

## APPENDIX

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### **Appendix 1. Data Management**

Majority of the data will be collected via surveys via RedCap™. The study Standard Operating Procedures (SOP) manual and a more specific RedCap™ SOP has been drafted to document all necessary steps in data entry and validation. Any data collected as paper copies will be scanned and uploaded onto the electronic platforms. Data and reports extracted from RedCap™ will be stored in de-identified form on a secure web-based platform and limited to be accessed by authorised study personnel- thus maintaining confidentiality throughout the study period and after the trial. Focus group discussions and in-depth interviews will be recorded on a digital recorder with consenting participants. The recording will be transferred onto the University of Sydney's Research Data Storage (RDS) which is a centralised secure data storage platform. The discussions will then be transcribed following which all the recordings will be destroyed.

## Appendix 2. FirstCPR Participant Information and Consent form



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*FirstCPR study: Education and training of community members in responding  
to an Out-of-Hospital Cardiac Arrest (OHCA)*



### PARTICIPANT INFORMATION STATEMENT

#### **What is this study about?**

You are invited to take part in the FirstCPR study, led by Professor Clara Chow at the Westmead Applied Research Centre, University of Sydney. The information in this document will explain what the research is about, why it is being done, and what is involved if you choose to participate. You have been invited to participate in this study because your club/organisation has agreed to work with us to raise awareness and knowledge of what to do when people see a cardiac arrest in the community. This means we are inviting all members (18 years and older) to participate in the educational campaign mainly related to cardiopulmonary resuscitation (CPR). This program is supported by a National Health and Medical Research Council (NHMRC) research grant.

This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

#### **Providing your consent to participate:**

Participation in this research study is voluntary. Taking the FirstCPR survey will mean that you consent to take part in this study. This means you are telling us that you:

- ✓ Understand what you read in this sheet.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described (name, email, phone number).
- ✓ Agree that you are 18 years or older
- ✓ Are happy to be contacted in the future about the project

**What will happen if I say I want to be in the study?**

If you wish to participate there will be a 5-minute questionnaire at the start about cardiac arrest in the community. Then you will be asked if you would like to receive information and reminders about cardiac arrest and CPR via text message and/or email for a period of 10 to 12 months. Some messages will include links to additional information on websites, videos or factsheets which have been selected by the First CPR research team. At the end of the study period, there will be another short questionnaire. Some of you will be invited to continue to receive less frequent reinforcement messages for an additional 12month period and be asked to complete a similar 5-minute questionnaire at the end of this second period. You can opt out of receiving messages at any time by replying 'STOP.'

During the study period you may be contacted about participating in an interview or group discussion about your views on cardiac arrest, CPR education and training. If you are selected for these, you will be sent more information on these closer to the time and can decide if you wish to join at that stage.

Your organisation will also be provided with materials to share with members and will host a face-to-face information session about basic life-saving skills. These sessions will demonstrate how to do CPR, use a defibrillator, and provide you with the opportunity to ask questions of an instructor. Where a need is identified, arrangements will be made for a multilingual interpreter to be present at the information sessions so translation of the information can be relayed in the language of the audience.

**How long will the study take?**

Your organisation will have access to FirstCPR educational and training material over the next 12 months. However, the time commitment from participants equates to viewing fortnightly short educational and informative messages that we will send via email or text, and these can be viewed in your own time. Participants who enjoy receiving these messages can sign up to receive monthly messages for an additional 12-month period to reinforce learning. You will also be invited to attend a one-hour in-person educational and training session and register to claim one of 30 free vouchers for a 2.5-hour accredited training session that will include hands-on CPR training on a manikin.

**Are there any good things about being in the study?**

By being a part of this research, you will also be given access to training materials and you will contribute to our research to understand whether programs like this can increase awareness and knowledge about CPR. There will also be up to 30 vouchers available to participants in your organisation to attend a free accredited CPR training course that normally costs \$65. All

participants will also go into a draw to win one of ten Coles/Woolworths vouchers valued at \$30 each, drawn at the end of each annual survey rollout.

**Are there any risks or costs associated with being in the study?**

Aside from giving up your time to complete the surveys, we do not expect that there will be any risks or costs associated with taking part in this study.

**What will happen to information about me that is collected during the study?**

Your information will be stored securely, and your identity/information will be kept strictly confidential, except as required by law. Access to this information will only be permitted to authorised researchers directly involved in the study. Study findings may be published, but you will not be individually identifiable in these publications.

**Do I have to be in the study? Can I withdraw from the study once I've started?**

You can decide if you want to take part in this or not. You don't have to, and it is completely up to you. If you decide you want to be in the study and then you change your mind later, that's ok. All you need to do is tell us by text message, email, or telephone call that you want to withdraw. If you decide to withdraw from the study, we will not collect any more information from you. Any information that we have already collected, however, will be kept in our study records and may be included in the study results.

**Will you tell me what you learnt in the study at the end?**

Yes, we will if you want us to. There is a question on the consent form that asks you if you want us to tell you what we learnt in the study (study findings). If you select 'Yes', when we finish the study, we will tell you what we learnt. If you have any questions, you can ask us by calling on [0412 369 519](tel:0412369519) or email us at [warc.firstcpr@sydney.edu.au](mailto:warc.firstcpr@sydney.edu.au).

**What if I am not happy with the study or the people doing the study?**

If you are not happy with how we are doing the study, then you can

- Call the university on +61 2 8627 8176 or
- Write an email to [human.ethics@sydney.edu.au](mailto:human.ethics@sydney.edu.au)

### FirstCPR Participant Consent Form

If you are happy to be in the study, please

- **write** your **name** in the space below
- **sign** your **name** at the bottom of the next page
- put the **date** at the bottom of the next page.

You should only say 'yes' to being in the study if you are 18 years or older, understand what it is about, and you want to be in it.

Yes, I, .....[PRINT NAME], am happy to be in this research study.

In saying yes to being in the study you 1) confirm you have read the participant information sheet, 2) Understand what is involved in participation, 3) understand that by providing contact details and completing the survey you consent to participate in the study and 4) are happy to be contacted in the future about the project.

**Please tick () 'Yes' or 'No' if you would like us to email you a summary report at the end of the study to tell you what we learnt in the study.**

**YES**

**NO**

*If, yes please let us know your email so we can send you the report*

**Email**.....

**Signature** .....

**Date** .....



### Appendix 3. FirstCPR evaluation survey questionnaire

<b>FirstCPR Baseline survey</b>	
<b>Question</b>	<b>Options</b>
<b>1. Kindly tell us some information about yourself</b>	
Please enter your age (in years) ...	..... (Eligible to participate if 18years or older)
Please select your Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term: ..... <input type="checkbox"/> Prefer not to answer
What is the highest level of schooling you have completed?	<input type="checkbox"/> Primary/Grade School <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Technical college or some University <input type="checkbox"/> University diploma or degree <input type="checkbox"/> Postgraduate
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> China <input type="checkbox"/> England <input type="checkbox"/> India <input type="checkbox"/> Italy <input type="checkbox"/> Malaysia <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> South Africa <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Vietnam <input type="checkbox"/> Other, please specify.....
<p><b>(If born outside Australia),</b>            Approximately how many years have you been living in Australia</p>	..... (if less than a year- e.g., 6 months- please enter 0.5)

What language do you mainly speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Italian <input type="checkbox"/> Greek <input type="checkbox"/> Hindi <input type="checkbox"/> Spanish <input type="checkbox"/> Punjabi <input type="checkbox"/> Other, please specify.....										
What is your Postcode?	.....										
Which of the following describes your current status?	<input type="checkbox"/> Working for an employer or conducting a business <input type="checkbox"/> Unpaid work in a family business <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Studying <input type="checkbox"/> Homemaker / Stay-at-home parent <input type="checkbox"/> Retired <input type="checkbox"/> Other, please specify.....										
<b>(If selected working / studying / looking forwork):</b> Can you indicate if your current occupation (or field of study) fits into any of the following industry categories – if not, please select ‘Other’ and specify industry category	<input type="checkbox"/> Medical or Health <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fitness Instructor / Coach <input type="checkbox"/> Social worker <input type="checkbox"/> Aged care worker/Carer <input type="checkbox"/> Jail or correctional staff <input type="checkbox"/> Transport worker <input type="checkbox"/> Flight attendant <input type="checkbox"/> Firefighter <input type="checkbox"/> Lifeguard <input type="checkbox"/> Construction worker <input type="checkbox"/> Electrician <input type="checkbox"/> Teacher <input type="checkbox"/> Childcare provider or staff <input type="checkbox"/> Security personnel <input type="checkbox"/> Other, please specify.....										
<b>(if category other than medical or Health selected above):</b> Have you ever worked or been trained in a medical or health-related field?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
In general, would you say that your health is	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Very Poor</td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Excellent</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Very Poor	Poor	Fair	Good	Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Poor	Poor	Fair	Good	Excellent							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<b>2. The next few questions are related to CPR (Cardiopulmonary resuscitation). Please select the option that best reflects your response to the statements below</b>											
I would rate my overall knowledge of CPR as	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Very Poor</td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Excellent</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Very Poor	Poor	Fair	Good	Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Poor	Poor	Fair	Good	Excellent							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Have you heard of Hands-only or Compression-only CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Standard CPR involves chest compressions and mouth-to-mouth breathing and is performed on a person who is suspected to be in cardiac arrest. Hands-only or compression-only CPR involves resuscitation with chest compressions only and no mouth-to-mouth breathing.</b>					
<b>I feel confident in my ability to perform</b>					
	Not confident	Somewhat confident	Confident	Very confident	
Standard CPR					
Hands-only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>I would be willing to perform CPR (either standard or hands-only) on a person collapsed and not breathing normally if they were a...</b>					
	Definitely not	Probably not	Maybe	Yes, probably	Yes, definitely
Family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Definitely Not, Probably Not or Maybe (for FAMILY MEMBER)</b> which of these statements best describes your reasons for why you would not be prepared to perform CPR on this person? ( <i>You can select more than one response</i> )	<input type="checkbox"/> Don't know how to do CPR <input type="checkbox"/> Don't feel confident <input type="checkbox"/> Concerned about hurting the person <input type="checkbox"/> Concerned about being sued <input type="checkbox"/> Concerned about not performing CPR properly <input type="checkbox"/> Physically unable to perform CPR <input type="checkbox"/> Concerned about infection <input type="checkbox"/> Other, please specify .....				
<b>If Definitely Not, Probably Not or Maybe (for FRIEND)</b> which of these statements best describes your reasons for why you would not be prepared to perform CPR on this person? ( <i>You can select more than one response</i> )	<input type="checkbox"/> Don't know how to do CPR <input type="checkbox"/> Don't feel confident <input type="checkbox"/> Concerned about hurting the person <input type="checkbox"/> Concerned about being sued <input type="checkbox"/> Concerned about not performing CPR properly <input type="checkbox"/> Physically unable to perform CPR <input type="checkbox"/> Concerned about infection <input type="checkbox"/> Other, please specify .....				



<p><b>If Definitely Not, Probably Not or Maybe (for STRANGER)</b> which of these statements best describes your reasons for why you would not be prepared to perform CPR on this person? <i>(You can select more than one response)</i></p>	<input type="checkbox"/> Don't know how to do CPR <input type="checkbox"/> Don't feel confident <input type="checkbox"/> Concerned about hurting the person <input type="checkbox"/> Concerned about being sued <input type="checkbox"/> Concerned about not performing CPR properly <input type="checkbox"/> Physically unable to perform CPR <input type="checkbox"/> Concerned about infection <input type="checkbox"/> Other, please specify .....
<p><b>3. Training related questions</b></p>	
<p>Have you ever been trained in CPR?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>(If Yes)</b>, When did you last receive training?</p>	<input type="checkbox"/> Less than 12 months ago <input type="checkbox"/> 1 to 5 years ago <input type="checkbox"/> More than 5 years ago <input type="checkbox"/> Can't recall
<p><b>(If Yes)</b>, Was your most recent training led by a qualified trainer/instructor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>(If Yes)</b>, Why did you undertake your most recent CPR training?</p>	<input type="checkbox"/> Requirement of my job <input type="checkbox"/> Requirement of a community or sporting club <input type="checkbox"/> Self-initiated <input type="checkbox"/> Other, please specify.....
<p><b>If (No- to ever trained)</b>, Which of these statements best describes your reasons for not receiving CPR training? <i>(You can select more than one response)</i></p>	<input type="checkbox"/> Never thought about it <input type="checkbox"/> Cost <input type="checkbox"/> Time <input type="checkbox"/> Didn't know where to go to learn <input type="checkbox"/> Other, please specify .....
<p><b>4. The next few questions are about AED (Automatic External Defibrillator) also simply known as Defibrillator. An AED is a portable device that can potentially save the life of someone having a cardiac arrest. It checks the heart's rhythm and sends a shock to the heart to restore a normal rhythm. It is easy-to-use and can guide anyone to use it through simple voice commands</b></p>	
<p><b>Please select the option that best reflects your response to the statements below</b></p>	
<p>I would rate my overall knowledge of a defibrillator (AED) as</p>	<input type="checkbox"/> Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Not Applicable as I had never heard of an AED/Defibrillator

<b>Please select the option that best reflects how confident you would feel to</b>										
I would feel confident to use an AED in an emergency	<input type="checkbox"/>	Not confident	<input type="checkbox"/>	Somewhat confident	<input type="checkbox"/>	Confident	<input type="checkbox"/>	Very confident	<input type="checkbox"/>	Not Applicable as I have never heard of an AED/Defibrillator
<b>If an AED/Defibrillator were available, I would be willing to use it in an emergency if they were a ....</b>										
	Definitely not	Probably not	Maybe	Yes, probably	Yes, definitely					
Family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>If Definitely Not, Probably Not or Maybe (for FAMILY MEMBER)</b> selected, which of these statements best describes your reasons for why you would not be prepared to use an AED on this person? ( <i>You can select more than one response</i> )	<input type="checkbox"/>	Don't know how to use an AED	<input type="checkbox"/>	Don't feel confident	<input type="checkbox"/>	Concerned about hurting the person	<input type="checkbox"/>	Concerned about being sued	<input type="checkbox"/>	Concerned about not being able to operate it properly
	<input type="checkbox"/>	Other, please specify.....								
<b>If Definitely Not, Probably Not or Maybe (for FRIEND)</b> selected, which of these statements best describes your reasons for why you would not be prepared to use an AED on this person? ( <i>You can select more than one response</i> )	<input type="checkbox"/>	Don't know how to use an AED	<input type="checkbox"/>	Don't feel confident	<input type="checkbox"/>	Concerned about hurting the person	<input type="checkbox"/>	Concerned about being sued	<input type="checkbox"/>	Concerned about not being able to operate it properly
	<input type="checkbox"/>	Other, please specify.....								
<b>If Definitely Not, Probably Not or Maybe (for STRANGER)</b> selected, which of these statements best describes your reasons for why you would not be prepared to use an AED on this person? ( <i>You can select more than one response</i> )	<input type="checkbox"/>	Don't know how to use an AED	<input type="checkbox"/>	Don't feel confident	<input type="checkbox"/>	Concerned about hurting the person	<input type="checkbox"/>	Concerned about being sued	<input type="checkbox"/>	Concerned about not being able to operate it properly
	<input type="checkbox"/>	Other, please specify.....								
<b>Thank you for completing the survey questions.</b>										

*Note: Survey items on training, willingness and confidence have been adapted from validated surveys used in Australia [Refs: 10,17]*

## Appendix 4. Roles and Responsibilities

### Committees

Members of the investigating team as well as partner organisations formed the steering committee and continue to participate and provide guidance in various discussions and decisions related with the project. In addition, three subcommittees or working groups have been set up based on members' expertise and interest to oversee and provide regular input and support in three key areas of (i)intervention development, (ii)implementation plan and (iii)scientific/ statistical advice.

### Subcommittees:

**Intervention(development) committee:** oversees the development of educational tools and materials for the intervention. Broadly, key tasks involved discussion on key messages that need to be conveyed in the intervention campaign, and identification, collation and reviewing of all intervention material aligned with these key messages.

**Implementation(planning) committee:** deliberates on planning the delivery of the intervention and implementation of the project as per the study protocol. Key discussions involved - the approach to selecting and recruiting community groups, planning of study areas, recruitment approaches for urban versus regional areas, examination of feasibility or rolling interventions in organisations within a select timeframe, review, and comment on study timeline, and advise on the process evaluation component.

**Scientific(advisory) committee:** reviewed and provided advice on the development and amendments to the scientific protocol and included deliberation over the design and methodology, survey items, analysis and evaluation plan, data management and addressing any issues raised by the ethics committee.

**Operations committee:** The study will be coordinated and managed by the Westmead Applied Research Centre (WARC), The University of Sydney. A core committee of investigators, project officers have been meeting regularly to organise and facilitate the working groups, set up the project, develop key documents and contracts and troubleshoot issues related with intervention development and implementation of the project.

## **Appendix 5. Audit and Monitoring of study**

The research team has established quality control procedures for data collection. Through regular audits of study implementation, data collection procedures will further assure that any issues including will be picked up and attended to in time. All data entry will be completed via RedCap™, which will allow for real time data query generation for values entered outside of pre-set valid ranges and consistency checking. Only authorised research staff will have access. All entered data forms will be electronically signed (by use of the unique password) by authorised study staff. All changes made following the initial entry will have an electronically dated audit trail. Centralized coding of outcomes will be performed by a trained researcher and reviewed by the team statistician, to confirm accuracy of coding and correct reporting of outcomes by the sites. Data monitoring will thus be conducted throughout the study, but no interim analysis is planned. Monitoring of data will ensure any adverse or unintended events are picked up in time and reported as outlined in the ethics and governance documents. While an independent audit is not planned, an internal audit by the sponsor may occur during the trial.