Department of Health

Queensland Ambulance Service

Information Support, Research and Evaluation

Queensland Ambulance Service Application for Research

Last updated: September 2023

433QAS

Queensland Government

Please read the **Queensland Ambulance Service (QAS) Research Application Guidelines** before completing this **Application for Research form.**

The Guidelines can be found on the QAS website: **https://ambulance.qld.gov.au/research.html**

Contact

Information Support, Research & Evaluation Unit
Email: QAS.Research@ambulance.qld.gov.au

Privacy Statement: *The information collected in this form will be used to assess the merit and validity of requests to the QAS for access to data / information. All information collected on this form will remain confidential and will be stored securely according to Queensland Government privacy guidelines. For information regarding privacy processes in relation to data requests, please contact the QAS Information Support, Research and Evaluation Unit at QAS.Research@ambulance.qld.gov.au.*

Contents

Introduction

The Queensland Ambulance Service (QAS) regularly works in collaboration with universities, research bodies, other ambulance services and organisations to undertake research that is relevant to the strategic direction of the service.

As part of our data sharing obligations, QAS makes every effort to ensure that the data provided to our partners is accurate and complete.

Reciprocal arrangements for the provision of data include acknowledgement, co-authorship, reciprocal data sharing and access to further research opportunities. Each agreement is negotiated with collaborators on a case-by-case basis.

Legal Framework

Under section 22 and 50P of the *Ambulance Service Act 1991*, the Commissioner, QAS as a delegate may authorise a disclosure of Confidential Information if satisfied, on reasonable grounds, that the disclosure is:

- in the public interest; or
- necessary to assist in averting a serious risk to the life, health or safety of any person, including the person to whom the confidential information relates to; or
- made for the purpose of research which has the approval of an appropriate ethics committee.

All QAS data provided to organisations or individuals is strictly confidential and not for further disclosure. All data must be securely stored and all personal information must be handled in accordance with the *Information Privacy Act 2009.*

Application Process

- All applications for QAS data or access to QAS staff for the purposes of research will be processed by the Information Support, Research and Evaluation (ISRE) Unit, QAS.
- Research projects that are deemed to be in the public interest, and have appropriate merit, will be considered and subject to approval by the Commissioner, QAS.
- Researchers **must consult** with QAS (as the data custodian) prior to applying for ethics approval to ensure that relevant data items are available and that there are adequate local resources available to be able to provide the information requested.
- It is highly recommended that prior to formulating and submitting this application, **researchers contact the QAS ISRE Unit** at QAS.Research@ambulance.qld.gov.au to discuss the proposed protocol. This will help reduce delays in the application process which can be caused by incomplete or inappropriate applications.
- QAS encourages collaborative research projects. **It is expected that at least one approved QAS staff member is included as a co-investigator.** QAS may choose to nominate an appropriate staff member.
- For any research outputs (e.g. articles, reports, conference presentations), QAS must be included in a consultative process and provided with draft documents prior to being made available in the public domain, with sufficient time to allow provision of feedback, and for the feedback to be incorporated.
- QAS must be provided with advanced notice of media releases and/or aspects that may receive media attention in relation to research that includes reference to QAS or QAS data.
- QAS data must only be used for the research purposes outlined in the research proposal that has been approved by QAS. Separate approval must be sought to use the data for research purposes not described in the original and approved application(s).

How to apply

- Refer to **page 5** of the QAS Research Application Guidelines for instructions on how to apply for QAS data and access to QAS staff for research purposes.
- The Guidelines outline what documents you need to include in your **Application for Research** pack (see also below). The following checklist will assist you in ensuring that all relevant documents are included in your application:

QAS RESEARCH APPLICATION PACK CHECKLIST	
☐	**Introduction letter** (1-2 page maximum)
	Letter should be addressed to the Commissioner, QAS, outlining exactly what you are requesting, e.g., data, or surveying / interviewing QAS staff; the background and purpose of your study; brief methodology; and any ethical approvals associated with the study.
☐	**Application for Research** form (including completed variable list, if applicable)
	Must contain all the information necessary for consideration of the project without the need for further written or verbal explanation, or reference to additional documentation. Please define all terminology and abbreviations. All details in the application, particularly concerning any successful applications, must be current at the time of application.
☐	**Research Protocol** (if applicable)
☐	**Copy of ethics application** (if applicable)
☐	**Copy of ethics approval certificate** (if applicable)
☐	**Copies of surveys/questionnaires/focus group questions** (if applicable)
☐	**Participant Information Sheet/consent forms etc.** (if applicable)
☐	**Draft recruitment email for surveys / communication to be distributed to QAS staff** (if applicable)

Once your **Application for Research** is complete, please email all documents to QAS.Research@ambulance.qld.gov.au.

Project Title

Contact Details: *Principal Investigator*	
Name:	
Position:	
Organisation:	
Email:	
Phone:	
Address:	

Project Contact *(if different from Principal Investigator)*	
Name, phone, email:	

Members of the Project Team:		
Name:	Position, Organisation:	Email:

Type of Research *Please indicate whether the project is:*	
☐	A new stand-alone project
☐	A sub-component of / related to, a previously approved project
☐	A student project (i.e. forms part or all of an honours, PhD or Masters thesis, or part of a coursework degree)
	Please specify (e.g. Masters, PhD):
☐	A feasibility study for a larger study
	Please provide brief details:

Sites or agencies involved in the research:
e.g. Queensland Ambulance Service; Queensland Health – Princess Alexandra Hospital Emergency Department; Queensland Police Service – Cairns watchhouse

Study Outline *Please provide a description of the project in plain language including background, aims, design and methodology.*	
Background	
Aims	

Design/Methodology	

Project Timeline	
Expected Start Date:	
Expected Completion Date:	

Ethical Considerations

Describe the ethical considerations that are specific to QAS involvement.
Issues include privacy, confidentiality, potential consequences of participation and consent.

Has your project received approval from an NHMRC Human Research Ethics Committee (HREC)?

☐ **Yes**
☐ **No**
☐ **Pending**

All applicants must provide a copy of their **ethics application**. Where projects have received ethics approval, please also include your **ethics approval certificate**.

Name of Committee(s):

Are you applying for the release of Confidential Information from a QAS data collection?

Please Note: Applications that seek information that is **identifiable or potentially re-identifiable, or involve linked data,** require ethics approval from an NHMRC *certified* HREC (please note the difference between registered and certified ethics committees). Please refer to page 7 of the QAS Research Application Guidelines for the definitions of confidential information, identifiable data, re-identifiable data and unidentifiable data.

☐ **Yes** ☐ **No**

Rationale for using confidential information

Describe the rationale for using confidential information including identifiable data and re-identifiable data (if applicable).

Benefit to the Community

Provide a brief description of how the research will directly benefit the community.

How do the benefits to the public outweigh the risks for the individuals whose confidential Identifiable Data or Re-Identifiable Data will be used?

QAS Involvement

Benefit to QAS

Provide a brief description of how the research will directly benefit QAS.

Innovation & Research Translation

Provide a description of how the research is innovative or unique, and how it is proposed to translate the findings into practice.

QAS Personnel

Please indicate exactly what will be required of QAS personnel. Any paramedic participation time should be clearly outlined.

QAS Co-investigator

May be nominated by QAS.

Anticipated Output

Describe the proposed method of publication of results (e.g. conference presentations, study summary for participants, peer reviewed journal articles, reports, PhD thesis etc.).

Ownership of Results / Authorship

Describe the proposed ownership of study results in particularly in relation to QAS. Describe what will be offered to QAS in terms of authorship for publications resulting from the study.

Budget / Funding

Outline estimated costs associated with the project, with particular emphasis on costs directly related to QAS (e.g. participant reimbursement, designated allocation for cost recovery related to data extraction costs where impost on QAS staff is substantial). Also state the funding source.

Risk Analysis

Provide details of potential risks to participants, QAS and QAS staff in relation to involvement in the project.

Potential Conflict of Interest

Please disclose to QAS any affiliation or financial interest of the researchers in relation to the project.

Project Data

Data Type *Please indicate the nature of data you are seeking*	
Study Recruitment *(e.g. contact with QAS staff or QAS patients or their carers)* *Select this if the research is during QAS patient's interaction with QAS or about their interaction with the Service.*	☐
Data extraction *(e.g. digital ambulance report form (dARF) or Computer Aided Dispatch (CAD) data)*	☐

If applying for a data extraction, please complete the **table below** and ***Appendix 1: Variable List***

Data Collections *Please indicate the data collections and dates required*			
Data Set	**Requested**	**From** *e.g. June 2018*	**To** *e.g. July 2021*
Digital Ambulance Report Form (dARF *Jan 2018 – current records*	☐		
Computer Aided Dispatch (CAD) data	☐		

For data **prior to January 2018**, please contact the ISRE Unit to ensure data variables are available. Prior to this date, QAS utilised the electronic Ambulance Report Form (eARF) system.

Geographic Locations *If particular locations are required, please specify*

DATA LINKAGE

Does your project involve data linkage?

☐ **Yes** ☐ **No**

Note: QAS data is routinely integrated into the Queensland Master Linkage File (MLF), maintained by the Statistical Services Branch (SSB), Queensland Health. The data included in MLF is sourced from diverse data collections, registries and information systems. Each record within the MLF is assigned with an identifier – a "Linkage Key" – providing global unique patient identifiers across the different data sources. Further information on the MLF can be found via SSB: https://www.health.qld.gov.au/hsu/link/datalink

Other sources of information (outside QAS)

*Please indicate any other sources of information, **other than QAS**, that will be used for this project. Provide details about the information that will be collected from each source and specify whether your project involves linkage of records.*

	Source	Details
☐	Information will be collected directly from participants (e.g. non-QAS patients/carers)	
☐	Information will be collected from another person (e.g. carer, parent, Doctor) about the participant	
☐	Information will be collected from an existing record or data collection held by an individual or organisation other than the QAS (e.g. Queensland Health)	*e.g. Emergency Data Collection (EDC); Queensland Hospital Admitted Patient Data Collection (QHAPDC)*
☐	Information will be used that you or your organisation have previously collected for another purpose	
☐	Other	

Data Security Plan

Please describe the security plan for the protection of the information provided by QAS. The security plan should specify the measures that will be taken to protect the information from misuse, loss or unauthorised access during the research project.

Data Retention and Disposal Plan

Please describe the proposal for the retention and disposal of the data provided by QAS. You should specify the period of retention of the QAS data after the completion of the research project and the measures to be taken to secure the QAS data during that retention period. It should also specify the date by which the data will be returned or destroyed.

Declarations and Signatures – Research Agreement

This agreement must be signed by all members of the research team and must be completed prior to submission for consideration. Incomplete applications will not be considered at QAS.

Conditions for QAS approval of the research project:

- ✓ All information contained in this application and any other associated documents are truthful and as complete as possible.
- ✓ The research project will be conducted in accordance with the ethical and research arrangements as outlined in this application.
- ✓ The research project will be conducted in accordance with the protocol and conditions under which it has been approved.
- ✓ The data provided for this research project by the QAS will only be used for the research project outlined in this application and in accordance with any conditions QAS may impose in approving the application.
- ✓ The research project will not commence until this application has been approved by the QAS.
- ✓ The researchers will make available to the QAS ISRE Unit all resulting research output (draft manuscripts, reports, conference presentations, etc) based on the analysis of QAS data in this application, allowing QAS the opportunity to review and respond within 30 days or any other extended time frame agreed between the parties, and will incorporate the feedback into the research output.
- ✓ The researchers will provide the QAS with an electronic copy of all research outputs relating to results of analysis as they become publicly available.
- ✓ The researchers will provide acknowledgement of the QAS, and opportunity for co-authorship, in any research outputs (publications, reports or presentations, etc) resulting from this application.
- ✓ The researchers will provide the QAS with advance notice of media releases and/or aspects that may receive media attention in relation to research that includes reference to QAS and/or QAS data.
- ✓ Regular progress reports will be provided for approved research projects to notify QAS of progress, changes and milestones. These reports will be submitted electronically to the QAS as required, depending on the project timeframe, following receipt of QAS data. Applicants will be advised of the relevant milestones upon approval of the research. A final report will be submitted to QAS on completion of the research project. The QAS Research Project Status Report template can be found on the QAS website: https://ambulance.qld.gov.au/research.html.
- ✓ Any changes or events in approved research warranting ethical review will be immediately reported to the QAS, including:
  - Changes in the research protocol or conduct;
  - Changes to the project team
  - Suspension or termination of the research; and
  - Complaints, adverse and unforeseen events.
- ✓ The researchers declare that they have read and agree to abide by *'National Statement on Ethical Conduct in Human Research' (*National Health and Medical Research Council, updated 2018) and by the *'Australian Code for the Responsible Conduct of Research'* (National Health and Medical Research Council, 2018). https://www.nhmrc.gov.au/guidelines-publications/r41 https://www.nhmrc.gov.au/guidelines-publications/e72

Declarations and Signatures – Research Agreement (cont.)

By signing the below, you are agreeing to the conditions and confirm the Declarations on the previous page.

APPLICANT / PRINCIPAL INVESTIGATOR SIGNATURE			
FULL NAME			
SIGNATURE		**DATE**	

SUPERVISOR OF STUDENT (where applicable)			
I certify that: ○ I will provide appropriate supervision to the student to ensure that the research project is undertaken in accordance with the conditions above. ○ I will ensure that any necessary training is provided to enable the research project to be undertaken skilfully and ethically.			
FULL NAME			
POSITION			
SIGNATURE		**DATE**	

HEAD OF DEPARTMENT / SCHOOL / RESEARCH ORGANISATION	
I/we certify that: ○ I/we are familiar with this research project and endorse its undertaking. ○ The resources required to undertake this research project will be made available. ○ The researchers have the skill and expertise to undertake this research project appropriately or will undergo appropriate training as specified in this application.	
I/we certify that	
(name of institution)	
accepts the legal and ethical responsibility for the conduct of this research project and confirm that adequate insurance to cover the conduct of this research project is in place, and agree to keep QAS and/or QAS staff indemnified at all times from and against all claims which may be brought against QAS or QAS staff which the QAS and/or the QAS staff may be subjected to as a consequence of the use of QAS data provided to the applicant(s) as consequence of this application. The indemnity provided will be reduced to the extent that an act or omission of QAS and/or QAS staff contributes to the loss or damage.	
FULL NAME	
POSITION	
SIGNATURE	
DATE	

PLEASE NOTE - if the Principal Investigator is the Head of Department / School / Research Organisation the next tier of authority is required to sign.

Declarations and Signatures - Confidentiality Agreement

THE AGREEMENT MUST BE SIGNED BY **EACH MEMBER** OF THE RESEARCH TEAM THAT WILL HAVE ACCESS TO CONFIDENTIAL INFORMATION AS A RESULT OF THIS REQUEST AND APPLICATION

Introduction:

- The QAS requires all data provided by QAS, or obtained from QAS staff or persons under the care of the QAS, to remain strictly confidential.
- The QAS requires that Confidential Information must be kept strictly and absolutely confidential and dealt with in accordance with the approved protocols, Queensland Government privacy policies and all applicable legislation.
- The QAS requires that all persons authorised to have access to Confidential Information to acknowledge their obligations to uphold confidentiality by entering this Confidentiality Agreement.

Declaration:

- In the course of using Confidential Information for research purposes, I acknowledge that I will be exposed to information which if inappropriately used or disclosed may impact on individuals, public or private facilities or communities, such as discrete non-urban indigenous communities.
- I will not disclose Confidential Information in any released output unless the necessary approvals and consents are in place (e.g. in reports, publications).
- I will not use Confidential Information for purposes other than for performing the specific activities detailed in the application as approved by the Commissioner, QAS under the *Ambulance Service Act 1991*.
- I will not use the Confidential Information except during the defined time period for which access to and use of this information is approved.
- I agree to take all the reasonable steps necessary to ensure that the Confidential Information is kept confidential, including storing or disposing of all data, information, documents and associated correspondence in a secure manner.
- I agree not to use the Confidential Information to attempt to identify or make unauthorised contact with any individual or to provide the Confidential Information to another person for those purposes.
- I agree not to make any unauthorised merger of the Confidential Information with any other information set, including information files provided for two separate research projects.
- I agree not to disclose any Confidential Information to any person other than a person authorised for the research project who has also signed this agreement.
  I agree that I will not publish any Confidential Information provided by the QAS or information derived from that Confidential Information unless the individual has given their prior written consent to be identified in the publication.
- If I am required by law to disclose any Confidential Information, I agree to immediately notify the QAS ISRE Unit before making any such disclosure. In such circumstances I agree to cooperate with the QAS to use all reasonable efforts to minimize the extent of disclosure and shall not be in breach of this Confidentiality Agreement for having made a disclosure in accordance with this clause.
- I agree to re-apply for approval from the QAS if:
  - I require additional Confidential Information; or
  - I want to extend the approved time period for access to or use of the confidential information.
- I agree to notify the QAS ISRE Unit immediately of any actual, alleged, likely or proposed:
  - Breach of the Approved Protocol for the research project;
  - Breach of the Security Plan or any other security measures;
  - Use of the Confidential Information for any purpose other than the authorised purpose, or any other misuse of the Confidential Information;
  - Release of the Confidential Information to anyone other than an authorised person for the research project; or
  - Complaints or other adverse events or circumstances concerning the Confidential Information.

Declarations and Signatures - Confidentiality Agreement (cont.)

- Without limiting any other rights of the QAS, I agree to take all necessary steps as the QAS may require, and cooperate with the QAS as necessary to prevent and/or mitigate the damage or harm which may flow from any of the actual, alleged or proposed confidentiality breach.
- I agree to keep QAS indemnified against all claims and losses, costs, liability and expenses, directly or indirectly incurred or suffered by the QAS, in connection with:
    - Any breach of this Confidentiality Agreement by me; or
    - Any act or omission by a person to whom I have disclosed, or allowed to be disclosed, the Confidential Information, which if done or omitted to be done by me would amount to a breach of this Confidentiality Agreement.

Research Team Member #1 *(Principal Investigator)*			
FULL NAME			
POSITION			
SIGNATURE		**DATE**	

Research Team Member #2			
FULL NAME			
POSITION			
SIGNATURE		**DATE**	

Research Team Member #3			
FULL NAME			
POSITION			
SIGNATURE		**DATE**	

Research Team Member #4			
FULL NAME			
POSITION			
SIGNATURE		**DATE**	

Research Team Member #5			
FULL NAME			
POSITION			
SIGNATURE		**DATE**	

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APPENDIX 1 - VARIABLE LIST

Indicate the variables requested for your research project. Note that only variables that are directly relevant to addressing the specified research question/s will be considered for approval.

Digital Ambulance Report Form (dARF): This dataset is the current clinical case capture recorded by paramedics on scene. It replaced the Electronic Ambulance Report Form (eARF) in January 2018, with some overlap between the two systems.

Applicants requesting data **prior to January 2018** will need to consult with QAS ISRE to ensure data variables are available.

Case and patient identifiers	
eARF number	☐
Incident number	☐
Case date (dd:mm:yyyy)	☐
Patient gender	☐
Patient age	☐

Patient History		
Pre-existing conditions *(medical conditions and procedures the patient may have or have had)*	☐	*Please specify, e.g. patients with diabetes*
Allergies *(substances the patient is allergic to and the reaction)*	☐	*Please specify, e.g. patients with asthma*
Current medications *(all medication that the patient currently takes)*	☐	*Please specify*
Social Situation / Risk Factors (e.g. alcohol abuse; drug abuse; homelessness)	☐	*Please specify*

On arrival		
Scene findings *Dangers/risks to crew; delay type (e.g. weather, hazmat); scene delays (difficult extraction, unsafe scene).*	☐	

Case history		
Cause of injury *Animal/plant; car/van; drowning/submersion; drug/medication; electrical; environmental exposure; fall; fire/thermal; foreign body; HAZMAT; motorcycle; other trauma; other vehicle; pedal cycle; pedestrian; sporting injury; truck/bus.*	☐	
Road Traffic Crash (RTC) patient/vehicle details	☐	*Please specify (e.g. location in vehicle; vehicle impact locations; vehicle safety equipment)*
Primary complaint *The main problem the patient complains about.* Further information such as anatomic location, duration, onset may be available.	☐	

Narrative *A free text field where paramedics enter a summary of the case*	
Presenting Complaint	☐
History of Presenting Complaint	☐
Examination	☐
Disposition	☐

Assessment		
Primary Assessment *Response; Airway; Breathing; Circulation*	☐	
Primary Diagnosis *(as recorded by paramedic - finite list of available options)*	☐	
Vital Signs GCS; APGAR; respiratory rate; ETC02; SPO2; respiratory details (e.g. sounds, appearance, effort); BP; ECG; pulse; skin; pupils; blood glucose level; pain score; temperature.	☐	*If vital signs are requested, we recommend first and final set.*
Final Acuity *Critical*; *Emergency*; *Low acuity; Deceased*	☐	

Management		
Drugs administered	☐	*Specify the particular drugs of interest (dose, route, time of administration also available)*
Management *This section details all the interventions delivered. This can include drug access routes, behavioural assessments, cardiac & respiratory interventions, fracture & haemorrhage control, plus many more.*	☐	*Specify the procedures of interest*

CAD dispatch data (collected at the point of call taking)

CAD data does not include specific patient-related clinical variables. The data in this system is collected for the purposes of resource allocation and dispatch, and uses Advanced Medical Priority Dispatch Software to prioritise calls and arrange for appropriate and timely ambulance resources. It is therefore suitable for use in research that investigates demand for service and resource allocation and utilisation.

CAD Variable	Requested?	Specify variable of interest
Incident number	☐	
Date (dd/mm/yyyy)	☐	
MPDS determinant*	☐	*Specify MPDS codes required from table on next page*
Dispatch priority	☐	*e.g. code 1A, 1B, 1C, 2A, 2B etc.*
Scene location (street address, postcode, GPS coordinates)	☐	
QAS station responding	☐	
QAS district	☐	
Response unit / type	☐	
Paramedic skill level	☐	
Location type	☐	*e.g. hospital; aged care facility; school etc. Excludes private residences. Please discuss with QAS ISRE Unit for further detail.*
Transported flag Y/N	☐	

*MPDS includes a possible 34 determinants, see table on next page.

Case times		Please justify which time points are of interest and why
Call received (dd/mm/yyyy hh:mm)	☐	
Dispatched (dd/mm/yyyy hh:mm)	☐	
At scene (dd/mm/yyyy hh:mm)	☐	
At patient (dd/mm/yyyy hh:mm)	☐	
Depart scene (dd/mm/yyyy hh:mm)	☐	
Notify (dd/mm/yyyy hh:mm)	☐	
At destination (dd/mm/yyyy hh:mm)	☐	
Handover (dd/mm/yyyy hh:mm)	☐	
Triage (dd/mm/yyyy hh:mm)	☐	
Available (dd/mm/yyyy hh:mm)	☐	

*MPDS includes a possible 34 determinants:

1	Abdominal Pain/Problems	12	Convulsions/Seizures	23	Overdose/Poisoning (Ingestion)
2	Allergic Reactions/Envenomation (Stings, Bites)	13	Diabetic Problems	24	Pregnancy/Childbirth/Miscarriage
3	Animal Bites/Attacks	14	Drowning/Diving/SCUBA Accident	25	Psychiatric/Abnormal Behaviour/Suicide Attempt
4	Assault/Sexual Assault	15	Electrocution/Lightning	26	Sick Person
5	Back Pain (Non-Traumatic/Non-Recent)	16	Eye Problems/Injuries	27	Stab/Gunshot/Penetrating Trauma
6	Breathing Problems	17	Falls	28	Stroke (CVA)/TIA
7	Burns (Scalds, Explosions)	18	Headache	29	Traffic/Transportation Incidents
8	Carbon Monoxide/Inhalation/HazMat/CBRN	19	Heart Problems/AICD	30	Traumatic Injuries (Specific)
9	Cardiac or Respiratory Arrest/Death	20	Heat/Cold Exposure	31	Unconscious (Near)/Fainting
10	Chest Pain/Chest Discomfort (Non-traumatic)	21	Haemorrhage/Lacerations	32	Unknown Problem (Collapse-Third Party)
11	Choking	22	Inaccessible Incident/Entrapments (Non-traffic)	36	Pandemic/epidemic/outbreak

Note: Card 36 was added in 2020 and used until December 2021.

If you are interested in other reasons for dispatch e.g. medically authorised transports, inter-facility transfers, retrieval, etc., please contact the ISRE unit.