. He was --

Q. -- did you all just commandeer him, or did he get sent there or --

A. I don't know how that bus got there, but it's a Metro Station, so it's common --

Q. That's a big bus stop right there, right, yeah. Uh-huh.

A. -- (indiscernible).

Q. And how many -- you transported how many patients?

A. Total 84.

Q. Eighty-four?

A. Yeah.

Q. And how many did you -- did they touch all together? Is that a different number or is that inclusive?

A. Well, that's the number that I know.

Q. Okay.

A. And that was in from the triage/treatment and into the transport area. And you also got to remember there's -- the geographical area was expanding. We just developed a casualty collection point, so we know at some point some of them went to the hospital and self-transported theirself to the hospital.

MR. ROURKE: I think that's all I have right now.

MR. DOWNS: Ms. Burtch?

MS. BURTCH: I'm going to defer right now.

MR. DOWNS: You defer? Chief? Questions now, or do you want to defer?

MR. HAWKINS: I'm going defer. I'm going defer.

MR. DOWNS: Mr. Blackistone?

MR. BLACKISTONE: Yeah. Steve Blackistone, NTSB.

BY MR. BLACKISTONE:

Q. First of all, about triage tags. How much or how often does -- do stations, the crews, train on the use of triage tags?

A. Well, honestly, I'm not sure. But I don't think we train enough on that. I think we probably need to add some more training time.

Q. Okay. Because I know there's at least one other jurisdiction in this area where they now have a weekly --

A. Yeah.

Q. -- exercise where every patient has to be --

A. Now --

Q. -- has to be triage tagged, even if it's just a single sick person in a --

A. Right.

Q. -- in a house, simply as an exercise. But so you don't do anything like that.

A. Well, they do what's called mass casualty. I think it's on Monday or Wednesday. Mass casualty training every Monday or Wednesday.

Q. Uh-huh.

A. And the only thing about the triage tags, I don't think the agency give me enough triage tags, so every Wednesday for the company to go out and just start writing them up as a --

Q. Writing up for every patient. Okay.

MR. DOWNS: So you physically are short of the tags themselves, you're saying?

MR. SPRIGGS: I wouldn't say we short, you know. I kind of don't want to put that on the record because I don't know how many we have. It just that if -- with 32 companies usually got ambulances --

MR. DOWNS: You could use more.

MR. SPRIGGS: Right. We could probably use more for training --

MR. BLACKISTONE: Okay.

MR. SPRIGGS: -- only for training purposes.

MR. DOWNS: Oh, training purposes. Okay.

MR. SPRIGGS: Yeah. Training purpose.

BY MR. BLACKISTONE:

Q. Yeah. So you're saying there's, like, a day of the week when every patient gets a triage tag --

A. Yeah.

Q. -- on every --

A. Exactly.

Q. Okay.

A. Yeah, some jurisdictions do that.

Q. Yeah. Okay. So I know that late afternoon often is a time of limited ambulance availability in the city. That's a time of peak demand. Did you have trouble acquiring ambulances to -- sufficient ambulances to transport the patients, or could you talk about how that went?

A. I didn't have trouble with the ambulances. The majority -- as a patient was coming out -- as we were -- as I'm listening to the radio and the reports we're getting, majority of them greens. So greens is good for us.

Q. Yeah. Yeah.

A. I mean, we got up to 12 hours according to -- we got up to 12 hours to get them to the hospital, so --

Q. Hmm.

A. By having the Metro buses, you know, coordinate to help us, you know, we put a majority of them greens on the metro buses, and we end up transporting 45 on a Metro bus out of the 84.

Q. Uh-huh.

A. Seventeen went by ambulance, and 67 went by -- 45 went by Metro bus, and I think the other 21 or 22 went by our mass casualty ambulance bus.

Q. Yeah. Well, maybe I should focus on those 17 that went by ambulance.

A. Okay.

Q. Were you involved in getting the ambulances dispatched to the scene, or is that -- or do they just show up and you --

A. No, they was -- I wasn't involved as exactly in a dispatch -- I mean, in the requesting of ambulances.

Q. Request -- yeah. Uh-huh.

A. But because of the -- IC of the medical branch, you know, that's his role --

Q. Okay.

A. -- when he's listening to the incident.

Q. Okay.

A. He just updated me and let me know when one was coming in and asked me where I wanted them to report.

Q. Okay. So --

A. Because that goes straight through the medical branch, so I'm pretty sure she'd be monitoring the radio, you know, like --

Q. Yeah.

A. -- if it came up like we had, like, a priority 2

patients or, you know, we kind of want to get them off the scene, so --

Q. Yeah.

A. So.

Q. Okay. So you wouldn't have a feel for whether there's a shortage of ambulances around the city that they can send to the scene?

A. No, not on a incident like that.

Q. Yeah.

A. Because that thing was just escalating. It started out just a few, then --

Q. Yeah.

A. -- next thing you know we got 20, next thing you know we got 40, next thing you know we got 50 and we up to 60, and out of nowhere we get up to 84 we then transported --

Q. Uh-huh.

A. -- like 12 all at the scene, so --

Q. Yeah.

A. It just kept escalating. The weather was inclement, you know, trying to write, trying to listen, trying to coordinate with the hospital, and trying to keep the confidence of the guys that's working directly under your leadership. There was a lot of communicating --

Q. Yeah.

A. -- going on.

Q. Okay.
A. So --
MR. BLACKISTONE: I think that's all the questions I have for now.
MR. DOWNS: Okay. Mr. Gordon?
BY MR. GORDON:
Q. Okay. Continuing on the triage tags, Joe Gordon, NTSB. You mentioned the green up to 12 hours to transport.
A. Uh-huh.
Q. What are the other stages? Is that green, yellow?
A. It is -- right. And this is a practice from previous medical directors and stuff. The green is for the hospital, so --
Q. Okay.
A. Green up to -- it says up to 12 hours, and yellow's, I think it's up to a hour.
Q. Okay.
A. And then the red I think up to, like, 30 minutes or something like that. And I could be wrong. That's something that you all could look into and see what it is.
Q. Yeah, that -- just -- I was just wanting more or less to get an idea of -- for the transport. So you mentioned 17 by ambulance. Were any of those 17 red or were yellows --
A. Yeah, it was a few of them that were yellow.
Q. A few red --
A. Yeah, it was --

Q. Okay.
A. -- no reds. We didn't have --
Q. Oh, no reds.
A. -- no reds.
Q. Okay. No red --
A. No reds on the scene.
Q. -- just a few yellow.
A. Right.
Q. Okay.
A. It was a few yellow and a few green in there.
Q. Okay. Okay.
MR. GORDON: I have nothing further right now. Thank you.
MR. SPRIGGS: Uh-huh.
BY MR. DOWNS:
Q. Chief, of the casualties that you did treat coming up out of the Metro system, were they all respiratory distress or were there other folks --
A. It -- the report I was getting from the treatment/triage officers on the bus was generally it was respiratory related.
Q. Respiratory distress --
A. Some of them --
Q. -- distress in some manner.
A. Yeah. Respiratory related, so distress, you know?
Q. Okay. Did you -- were you aware of or did you learn of

any other types of injuries that may have been brought up?

A. Yeah.

Q. Persons that suffered, say for example, some other trauma -- impact trauma or --

A. Well, I got a report of one of the firefighters that was on the scene. At the time we thought the person was injured, and I report it was a firefighter injured, and we needed transport her to the hospital.

Q. So there was one firefighter injured that was transported that you're aware of?

A. Right. That was the initial report.

Q. That was the initial report? Okay. Is that included in the 83 count that you had before, or is that --

A. Yes.

Q. -- a different --

A. In the 84.

Q. That would be included in that 83 -- 84.

A. Eighty-four. Right.

Q. Okay.

A. It was included in the 84.

Q. So 83 patients and one firefighter.

A. Firefighter.

Q. I see. Reason I'm asking about other types of trauma is that we're trying to get a handle if anyone was injured as part of the evacuation process from the tunnel itself, if they fell off

the catwalk or if they bumped into something in the dark, that kind of thing, but as far as you could hear, you were hearing only respiratory-related injuries.

A. Yes. Yes.

Q. I see. Okay.

MR. DOWNS: That's all I have right now. We'll move on to Mr. --

MR. ROURKE: Yeah. Denton Rourke from Metro.

BY MR. ROURKE:

Q. Chief, are you aware of any triage that was done on the platform, or was it all done on the street?

A. I'm not aware of any triage. I'm pretty sure they was doing some form of triage as they evacuate, you know, being (indiscernible), you know, they can walk, walk them on out, you know. But I'm aware of what was going and that being at 7th and D, anything that was in my area. And majority of that stuff was done on the buses and the mass casualty bus -- the Metro buses and mass casualty buses and the ambulances.

Q. Okay.

A. That we needed to transport.

Q. Do you guys have worksheets or forms or anything to help you manage --

A. Yes.

Q. -- the mass casualty stuff?

A. Yes. I go over mine constantly.

Q. How did that work out?

A. Perfect. It worked out good, but I couldn't write on it, you know? I had to write on my tablet so --

Q. Because of the weather?

A. -- because it was raining outside, yeah. It was raining and we couldn't write so we --

Q. You have them electronically on your tablet?

A. Huh?

Q. Do you have them electronically or not? Or are you just making notes?

A. No, I was just taking notes at that time.

Q. And there was a report of -- besides the woman that they had up on the street doing CPR, there was another patient that they may have performed CPR or some sort of EMS on the platform; do you know anything about that?

A. No.

Q. Thank you.

A. Uh-huh.

MS. BRITCH: I, no, I don't have any.

MR. DOWNS: Chief?

MR. HAWKINS: Yes, I have a question for the -- Chief Spriggs. Derron Hawkins, D.C. Fire.

BY MR. HAWKINS:

Q. Regarding the total number of ambulance that was -- persons that was transported, you said 17. Were they transported

by the EMS units or was there transported by ambulance bus, part of the mass casualty bus?

A. Seventeen by the transport units. So that's medic units and ambulances.

Q. Okay. Okay. So were there any transported by the mass casualty ambulance bus?

A. Yes.

Q. And --

A. So we had 21, there were 21 or 22, transported by the mass casualty bus 1 and 2. Between the two buses. And they went to G.W. Hospital. And then we had a Metro bus that had all greens. We put 45 on a Metro bus, and we transported between two hospitals, Howard University and actually Washington Hospital Center. If you was to look up the information about Washington Hospital Center, MedStar requested all the patients come through MedStar, which is HO4. Don't mean they were trauma related. It's just that they didn't want to overcrowd the hospital bringing 23 patients through that front door.

Q. Okay. And you -- you've mentioned about mass triage training -- triage tag training.

A. Uh-huh.

Q. And you said we need to do more triage tag training or do we need to do more mass casualty incident management training? I'm trying to --

A. I think we do a pretty good, I mean, we -- mass -- we do

mass casualty training every week. We just need to start filling out the triage tags.

Q. Okay.

A. So -- because on that incident, you know, a lot of triage tags --

Q. Okay. Okay. So -- thank you.

MR. HAWKINS: That's all I have. That's all I have. No further questions.

MR. DOWNS: Mr. Blackistone?

MR. BLACKISTONE: Steve Blackistone, NTSB.

BY MR. BLACKISTONE:

Q. Yeah. You raised a question in my mind about you mentioned that -- several of the hospitals that the patients were transported to. How was it decided which hospitals different patients would go to?

A. Well, practice. I will be honest. Practice, knowing how to run a incident, knowing your city, knowing who -- when your units are buying down, it's -- a lot of experience there.

Q. Was it a decision you made or ELO?

A. It was a decision I made.

Q. Okay.

A. Yeah. But I made it based on the resources that were given to me, calling the ELO. If you know anything about the hospital coalition, if we request -- if we send -- we bang out a message, hey, we got a MCI to the hospital coalitions, that's for

all local -- we only get a local at that time. Sometime it takes 20 to 30 minutes before we get the information back. It's too long when you got a incident expanding. So I went directly through ELO and told him, hey, you can hit the coalition. Call each one of the hospitals, call me back, and let me know what they was able to take. The numbers he gave me was extremely low. Extremely low for immediate and for green. I think -- what was the number? I -- they was really low.

Q. Hmm. And doesn't that perhaps reflect the time of day?

A. Well, yeah. They was -- they were very light. It was, like, for the greens, 15. Average around 15 for the majors because we only do majors and minors when we do the hospital coalition. We don't do yellow, red and green. It's either major or minor. You -- we determine the priority as we transport them off the scene so the numbers were pretty low for the hospitals even though we sent, like, at D.W. -- G.W. I think we sent, like, 26 to G.W., 22 to Howard, 23 to MedStar, and then the ambulances is added in there too. We need to add the ambulance to it to get to 84.

Q. Okay. Thank you.

A. Thank you.

MR. BLACKISTONE: I have no further questions.

BY MR. DOWNS:

Q. Chief, I got some follow-up questions. You say the feedback you got from the hospital when you inquired or had

inquiry placed as to far -- as to the counts that they could accept patients?

A. Uh-huh.

Q. That to use your words were extremely low, meaning you were surprised that they could only take so few patients?

A. Yeah. I was surprised because the majority of them was green. You know, I thought they could be green, you know, I thought maybe they'd take 20 a piece or something, you know?

Q. So your feeling was they should have been able -- they should have been prepared to take more patients than they actually gave you feedback on.

A. I mean, they could have. But, you know, these hospital, we work directly with them constantly every day. And then they find out resources constantly throughout the day, so, I mean, that's in a perfect world.

Q. Right.

A. Would be in a perfect --

Q. And were there -- let me ask you this, Chief. Were there other events in the city that particular day that would account for a need to have -- or a response for the hospital to say they could only take very few patients --

A. Yes.

Q. -- meaning was there other events that were going on?

A. There's not events, but I call volume and transport because in the city occurred.

Q. Okay. But there wasn't other -- some other big emergency event that would account for --

A. Not that --

Q. -- lots of other --

A. -- I know of.

Q. -- patients that day?

A. Not that I know of.

Q. Not that you know of. You would have heard of some other event likely?

A. No, not on the channel that I was on for the 3 hours I was on.

Q. But I'm saying either before or after the event you responded to in L'Enfant --

A. Right. I would have heard something.

Q. -- you would have heard something that would account for the need for more hospital capacity?

A. Yes.

Q. And there was none that particular day.

A. Yes.

Q. To your knowledge.

A. Well, I -- to my knowledge.

Q. Great.

A. Thank you.

Q. Okay. You mentioned the weather was inclement. Does your equipment when you respond to a scene, do you have temporary

tents that you can set up or awnings that you can set up to get people out of the weather, to treat them?

A. Yeah, we do have tents.

Q. You have tents.

A. Yeah, we do have tents.

Q. Did you use them in this particular case?

A. No, we didn't. They was in the process of setting up one of the tents in the red -- in the treatment area.

Q. Okay.

A. But because we -- a majority of them was going on all the buses that we had, we didn't set the tents up.

Q. In other words, they were being processed so quickly that you didn't need the tent by the time --

A. Right. We didn't need the tent.

Q. -- you even finished the last patient. Would that be a fair way of characterizing it?

A. Yes. It would, sir.

Q. Great. Thank you. The universal treatment for a respiratory distress/smoke inhalation, what would that be?

A. Assess them, assess their lung, trouble breathing, give them oxygen-using machines that we give them, you know --

Q. So big, big doses of oxygen just to get them --

A. -- and --

Q. -- hyperventilated back to correct respiratory action.

A. Right. And monitor their $O_2$ drive with --

Q. Right.
A. -- technology that we have --
Q. And you apply that until their -- the vital signs stabilize. At that point you can then transport?
A. It based on the triage officer, how they triage the patient, but, yeah, that would be one of the criteria --
Q. One of the criteria? Okay. Roughly, top of your head numbers, I'm not looking to split hair on the time, but in terms of the time duration from when a patient came up from the underground, they were triaged and then they were treated and then transported off, about how long typically was a patient in the medical area, medical processing area? Are we talking 15 minutes, a half hour, what -- what's your thinking on that?
A. No, I think with the majority of the greens, it was at least a hour or so --
Q. One hour.
A. Yeah. At least with the greens because we was coordinating them on the buses and --
Q. Because they were going to be the least priority transports?
A. Yeah. And we had to -- I had to shut down transport to two of the hospitals of the low priorities, so it took some coordination --
Q. Okay.
A. -- in term in -- so we won't use additional resources

trying to separate them --

Q. Right.

A. -- and get them to different hospitals and so on, so it --

Q. So the green tags were --

A. It may take --

Q. -- were maybe an hour?

A. Yeah. I'll be honest. It took probably a hour.

Q. And the --

A. And I could be wrong. It could have been less, but (indiscernible) --

Q. And how many red tags did you have? Do you remember?

A. None.

MS. BRITCH: None.

MR. SPRIGGS: Zero.

BY MR. DOWNS:

Q. None? Okay. And yellow tags?

A. We started out with nine, but in evaluation it went down to six.

Q. And typically top of your head estimation of time in medical processing for them would be how long do you figure?

A. I mean, the resources did do triage and treatment.

Q. Okay.

A. I would really be throwing a unfair number out there, but as far as the, you know, our most important thing was to get

that -- get our hands on them.

Q. Okay. Very good.

A. We had to get our hands on them.

Q. All right. Chief, I always like to give my witnesses the opportunity to express what we call retrospective thoughts. Meaning knowing what you know now, kind of in hindsight, not to criticize yourself but the idea is that you always see things during the event that you may be able to apply for a future event. Maybe you could share some thoughts with you in terms of things that you might change or do differently for the benefit of the professional EMS firefighting community.

A. Uh-huh.

Q. Anything come to mind that might -- you might do differently in the future or recommend that your agency engage differently?

A. I mean, for a incident like that, it's all hands on, so may look at the resources outside of the district if we are being -- if we are out of units at that time, you know, the -- our fire operation is, you know, that's something that they can coordinate just to make sure we have them additional resources available to dispatch down there if we need them, or dispatch them down there and put them in the staging area.

Q. So we're talking mutual aid, you mean, or --

A. If needed, I mean.

Q. If needed.

A. First internal, if units not available because of the time of day where we ran out of ambulances, so just look at additional resources outside if needed.

Q. Right. Yeah. We did get some testimony from Chief Dean to the effect that was one of the things that he kind of mentioned --

A. Uh-huh.

Q. -- not really being so much short of ambulances, but you just didn't have enough extra ambulances --

A. Right.

Q. -- should there be some other event. Would that be a fair assessment?

A. Yes, and thank you.

Q. So additional ambulance resources would be one.

A. Yes.

Q. How about just firefighters themselves and EMS personnel? Did you have enough personnel available?

A. I mean, mass casualty, I don't think there's no -- a mass casualty --

Q. There, there's never enough.

A. -- where there's ever enough.

Q. Okay.

A. So, but --

Q. Okay.

A. We can -- definitely could have used some more.

Q. Any other thoughts that you might have?
A. No, I mean, I just think in my many years being (indiscernible) I ran few of them incidents, you know, if -- how this thing escalated, you know, from 10 to 20 to 30 to 50, you know, I think we worked with what we had, and we did it the best that we could do it with our parties that was involved.
Q. I see. Chief, I see you brought along some notes today. Is that something -- a routine report documentation you prepare --
A. It's something --
Q. -- for the event?
A. Yeah. It's something I -- it's like more of a after-action thing that I just note from Bulletin 1.
Q. From Bulletin 1?
A. That I just write.
Q. Okay. And you'd be able to make that available to -- through your chief to the investigation --
A. Yeah.
Q. -- in terms of sharing it with us --
A. Oh, yeah.
Q. -- the documentation?
A. Oh, yeah. They have it upstairs.
Q. They already have it.
A. Yeah, they have it upstairs.
Q. Okay. Great.
MR. DOWNS: All right. That concludes my thoughts.

Anybody else have any additional thoughts, questions?

UNIDENTIFIED SPEAKER: No, sir.

MS. BURTCH: No.

MR. BLACKISTONE: No.

MR. DOWNS: All right. Thank you very much, Chief. That concludes our interview.

MR. SPRIGGS: Thank you.

(Whereupon, the interview was concluded.)

CERTIFICATE

This is to certify that the attached proceeding before the

NATIONAL TRANSPORTATION SAFETY BOARD

| | |
|---|---|
| IN THE MATTER OF: | WMATA INCIDENT AT L'ENFANT PLAZA STATION, WASHINGTON, D.C. JANUARY 12, 2015 Interview of Andre Spriggs |
| DOCKET NUMBER: | DCA-15-FR-004 |
| PLACE: | Washington, D.C. |
| DATE: | January 28, 2015 |

was held according to the record, and that this is the original, complete, true and accurate transcript which has been transcribed to the best of my skill and ability.

Patricia Noell
Transcriber

Name: Andre Spriggs [redacted]

Rank: EMS Battalion Fire Chief

Date: February 25, 2015

Subject: NTSB Metro Interview

After reviewing the transcript from the NTSB Interview on the Metro Incident, I noted below a few correction in my transcript.

1. On page 7, line 5, remove non-supervised
2. On page 10, line 3, change "I get a report" to "I got a report"
3. On page 10, line 24, "change 9:00" to "9 patients"
4. On page 11, line 9, change "22" to "22 patients"
5. On page 17, line 20, change "8-5" to "A-5"
6. On page 22, line 22, change "she'd" to "he"