



Intro/Consent

Cardiac Arrest Survival Rate and Determinant Factors in Rural Alaska – Agency-Specific Survey

Thank you for your interest in this study! Your name and contact information were provided by your EMS Medical Director who believed you to be the most qualified to answer questions about your agency, including frequency and reporting of sudden cardiac arrest (SCA) events.

CONSENT FORM

Who is conducting this survey and what is it about?

The University of Alaska Fairbanks is conducting this survey with support from the Alaska Department of Health and Social Services (DHSS) Office of Emergency Medical Services. The purpose of the survey is to gain a better understanding of the following:

- The number of medical and sudden cardiac arrest (SCA) calls responded to by your agency
- The number of individuals (e.g., EMTs, CHAs) employed by your agency
- The methods your agency uses to document SCA
- The number of SCA events that may go unreported
- The factors that impact SCA documentation and reporting

Who can participate in this survey?

Individuals who self-identify as being:

- 18 years or older
- Able to answer questions about SCA calls responded to by your agency, and factors that may impact SCA reporting.

What does this study involve?

Taking part in this study involves completing a 10-20 minute on-line survey which can be completed on a computer or any mobile device.

What are the risks of taking part in this study?

We foresee only minimal risks to participating in this study. With the exception of identifying how many agencies you work for and their names, you can choose to not answer questions you do not wish to answer, or stop the survey without penalty.

What are the benefits of taking part in this study?

Completing this survey will not benefit you directly. You may find it satisfying to provide your perspectives about SCA reporting and care in Alaska.

Will people know that I have participated in this survey?

All of your answers will be kept confidential. Your name and the agency or agencies you serve will be linked to your answers. This information will never be included in study reports. We will only report aggregate results.

How will the survey information be used?

The survey results will be used to:

- Share information at conferences and meetings
- Write grants to fund further research and intervention studies
- Write articles for public and peer-review journals, newsletters, and reports

Will I receive anything if I participate in the survey?

If you choose to complete the survey, you will be offered a \$20 Gift Card. To receive the gift card, you will be directed at the end of the survey to a contact page where you

can provide your best mailing address to receive your gift card.

Do I have to take part in this study?

NO. You do not have to do this survey. You may stop participating in the survey at any time.

Has this study been approved?

YES. This study has been approved by the University of Alaska Fairbanks (UAF) Institutional Review Board.

What if I have questions about this survey?

Please contact Dr. Ellen Lopez (University researcher) at:

- Office: 907-474-7318
- Email: edlopez@alaska.edu

What if I have questions or concerns regarding my rights as a study participant?

Please contact the Institutional Review Board (IRB) at:

- Email: uaf-irb@alaska.edu
- Phone: 907-474-7800
- Toll-Free: 1 (866) 876-7800
- Website: <http://www.uaf.edu/irb/report-concerns>

If you are interested in participating in this study, please read the following statement very carefully. Then, if you would still like to participate, please indicate your consent by checking the appropriate box.

Statement of Consent:

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been provided the

opportunity to print a copy of this form at the following website:

<http://www.montana.edu/aian/research/abstracts/lopez.html>

- Yes. I would like to complete this survey.** (Great! Click Yes and the Next arrow to start the survey).
- No. I would NOT like to complete this survey.** (Thank you for your interest).

Can we contact you if we have any questions or need clarification?

- Yes
- No

What is your best contact information?

Name	<input type="text"/>
Position	<input type="text"/>
10 Digit Phone number	<input type="text"/>
Email address	<input type="text"/>
Other	<input type="text"/>

Block 1