Department of Health

Queensland Ambulance Service

Information Support, Research and Evaluation

Queensland Ambulance Service

Application for Data form

433QAS

Queensland Government

***** Please read the Queensland Ambulance Service (QAS) Research Application Guidelines before completing this Application for Data 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 50P of the *Ambulance Service Act 1991*, the Director-General of Department of Health as the chief executive of Queensland Ambulance Service (Director-General) 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 reviewed and subject to approval by the Director of the Information Support, Research and Evaluation (ISRE) Unit, and the QAS Commissioner.
- Research projects that are deemed to be in the public interest, and have appropriate merit, will be considered, with final approval by the QAS Commissioner and in some cases, the Director-General of Department of Health.
- 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 to discuss the proposed protocol. This will help reduce delays in the application process, which can be caused by incomplete or inappropriate applications (in particular regarding the use of paramedic time).
- 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 publication, with sufficient time to allow provision of feedback.
- 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 QAS data request(s).

How to apply

- Refer to **page 6** 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 pack (see also below).
- Once your application is complete, please email your application pack to the ISRE Unit at QAS.Research@ambulance.qld.gov.au.
- The following checklist will assist you in ensuring that all relevant documents are included in your application:

QAS DATA APPLICATION PACK CHECKLIST	
Introduction Letter to the QAS Commissioner	☐
This **Application for Data Form** (including variable list if required)	☐
Research Protocol (if applicable)	☐
Copy of ethics application and approval certificate (if applicable)	☐
Copy of survey/questionnaire (if applicable)	☐

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:	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 (e.g. forms part or all of an honours or PhD thesis) ☐

Please specify:

e.g. Clinical Masters, or PhD

- A feasibility study for a larger study ☐

Please provide brief details:

Sites or agencies involved in the research:

e.g. Metro South Hospital and Health Service; Prince Charles Hospital; Queensland Police Service.

Study Outline *Please provide a description of the project in plain language including background, aims, design and methodology.*	
Background	
Aims	*Please list the aims of the study and how they relate to QAS*
Design	
Methodology	*Provide details of proposed data collection methodology, including scientific description of experimental procedures, surveys and questionnaires, recruitment strategies and other relevant information.*

Project Timeline	
Expected Start Date:	
Expected Completion Date:	

Ethical Considerations

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

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

☐ **Yes** ☐ **No**

Please attach a copy of the ethics application and approval certificate from the relevant committee(s).

Name of Committee(s):

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

In this regard please refer to page 4 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 identifiable 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 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.

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.

Ownership of Results / Authorship

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

Budget / Funding

Outline funding associated with the project, with particular emphasis on costs directly related to QAS e.g. participant reimbursement, data extraction costs, salaries (if requiring QAS staff during work hours), and administration costs.

Risk Analysis

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

Review of Results

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

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 below the data services you are seeking*	
Study Recruitment *(e.g. contact with QAS staff)*	☐
Data extraction *(e.g. electronic ambulance report form (eARF) or Computer Aided Dispatch (CAD) data)*	☐

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

Data Collections

Please indicate the data collections and dates required

Data Set	Request	From *e.g. June 2012*	To *e.g. July 2013*
Electronic ambulance report form (eARF) *2007-current records*	☐		
Computer Aided Dispatch (CAD) data	☐		

Geographic Locations

If particular locations are required, please specify

e.g. Brisbane; Longreach; postcode 1234; Redcliffe Hospital.

Other sources of information

Please indicate any other sources of information, other than QAS, that will be used for this project.

- ☐ Information will be collected directly from participants
- ☐ 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. Department of Health)
- ☐ Information will be used that you or your organisation have previously collected for another purpose
- ☐ Other

Please identify the information that will be collected from each source and specify whether your project involves linkage of records from different sources.

e.g. EDIS; QHAPDC etc.

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.

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

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 draft manuscripts, reports or other presentations 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.
- ✓ The researchers will provide the QAS with an electronic copy of all publications of results of analysis as they become publicly available.
- ✓ The researchers will provide acknowledgement of the QAS, and opportunity for co-authorship, in any publications, reports or presentations 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.
- ✓ Annual status 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, every 12 months, following receipt of QAS data. A final report will be submitted 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;
  - 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'* and by the *'Australian Code for the Responsible Conduct of Research'* (National Health and Medical Research Council, 2007).
  https://www.nhmrc.gov.au/guidelines-publications/r39
  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

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

Introduction:

- You are requesting authority to have access to Confidential Information provided by the QAS for the research project.
- 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.

'Confidential Information' for the purpose of this Confidentiality Agreement means information that is made available for the research project whether recorded in a material form or not that is capable of identifying a person as a person who is receiving or has received, an ambulance service which may include Identifiable Data, Re-Identifiable Data, and information including but not limited to:

- personal health information about an individual whose identity is reasonably apparent,
- any other personal information about an individual whose identity is reasonably apparent, or
- any other information that is by its nature confidential.

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 Director-General 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.

Declarations and Signatures - Confidentiality Agreement (cont.)

- 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.
- 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**	

Declarations and Signatures - Confidentiality Agreement

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**	

Research Team Member #6			
FULL NAME			
POSITION			
SIGNATURE		**DATE**	

Research Team Member #7			
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.

VACIS (eARF): *This data set is the clinical case capture recorded by paramedics on scene. The electronic capture of data has been in place since 2007.*

eARF Variable	Requested?	Specify rationale / purpose *For variables with multiple sub-categories, specify the particular group/s or categories of interest*
Case number (eARF number)	☐ YES ☐ NO	
Incident number	☐ YES ☐ NO	
Date (dd:mm:yyyy)	☐ YES ☐ NO	
Patient name	☐ YES ☐ NO	
Patient gender	☐ YES ☐ NO	
Patient age	☐ YES ☐ NO	
Scene location (street address)	☐ YES ☐ NO	
Scene location (postcode)	☐ YES ☐ NO	
Location type	☐ YES ☐ NO	
Dispatch code	☐ YES ☐ NO	
QAS station	☐ YES ☐ NO	
QAS region	☐ YES ☐ NO	
Response unit / type	☐ YES ☐ NO	
Paramedic skill level	☐ YES ☐ NO	

eARF Variable	Requested?	Specify variable of interest
PHx – Past history		
Pre-existing conditions *(medical conditions and procedures the patient may have or have had)*	☐ YES ☐ NO	
Allergies *(substances the patient is allergic to and the reaction)*	☐ YES ☐ NO	
Current medications *(All medication that the patient currently takes)*	☐ YES ☐ NO	
Risk factors *(common risk factors e.g. diabetes, obesity, smoking)*	☐ YES ☐ NO	
Hx – Case history *A description of the circumstances as to why the ambulance was called (e.g. the mechanism of injury). This may come from the patient, relatives, bystanders, etc.*		
<u>Case nature</u> What the Paramedic believes is the cause of the presenting problem (e.g. overdose, cardiovascular problem, chemical exposure, motor vehicle collision). **This variable is generally most appropriate for identifying particular patient categories in the eARF collection.**	☐ YES ☐ NO	*Specify 'Case Nature' from list below*
Alcohol withdrawal; Allergy; Animal related injury; Assault; Bicycle collision; Biological exposure; Bite/sting/envenomation; Cardiovascular problem; Chemical exposure; Crush; Dermatology problem; Drowning/immersion; Drug requesting detox; Drug withdrawal; Electrical contact; Emotional problem; Endocrine problem; ENT problem; Environmental exposure; Explosion/Incendiary device; Eye injury/problem; Fall; Fire/smoke exposure; Foreign body; Gastrointestinal problem; Genitourinary problem; Hanging; Immune problem; Inhalation; Lightning strike; Medical-General; Motorcycle collision; Motor vehicle collision; Musculoskeletal problem; Neurological problem; Obstetric/gynaecology problem; Oncology problem; Overdose/exposure; Paediatric collision; Psychiatric problem; Radiation contamination; Respiratory problem; Scuba diving incident; Shooting; Social situation problem; Sporting injury; Stabbing; Struck by object; Surgical – General; Other; Unknown Problem; No problem detected.		
<u>Case description</u> A free text field where Paramedics are required to enter a concise description of the events leading up to the need to call for an Ambulance.	☐ YES ☐ NO	
O/A - On arrival		
<u>Scene findings</u> *What the Paramedic observes on arrival at scene such as any dangers or hazards, the patient's position and social situation.*	☐ YES ☐ NO	
<u>Prior care management</u> (others at scene) *Allows the Paramedic to document who else was at the scene (such as bystanders, police, fire services, doctors, off-duty paramedics) and whether prior care management is undertaken.*	☐ YES ☐ NO	
<u>Patient complaint</u> *The main problem the patient complains about.*	☐ YES ☐ NO	

eARF Variable	Requested?	Specify variable of interest
O/E – On examination		
Primary survey *A preliminary assessment that identifies any immediate life threat.*	☐ YES ☐ NO	
Secondary survey *Findings from head to toe examination and other physical findings such as Mental Status Assessment and Neurological Status Assessment.*	☐ YES ☐ NO	
Initial assessment *What the Paramedic believes is the patient's main problem after completing Primary, Vital Signs and Secondary Surveys.*	☐ YES ☐ NO	
VSS – Vital signs survey		
VSS – General *Pulse, Blood Pressure, Respiratory Rate, Skin Temperature, Skin Colour, Skin Moisture, Glasgow Coma Score (GCS), Pupil Size and Reactivity and Pain Score.*	☐ YES ☐ NO	
VSS – Paediatric *Wong-baker pain score, APGAR activity, APGAR appearance; APGAR Grimace, APGAR Pulse, APGAR Respiratory effort, GCS Verbal child.*	☐ YES ☐ NO	
VSS – Advanced *Advanced vital signs are recorded for certain case types only. Information recorded here includes oxygen saturation (SPO2), cardiac monitor readings and end tidal C02 (ETCO2) readings.*	☐ YES ☐ NO	
VSS – Respiratory status assessment *This is a 9-point uniform approach for assessing the respiratory status of the patient and includes: Respiratory appearance, Respiratory chest wall status, Respiratory effort, Respiratory rhythm, Respiratory sounds, Respiratory speech, Respiratory status & Respiratory upper airway sounds.*	☐ YES ☐ NO	
Mx - Management		
Includes all patient care, interventions and clinical management variables (including time of administration/s of drugs and procedures)	☐ YES ☐ NO	*Specify the particular drugs / procedures of interest*

Result		
Transport Code *Acute, Non acute, Time critical, non-time critical*	☐ YES ☐ NO	
Destination (hospital name)	☐ YES ☐ NO	
Final assessment *What the Paramedic believes is the patient's main problem at the time the patient is discharged from his/her care.*	☐ YES ☐ NO	
Referral *Allows the entry of data relevant to where a patient is not transported to Hospital, but is referred onto another agency more appropriate for their needs. (ie: LMO, CAT Team, Social Worker etc.)*	☐ YES ☐ NO	
Patient outcome *Change in status: patient improved / did not improve / no change*	☐ YES ☐ NO	
Case times		
Call received (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	
Dispatched (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	
At scene (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	
At patient (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	
Loaded (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	
Notify (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	
At destination (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	
Triage (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	
Off stretcher (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	
Case complete (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	

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	☐ YES ☐ NO	
Date (dd/mm/yyyy)	☐ YES ☐ NO	
Time of call (dd/mm/yyyy hh:mm)	☐ YES ☐ NO	
MPDS determinant*	☐ YES ☐ NO	*Specify MPDS codes required from list below*
Dispatch criticality	☐ YES ☐ NO	
Scene location (street address, postcode, XY coordinate)	☐ YES ☐ NO	
QAS station responding	☐ YES ☐ NO	
QAS region	☐ YES ☐ NO	
Response unit / type	☐ YES ☐ NO	
Number of units responded	☐ YES ☐ NO	
Ambulance unit status at time of dispatch	☐ YES ☐ NO	
Paramedic skill level	☐ YES ☐ NO	

*MPDS includes a possible 33 determinants:

1	Abdominal Pain/Problems	12	Convulsions/Seizures	23	Overdose/Poisoning (Ingestion)
2	Allergic Reactions/Animal Stings/ Envenomation	13	Diabetic Problems	24	Pregnancy/Childbirth/Miscarriage
3	Animal Bites/Attacks	14	Drowning/Diving/SCUBA Accident	25	Psychiatric/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 (C.V.A.)
7	Burns/Explosions	18	Headache	29	Traffic/Transportation Accidents
8	Carbon Monoxide/Inhalation/HazMat	19	Heart Problems/A.I.C.D.	30	Traumatic Injuries
9	Cardiac or Respiratory Arrest/Death	20	Heat/Cold Exposure	31	Unconscious (Near)
10	Chest Pain	21	Hemorrhage/Lacerations	32	Unknown Problem (Man Down)