

APPENDIX

Appendix A

Canadian Campus Emergency Response Team Demographics

Q1.1 Project Title: Characterizing Volunteer Emergency Medical Response on Canadian University and College Campuses

Principal Investigator:

Dr. Lauren Cipriano PhD

Assistant Professor

Ivey Business School

Rm 2361

1255 Western Road

London, Ontario N6G 0N1

(519) 661-4181

lcipriano@ivey.uwo.ca

Additional Research Staff:

Dr. Lexie Smith-Rubenzahl MD PGY 2

Resident Researcher

lsmithru@uwo.ca

Mr. Evan Formosa MSc

Research Associate

eformosa@uwo.ca

Ms. Austyn Roseborough

Research Associate

arosebor@uwo.ca

Letter of Information– Canadian Campus Emergency Response Team Directors

1. Invitation to Participate

You are being invited to participate in a research study that aims to understand the training and operations of emergency medical response teams on Canadian university and college campuses. We are seeking information about campus emergency response teams from a member authorized to answer questions about your team (such as the director or an executive member).

If you are not authorized by your campus emergency response team to provide this information, please do not complete this survey and instead, please forward this email to a representative that has permission to answer questions about the team's training, response, and the number of emergencies responded to in recent years.

2. Purpose of the Study

Currently, there is no peer-reviewed literature describing the training and operations of Canadian campus emergency response teams and the role they fulfil in the emergency medical system. This study aims to fill that knowledge gap and publicize their utility.

In a partner study, a chart review of one Canadian campus response team will be used to characterize the types of incidents and patients that are seen by these organizations and to estimate the cost-benefit of these organizations to the local community.

3. Inclusion Criteria

Information will be collected from 26 known Canadian campus emergency response team from an authorized team member. Any teams that start during the study period will be contacted. One submission per team will be accepted.

4. Exclusion Criteria

No Canadian campus emergency response team will be excluded from participation, but we will only collect responses from a team member authorized by their position or with explicit permission to represent their team.

5. Activities of Participants

If you agree to participate, you will be asked to complete an online 20-minute survey one time from any location that is most convenient. The survey contains 34 questions varying in format from multiple choice to short answer. The questions ask information that is generally publicly available about campus emergency response teams but may contain information that is not always public such as the number of calls per year.

6. Possible Risks and Harms

There are no known or anticipated risks or discomforts associated with participating in this study.

7. Possible Benefits

There are no expected personal benefits to study participation. The potential benefits of this study are societal. The survey's authors hope to include information collected in this study in a peer-reviewed publication which may aid you in the further development of your organization.

8. Compensation

You will not be compensated for your participation in this research.

9. Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no ill effect. If you decide to withdraw from the study, you have the right to request withdrawal of all information collected about your team. If you wish to have your team's information removed please let a member of our research team know. You do not waive any legal right by signing this consent form.

10. Confidentiality

Nobody outside the research team will have access to the information we collect. Representatives of the Western University Health Science Research Ethics Board may require access to your study-related records to monitor the conduct of the research. While we do our best to protect your information there is no guarantee that we will be able to do so. The researchers will keep your responses in a secure and confidential location for a minimum of 7 years. Participation in this study will not affect employment or status at your university or college.

11. Contacts for Further Information

If you require any further information regarding this research project or your participation in the study you may contact the principal investigator, Dr. Lauren Cipriano at (519) 661-4181 or lcipriano@ivey.uwo.ca. If you would like to receive a copy of any potential study results, please contact Mr. Evan Formosa at eformosa@uwo.ca.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact Western University Health Science Research Ethics. (519) 661-3036, email: ethics@uwo.ca.

12. Publication

If the results of this study are published your name (which will not be collected) will not be used.

We aim to publish descriptive statistics (i.e., what percent of Canadian campus emergency response teams carry oxygen). We also intend to publish team specific information (i.e., a table with team names identifying which teams carry oxygen).

13. Consent

Completion of the survey is an indication of your consent to participate.

This letter is yours to keep for future reference.

Q1.2 Are you authorized to complete this survey on behalf of your campus response team?

Yes (1)

No (2)

Skip To: End of Survey If Are you authorized to complete this survey on behalf of your campus response team? = No

Q1.3 Would you like to proceed to the survey?

Yes (1)

No (2)

Skip To: End of Survey If Would you like to proceed to the survey? = No

End of Block: Default Question Block

Start of Block: Basic Team Demographics

Q2.1 Please provide the full name of your team.

Q2.2 Please provide the teams commonly used acronym, if applicable.

Q2.3 Please provide the name of the University/College your team operates at (include the name of the specific campus if applicable).

Q2.4 In what city is the University/College your team operates?

Q2.5 In what province/territory is the University/College your team operates at located?

Alberta (1)

British Columbia (2)

- Manitoba (3)
 - New Brunswick (4)
 - Newfoundland (5)
 - Nova Scotia (6)
 - Ontario (7)
 - Prince Edward Island (8)
 - Quebec (9)
 - Saskatchewan (10)
 - Northwest Territories (11)
 - Nunavut (12)
 - Yukon (13)
-



Q2.6 In what year was your organization established?

End of Block: Basic Team Demographics

Start of Block: Training Questions

Q3.1 What is the team's level of training?

- Standard First Aid and CPR Level C (1)
- Standard First Aid and CPR Level HCP (2)
- Canadian Red Cross First Responder (3)
- Canadian Red Cross Emergency Medical Responder (4)
- St. John Ambulance Advanced Medical First Responder (5)

- Mixed training levels (6)
 - Other (7) _____
-

Q3.2 If mixed training levels was selected, please list the levels of training on the team and the proportion of responders with each certification that they are authorized to use while acting as a member of your organization.

Q3.3 Do you have a medical director?

- Yes; External to the University (1)
- Yes; Internal to the University (physician works for the University) (2)
- No (3)
- Other (4) _____

Q3.4 Is your team trained and authorized to provide symptom relief medication (select all that apply)?

- ASA/Acetylsalicylic acid/Aspirin (1)
- Salbutamol/Ventolin (2)
- EpiPen/Epinephrine (3)
- Nitroglycerin: You carry the drug and can administer it based on protocol (4)
- Nitroglycerin: May administer a patient's prescribed nitro (5)
- Glucose/Instaglucoase (6)
- Diphenhydramine/Benedryl (7)
- Pain medication (Ex. Advil/ibuprofen or Tylenol/Acetaminophen) (8)
- Naloxone/ Narcan (9)

Other (10) _____

Q3.5 Is your team trained and authorized to use a glucometer

- Yes (1)
- No (2)
- Other (3) _____
-

Q3.6 Is your team trained and authorized to carry and administer oxygen?

- Yes (1)
- No (2)
- Other (3) _____
-

Q3.7 Is your team trained and authorized to start intravenous (IV) access?

- Yes (1)
- No (2)
- Other (3) _____
-

Q3.8 Do your on-call responders carry an Automated External Defibrillator?

- Yes (1)
- No (2)
- Other (3) _____

End of Block: Training Questions

Start of Block: Response Questions

Q4.1 How does your team respond to calls? Please rank in order of most frequently used method (1=most frequent, 6=least frequent). If an option isn't applicable to the team please select NA.

Running (1)

▼1 (1) ... NA (8)

Walking (2)	▼1 (1) ... NA (8)
Bicycle (3)	▼1 (1) ... NA (8)
Vehicle (4)	▼1 (1) ... NA (8)
We are at a fixed location, patients approach us (5)	▼1 (1) ... NA (8)
Other (6)	▼1 (1) ... NA (8)
Other (7)	▼1 (1) ... NA (8)

Q4.2 If your team responds by vehicle, does your team have its own vehicle for exclusive use?

- Yes (1)
- No (2)
- Other (3) _____

Q4.3 In which way(s) is your team notified of a medical emergency? Please rank in order of most frequently used method (1=most frequent, 6=least frequent). If an option isn't applicable to the team please do not rank it.

Phone call to team office (1)	▼1 (1) ... NA (7)
Patients approach you at a fixed location (2)	▼1 (1) ... NA (7)
Dispatched by radio through a campus service (ex. police/security) (3)	▼1 (1) ... NA (7)
Dispatched through the local Emergency Services (4)	▼1 (1) ... NA (7)
Other (5)	▼1 (1) ... NA (7)
Other (6)	▼1 (1) ... NA (7)

Q4.4 If an individual dials 9-1-1 from their cell phone to report a medical emergency within your normal response zone, will your team be dispatched to the medical emergency?

- Yes (1)
- No (2)

Other (3) _____

Q4.5 During the school year, what hours do you provide service? (select all that apply)

24 hours a day/7 days a week EXCLUDING holidays (1)

24 hours a day/7 days a week INCLUDING holidays (2)

Daytime response (3)

Evening Response (4)

Weekend Response (5)

Special events (6)

Other (7) _____

Q4.6 Do you provide service in the summer months (May through August)?

Yes (1)

No (2)

Other (3) _____

End of Block: Response Questions

Start of Block: Administrative Questions

Q5.1 How many of the following people are part of the team each year?

_____ Students (1)

_____ Medical Director(s) (2)

_____ Other Administrators (3)

_____ Executive Members (4)

_____ Other (5)

_____ Other (6)

Q5.2 Are the team's first-aid responders all students?

Yes (1)

No (2)

Other (3) _____

Q5.3 Do the team's responders volunteer or are they paid? If paid, please describe their compensation.

- Volunteer (1)
 - Paid (2) _____
 - Combination of both (3) _____
-

Q5.4 With what University department are you associated/affiliated?

- Student Council (1)
 - Health Services (2)
 - Campus Police/Security (3)
 - Housing/On-campus residence system (4)
 - Other (5) _____
-

Q5.5 How does the team receiving funding (select all that apply)?

- Student fee (i.e., \$1.00 per undergraduate student) (1)
 - Teaching first aid (2)
 - Home department provides funding (3)
 - Grants from other University departments (4)
 - Grants from external sources (5)
 - Other (6) _____
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Q38 In a 12-month period including the 2015/2016 academic year, how many patients or incidents did your team respond to? (*i.e., how many patients or incidents did your team respond to from May 1st, 2015 until April 30th, 2016*)



Q5.6 In a 12-month period including the 2016/2017 academic year, how many patients or incidents did your team respond to? (*i.e., how many patients or incidents did your team respond to from May 1st, 2016 until April 30th, 2017*)

End of Block: Administrative Questions

Start of Block: Personal Information

Q6.1 Thank you for taking the time to complete this survey on behalf of your campus emergency response organization.



Q6.3 Please provide your role on the [Insert team name as indicated in Q2.1]?

Q6.4 Were you authorized to answer all of the questions about the [Insert team name as indicated in Q2.1] asked in this survey?

Yes (1)

No (2)

Q6.5 May we contact your team again using the team's email address if we have follow-up questions?

Yes (1)

No (2)

End of Block: Personal Information
