APPENDIX 1:  
**i. SURVEY:**

1. What is the location of your base? (city, province/territory):

2. What population size do you serve? This includes the entire geographical area covered by your service

· <100 K

· 100K – 250K

· 250K – 500K

· 500K – 1million

· >1 million

3. What is the total number of missions per year?

4. How many air medical crew providers are there at your base?

5. How many of each? Please provide the number of each type of professional you employ

· *Paramedics*

· *RNs*

· *Physicians*

· *Other*

6. What type of aircraft do you utilize at your base? Please specify type of air frame.

· *Fixed-wing , type*

· *Rotary, type*

· *Both*

7. Do you use point of care ultrasound (POCUS) aboard any of your aircraft?

· Yes

· No

8. Are there any physical restraints to POCUS use in your air frame?

· Yes

· No

9. Please explain:

10. If not currently using POCUS, are you planning to introduce it?

· Yes , when?

· No

11. What are the barriers to POCUS use at your base? Choose all that apply.

· *Cost of machines*

· *Cost of training certification and maintenance*

· *Potential for delay in transport*

· *Lack of guidelines standardizing prehospital ultrasound (PHUS) use*

· *Insufficient evidence showing improved patient morbidity and mortality*

· *N/A*

· *Other - specify*

**If answered “NO” to Q7, skips to end of survey.**

12. How long has POCUS been available at your base?

13. What type of aircraft (and air frame) is POCUS used on?

· *Fixed wing*

· *Rotary*

· *Both*

14. Where do you most frequently obtain scans? – grid to answer “frequently, sometimes, infrequently, never” for each option.

· *in the field*

· *at sending hospital*

· *in flight*

· *at receiving center*

15. Are any of the providers trained by a certifying body (one example being Canadian point of care ultrasound independent provider (cPOCUS-IP))? If so, how many are certified?

*Paramedics*

· *RNs*

· *Physicians*

· *Other*

16. Are there any providers who have completed training courses, but are not yet certified ? How many of each? For example, someone who completed a POCUS course and are working towards collecting the required scans.

*Paramedics*

· *RNs*

· *Physicians*

· *Other*

17. Do you have any quality control measures?

· *image capture with smartphone*

· *image download from machine*

· *case review*

· *comparison with other imaging (ex Xray, CT results)*

· *ongoing education, describe*

· *other, please describe*

18. Are all scans documented?

· Yes, how?

· No

19. What percentage of missions is POCUS utilized on?

· *75-100%*

· *50-74%*

· *25-49%*

· *<25%*

20. What type of indications do you utilize POCUS for? Who performs which scans? (for paramedics, RNs, physicians)

· *abdominal free fluid*

· *pneumothorax*

· *hemothorax*

· *interstitial lung syndrome i.e. pulmonary edema*

· *pericardial effusion in suspected tamponade*

· *PEA/cardiac standstill*

· *RV dilatation in suspected PE*

· *severe LV function*

· *AAA*

· *volume status*

· *obstetrical – confirmation of IUP*

· *Aid in vascular access*

· *fracture assessment and reduction*

· *other (such as POCUS-guided intervention), if other please specify*

21. In your opinion, which type of the above POCUS applications is most useful in your setting?

22. Do you believe POCUS has a positive role on patient care in the emergency department?

· Yes

· No

23. Based on your experience and the evidence, should air ambulance POCUS become common practice?

· Yes

· No

24. Comments:

**ii. SURVEY DISTRIBUTION:**

|  |  |
| --- | --- |
| STARS | AB – Calgary, Edmonton, Grand Prairie |
| SK – Saskatoon, Regina |
| MB – Winnipeg |
| BCEHS | BC |
| AHS (Alberta Health Services Air ambulance) | AB |
| SAA (SK Air Ambulance) | SK |
| ORNGE | ON |
| Advanced Medical Solutions | NWT/NU |
| MedFlight | NL |
| LifeFlight | MB |
| NS, PEI |
| NB |
| EVAQ (Évacuations aéromédicales du Québec) | QC |