**Appendix A.** EMS providers Formative Research – Interviewer’s Guide

1. **Warm-up** (5 minutes)

We will start with a few questions about you. I hope you don’t mind me asking…

1. How old are you?
2. How long have you been an EMS provider for the BCFD?
3. Are you ALS or BLS?
4. What is you gender? [Or if it is obvious just say – your gender is M/F correct – with a smile]
5. How do you describe your race or ethnicity?
6. What motivated you to go into this line of work – being an EMS first responder?
7. **Perceptions and Attitudes about Opiate Users and Connecting them with Treatment** (20 minutes)
8. Can you tell me about your experience as a Baltimore City EMS provider treating and sometimes transporting opiate users?
9. What happens when you arrive at the scene of an average case of suspected opiate overdose?
10. How is it logged into the system? What level of information do you include about the incident?
11. What challenges have you encountered on the job when providing care to opiate users?
12. What are some solutions to these challenges or success stories that you are aware of?
13. Please describe you overall attitude towards working with opiate users in Baltimore?
14. What is your opinion of EMS providers, who come into regular contact with opiate users, providing a brief counseling intervention and information about where to go for drug treatment, and how to enroll in the study? This would involve talking with the opiate user compassionately to motivate them to seek help and offering them a print material with information: 1) about the study, 2) how to access drug treatment directly, and 3) information about the Staying Alive overdose program offered by the Baltimore City Health Department’s needle exchange program, in which opiate users are taught how to respond to an overdose and administer intranasal Naloxone - they are provided with one dosage.
15. To what extent do EMS providers currently encourage opiate users and refer them to drug treatment or

other resources? (You, what about others?)

1. How do you think doing so fits (or does not fit) into the role of EMS in responding to opiate overdoses or other incidents involving opiate users?
2. What challenges do you foresee in attempting to intervene with opiate users to move them towards drug

treatment and safer drug use practices?

1. What are solutions or ways to overcome these barriers?
2. Do you feel EMS providers can successfully help connect opiate users with this pilot study, drug treatment programs, and overdose prevention programs? [Probe: study information, drug treatment hotline, Staying Alive program] Why or why not?
3. **Ideas and Input for the Training for EMS Providers** (20 minutes)
4. We are going to be developing a four hour training to teach EMS providers to implement the intervention and the study. It will be provided to a group of EMS workers from EMS3 and EMS5.
5. Do you think it should be one 4-hour training or two 2-hour trainings? Why?
6. What kind of training and skills would you be most interested in learning at this training?
7. How to screen patients for opiate use?
8. Motivational communication skills – how to compassionately encourage opiate users to consider drug treatment (especially after a traumatic incident like an overdose or drug-related violence)
9. Knowledge about existing drug treatment resources in Baltimore City
10. Any other skills would you want to gain from such a training?
11. How much interest do you think fellow EMS providers will have in this training and project?
12. What would make them more excited about and interested in attending the training?
13. How could we incentivize training attendance?
14. I want to ask you a few questions about how you think the training should be implemented?
    1. Format of the training?
    2. Location
    3. Time
    4. Activities that should be included in the training
15. Do you have any last advice for us as we embark upon designing the training?
    1. What have we not discussed that you feel would be important content to include in the training?
    2. What have we not discussed that you feel should not be included in the training?
    3. What have we not talked about yet about how best to implement the training so that the intervention is ultimately effective?
    4. Would you be interested in providing input and participating in the development of the training

curriculum in the near future?