

## Consent

**Study Title:** Public Safety Stakeholder Scenarios

OMB Control #0693-0043

Expiration Date: 06/30/2025

### **Office of Management and Budget (OMB) Paperwork Reduction Act**

**Notice:** A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0043. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to be approximately 12 minutes/hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary/mandatory/required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Institute of Standards and Technology (NIST) Communications Technology Laboratory (CTL) Public Safety Communications Research (PSCR) Division at 325 Broadway, Boulder, CO, 80305, Attn: Scott Ledgerwood, [scott.ledgerwood@nist.gov](mailto:scott.ledgerwood@nist.gov).

### **Principal Investigator:**

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## **Purpose of this Study**

The purpose of this study is to understand public safety stakeholders' experiences broadly. These experiences include incident response, public safety communications, and general knowledge. This study aims to learn from users who work in public safety directly.

## **Procedures**

You will be asked to answer a series of questions related to your experiences in public safety, your public safety related training, and your willingness to participate in an interview. If you are willing to participate in an interview, you will be asked to provide your contact information and scheduling preferences.

The responses to this survey will be used to adapt the interview questions to your experience. This survey will take approximately 10-15 minutes to complete.

For participants who provide contact information and participate in an interview:

If you agree to be interviewed and are selected for an interview, you will be asked a series of questions about your experiences in public safety by an interviewer. The interview will be conducted remotely using a NIST-password protected online conferencing platform. The interview will take approximately 1 hour.

## **Participant Requirements**

Participants must be age 18 or older and public safety personnel.

## Risks

The risks and discomfort associated with participation are no greater than those ordinarily encountered in daily life: decision reflection and choice, reflection on professional roles and communications, and emotional distress.

For participants who provide contact information and participate in an interview:

The possible risks and discomfort associated with interview participation are 1) loss of confidentiality of you and/or your organization; 2) consequences to your reputation and/or your organization. The risks of either event are very low and further mitigated with the following procedures: 1) during scheduling, all identifiable data will be maintained on NIST password protected platforms and servers. All data will be deidentified. No information will be revealed in published reports regarding the identify of participants or their organizations.

In the event of a security breach, an unlikely but possible risk, your data will remain anonymous. This study will not store identifiable information and the data that are collected will not be connected to information that identifies you. Our data storage and security procedures are described below under the section “**Privacy and Confidentiality**”

## Benefits

There may be no personal benefit to your participation in this study, but the knowledge received may be valuable to public safety research, the scientific understanding of user experience, and humanity. Participants may receive indirect benefit from participating in the study in that their response may inform future decisions and developments related to public safety communications research.

## Compensation

You will receive no payment or other compensation for participating in this study.

## **Costs**

There will be no cost to you if you participate in this study.

## **Privacy and Confidentiality**

By participating in this study, you understand that National Institute of Standards and Technology (NIST) may be required to disclose your data and other personally identified information as required by law, regulation, subpoena, or court order. Otherwise, your confidentiality will be maintained in the following manner:

**We will not be collecting any information that can be tied to your identity directly.**

You will be assigned a random number that links your data to your experimental record, but it will not include information that can link back to your identifiable information.

We will keep your study records private and confidential. Data from the study will be stored on a secured server or secured hard drive and only authorized members of the research team will have access to these data.

Certain people may need to see your study records. Anyone who looks at your records must keep them confidential. These individuals include:

- The research team, including the Principal Investigator, Co-Investigators, and research staff.
- Certain government employees who need to know more about the study and individuals who provide oversight to ensure that we are doing the study in the right way.

We may publish or disseminate what we learn from this study. If we do, we will not include **information that can be tied to your identity directly**. In addition, we will not publish anything that would allow other people know who you are.

Please note that regulation requires all data to be kept for 3 years. Total confidentiality cannot be guaranteed, since all security measures have vulnerabilities and may be compromised. If you decide to discontinue the study for any reason, your partially recorded data will be retained. It will only be accessible to members of the research team.

### **Future use of research data and/or specimens**

The data will be stored for future use, but only after all identifiable information has been removed. We anticipate that the data will be stored only for the immediate research team to use in the future for other research and development efforts.

### **Rights**

Your participation is voluntary. You are free to stop your participation at any point. Refusal to participate, withdrawal of your consent, or discontinued participation in this study will not result in any penalty of loss of benefits or rights to which you otherwise might be entitled.

The principal investigation may use his/her discretion to remove you from the study for any number of reasons. In such an event, you will not suffer any penalty of loss of benefits or rights to which you otherwise might be entitled.

### **Right to Ask Questions and Contact Information**

If you have any questions about this study, you should feel free to ask them now. If you have questions later, desire additional information, or wish to withdraw your participation you can contact the Principal Investigator at any time by mail, phone, or email:

Scott Ledgerwood  
Communications Technology Laboratory  
National Institute of Standards and Technology  
325 Broadway, Boulder, CO 80305  
Email: [scott.ledgerwood@nist.gov](mailto:scott.ledgerwood@nist.gov)

**You can get the answers to your questions, concerns, or complaints.** If you have questions about your rights as a participant in this study, or have complaints, concerns or issues you want to discuss with someone outside the research team, contact The Research Protections Office (RPO) at (301) 975-5445

### **Voluntary Consent**

You should only decide to participate if the following is true for you:

I understand the above description of the research and the risks and benefits associated with my participation as a research subject. I understand that by proceeding with this study I agree to take part in this research and do so voluntarily.

By selecting “I consent” below, you agree that the above information has been explained to you and all your current questions have been answered. You are encouraged to ask questions about any aspect of this research during the course of the study and in the future.

By selecting “I consent,” you agree to participate in this research study and affirm that you are 18 years old or older. A copy of the consent form can be given to you at your request. I consent I do not consent



## Intro

Thank you for your willingness to be interviewed!

To help us use your time effectively during the interview, we ask that you please complete this brief questionnaire.

You may navigate backwards and forwards with the green arrows visible at the bottom of your screen.

## Experience & Familiarity with Public Safety

Please tell us about your background in public safety.

Do you currently work in Public Safety?

- I work in Public Safety. For example, I work as a first responder.
- I do not work in Public Safety. For example, I work as a bank teller.
- Other. For example, I work as an emergency communications researcher or a retired first responder.

In what Public Safety discipline do you work or provide support? Please select all that apply.

- Communications/911 Call Taking or Dispatch
- Emergency Medical Services
- Firefighting

Law Enforcement

Other

In what type of area do you support Public Safety? Please select all that apply.

- Urban
- Suburban
- Rural
- Wildland
- Other

In what jurisdiction level do you support Public Safety? Please select all that apply.

- Local
- County
- State
- Federal
- Territorial
- Tribal
- Other

How many years of experience do you have working in Public Safety? For example, 10.

What is your type of Public Safety appointment? Please select all that apply.

- Sworn
- Non-sworn
- Other

In what type of Public Safety organization do you work? Please select all that apply.

- Private
- Public
- Other

What is your type of Public Safety compensation? Please select all that apply.

- Paid
- Career
- Volunteer
- Other

## Training

The next questions will ask you about your public safety training broadly. Please describe your training in as much detail as you are comfortable.

Please tell us about any training you completed related to your work in public safety.

Please tell us about any training unrelated to public safety that you completed that helps you perform your work in public safety.

Please tell us about any training you would like to complete or training you

would like others in public safety to complete.

Please upload any training materials, guidelines, protocols, or policies that you believe are most relevant to your work and that you are willing to share.

Additional upload 2

Additional upload 3

Additional upload 4

Additional upload 5

Additional upload 6

## Scheduling

Thank you again for your willingness to be interviewed.

To simplify scheduling, please us which days of the week and time you would prefer for the interview. A member of the study team will contact you with specific suggested dates and times.

Please leave the days and times that you are unavailable blank.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before 7:00 am	<input type="radio"/>						
7:00 am - 10:00 am	<input type="radio"/>						
10:00 am - 1:00 pm	<input type="radio"/>						
1:00 pm - 4:00 pm	<input type="radio"/>						
4:00 pm - 7:00 pm	<input type="radio"/>						
After 7:00 pm	<input type="radio"/>						
No Preference	<input type="radio"/>						

Please provide your contact information, either an email address or phone number, for the purpose of scheduling the interview only. We will not use this information for any other purpose or associate it with any of your responses.

Email Address

Phone Number

**End**

Is there anything else you'd like to share with us? Please describe any feedback, comments, or questions you have in the space below.

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