

Florida Cup ALS Competition Rules

I. ELIGIBILITY FOR COMPETITION:

- **ALS Division/Teams** - Each team will be composed of a maximum of three (3) persons who must function in a pre-hospital setting. Team members will be limited to persons licensed / certified / credentialed as EMTs, Paramedics, RNs and military medics who function in the EMS environment; physicians, physician assistants, and nurse practitioners are not eligible to compete. At least one team member must be a paramedic.

- **Student Division/Teams** – Student teams will compete under the same rules as the ALS division. Students must be currently enrolled in EMT or Paramedic program. Students that graduate the paramedic program are not eligible to compete as a student team but could compete as an ALS team. The reason for distinguishing a student team is because there are student divisions in some larger competitions.

- **Alternate Team Members** - Each team may also have one alternate member bringing the total number of members on each team to four (4). In the case of multiple scenarios, substitutions will be allowed prior to beginning of the scenario. Alternative team member will be designated a fixed position as indicated by the hosting competition committee member. Alternative team member may video record in this location.

II. JUDGING STANDARDS AND SCORING:

Scoring on all scenario patient benchmarks and treatment options are based on most current reference material. New editions should be used when it is available 60 days prior to the competition.

- Nancy Caroline’s Emergency Care in the Streets, Jones & Bartlett Publishers,
- Emergency Care, Brady Publishing,
- ACLS American Heart Association,
- ACLS for Experienced Providers, American Heart Association
- PALS, American Heart Association,
- Critical Care Transport, AAOS
- PHTLS, NAEMT
- ITLS for Emergency Care Providers
- Emergency Response Guidebook, U.S. Department of Transportation.

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Team members will receive **immediate** information and feedback from a Feedback/Score Judge or the actual patient. Feedback/score Judge will be identified with a safety vest, designated shirt, or some other type of marking to distinguish Feedback/Score Judge from actors. During patient assessment, examination elements will be scored based on verbalized and/or simultaneously performed in real time for the judge.

Exam elements that are not clearly verbalized and/or simulated may not elicit a response from the Feedback/Score Judge or the patient.

At times, there may be exam elements or actions that were not completed to the expected design of the competition and points may not be given. The **final decision** on contested scoring will be made by the hosting competition committee members.

III. **EQUIPMENT:**

If any unauthorized equipment is discovered, the team may be disqualified or scoring removed. Hosting competition committee members will make **final decision**.

1. **Equipment bags, backpacks, and boxes:**

- Should be of comparable size and type of EMS industry commercial manufacture.
- The total number of carry-in equipment (bags / boxes / backpacks) may not exceed **Five (5)**. Fanny packs or small waist bags are considered an equipment bag and counts to the total bags allowed.
- No equipment may be affixed to the outside of the bags, packs, or clothing (ie. no tape strips stuck to side).
- Vests with pockets to hold equipment will not be allowed.

2. **Equipment provided at each scenario site:**

- Monitor with 4 and 12 leads cables and pacing cables. It will be understood that the monitor is only device that can provide **SpO2, SpCO, SpMet, and End tidal CO2 number and waveform**.
- Backboard(s), head immobilization device with forehead strap, and 4 backboard straps to cross strap upper and lower areas of the body (Exclude cervical collar).
- Specialized equipment will sometimes be provided to assist with the treatment of specific conditions. When the team member identifies a situation that requires a specific piece

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of equipment, then the member should request from the patient feedback/score judge if the equipment is available. In addition, specialized equipment may also be staged in designated area on the scenario scene.

3. Equipment restrictions or limitations:

- No computers, PDA's, pagers, radios, cellular telephones, or cellular watches will be allowed. Cellular devices will not be allowed in the sequestering or competition areas. These items should be secured prior to check-in.
- No charts, drug cards, rulers, measuring or counting devices, or calculators will be allowed **except for a length-based pediatric resuscitation tape.**
- No mechanical CPR or ventilation devices will be allowed.
- Simulation of SpO2, SpCO, SpMet, End tidal CO2, temperature, and glucometer **cannot** be used with a simulated paper, board, etc.

SpO2, SpCO, SpMet, and End tidal CO2 will be obtained from the EKG monitor provided.

Teams are **not** restricted on number of temperature or glucometers devices, but they should be an **actual device** and not a simulated paper, board, or other simulated item.

- Oxygen cylinders will **not be limited** on quantity; however, teams will be required to carry commercially available cylinders with a commercially available regulator. Multiple oxygen ports (manifold) **will not be allowed.**
- All equipment innovations must be cleared by the hosting competition committee prior to the day of the competition

4. Medication requirements:

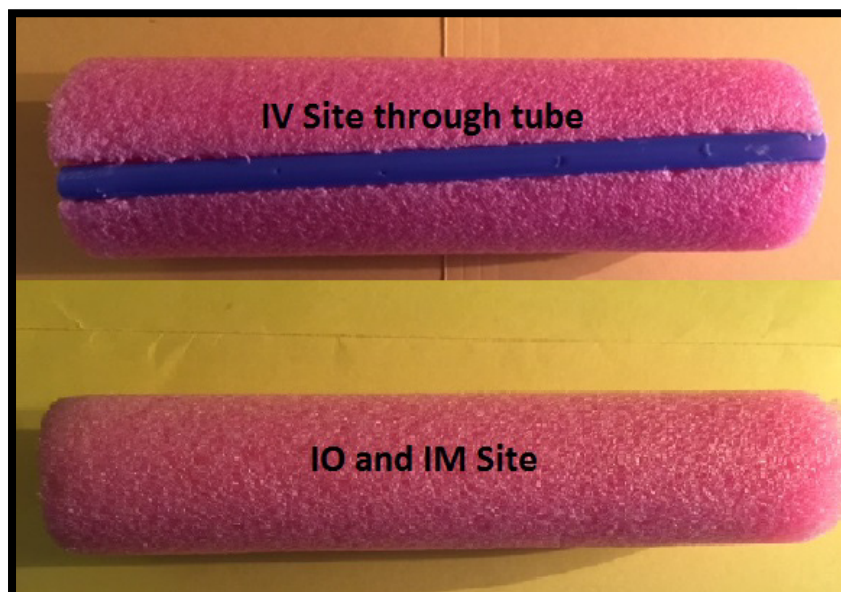
- Drug boxes should contain medications of sufficient type and quantity to manage a scenario.
- Actual drug solutions should not be present in the syringes or vials. Syringes should be filled with water in the correct quantity and clearly labeled with **name, volume, and concentrations.** Medication amounts should be comparable to commercial packaging; for example, Epinephrine 1:10,000 is only package 1mg in 10 ml. Medication syringes **do not** require individual ziplock bags. Feedback / Score judges either during the scenario or after the scenario may require the syringe to verify the drug and ask further questions on volume and dose administered.

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5. Medication administration:

- IV administration requires insertion of needle through the simulator; connect saline lock or IV tubing, secure with tape or commercial device, and **connecting simulated drug syringe to the needle port**. Sharps must be properly secured in sharps container.
- IN (intranasal) administration requires MAD device connect to the simulated drug syringe.
- IM (intramuscular) administration requires IM needle connected to simulated drug **syringe with safety cap on**. Sharps must be properly secured in sharps container.
- IO (Intraosseous) requires utilization of commercial device inserted through the simulator, connect IV tubing, and connecting simulated drug syringe to the needle port. Sharps must be properly secured.
- Sublingual and oral medications will be shown to the feedback/score judge and verbalized given.
- Nebulizer medication will be shown to the feedback/score judge and verbalized delivered in the nebulizer chamber.
- Medication administration simulator can be constructed using straws, tubing, bottles, or manikins. Requesting of simulator from the feedback/score judge may be required during the scenario.

Sample medication administration simulator:



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- To reduce costs incurred by spiking multiple solution bags for an IV setup in multiple scenarios. Teams can cut the spike off the end of the administration set, which prevents the bag seal from being punctured. This will allow the bag to be reused and proper simulation of IV setup. All IV administration sets and solution bags must be in their original package OR contained in a Ziploc-type bag.
 - Pre-connected IV administrations sets are not allowed and will cause no points to be given for an IV setup.
 - An IV that is not secured with tape or a commercial device may not receive points and the subsequent medication administration may also not be awarded points.

6. Suggested medication list:

- Recommended medication list is to standardize the medications expected for each team to carry and type of medication that will be recognized. If the medication is not listed, then it is not a medication that is expected for the team to carry. However, in certain situations there may be specialized medications needed to properly treat and may be available either by request or staged in the scenario room. It will be at the discretion of the team to decide the type and quantity of each medication to carry. The team should have the appropriate quantity to properly treat. Therefore, teams cannot use the same syringe to administer multiple doses beyond the quantity on the label. In some situations, the treatment of a specific condition can be accomplished with anyone of similar types of medications provided in the list. Therefore, you do not need to carry every single medication listed. Only medications on the list will be recognized based on reference material treatment guidelines.

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<ul style="list-style-type: none"> • Activated Charcoal • Acetaminophen • Adenosine • Albuterol • Amiodarone • Aspirin • Ativan • Atrovent • Atropine • Benadryl • Calcium Chloride • Calcium Gluconate • Captopril • Cardizem • Dextrose • Dopamine • Epinephrine • Epinephrine Racemic • Etomidate • Fentanyl • Glucagon • Haldol • Hydroxocobalamin (Cyanokit) • Ketamine • Labetalol • Lasix 	<ul style="list-style-type: none"> • Lidocaine • Magnesium sulfate • Mannitol • Methylene Blue • Metoprolol • Midazolam • Morphine Sulfate • Narcan • Nitroglycerin • Norepinephrine • Phentolamine • Pitocin • Pralidoxime • Rocuronium • Romazicon • Solu-medrol • Succinylcholine • Sodium Bicarbonate • Terbutaline Sulfate • Toradol • Tranexamic Acid (TXA) • Thiamine • Valium • Vecuronium bromide • Zantac • Zofran
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- Pre-mixed bags of medication must be a medication on the standardized list of competition medications. The specific concentration/volume should be commercially sold with that type of bag. Bags must be clearly labeled with **name, volume, and concentrations**.
- The goal for any scenario is to identify the condition (diagnosis) and treat correctly. Points are given for proper treatment; however, the host competition committee can provide negative points for incorrect medication administration.

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- **SKILL EXPECTATIONS AND SCORING REQUIREMENTS:**

Procedures will be carried out in as realistic manner as possible. Sometimes a specific skill will require a simulator to perform the skill. When simulator is required, team member should verbalize the skill and request simulator from the patient feedback / score judge.

Requests for various equipment readings will be **immediate**. For example, when a pulse is taken, the feedback will be given right away.

- **Airway Management Devices:** Intubation with direct laryngoscopy will be considered the primary advanced airway device. In cases where the patient needs an advanced airway, the endotracheal tube will receive the maximum points allowable for the patient in each scenario. Commercial endo-lock or tape can be used to secure device.
 - **Supraglottic devices** – Will be scored as a secondary device compared to orotracheal intubation. The secondary device will receive a score less than that of intubation with direct laryngoscopy. In addition, utilizing a supraglottic device in a contraindicated situation could result in negative points. Supraglottic device should be secured based on manufacturer recommendation.
 - **SALT Device** – will be scored as a secondary device. Although an endotracheal tube may be used, for the purposes of competition, airway management with a SALT device will be worth the same points as a supraglottic or secondary device.
 - **Video Laryngoscope** – The video laryngoscope requires equipment preparation and application like a standard laryngoscope and will be scored the same as intubation with direct laryngoscopy.
- **Hemostatic Agents** – May label a gauze package as hemostatic agent. If the treatment is appropriate for the patient, the scoresheet will reflect points and distinguish between sterile gauze and hemostatic gauze.
- Blood pressure cuff needs to be applied to the actor, manikin arm, or simulator arm to get feedback.
- Stethoscope must be around the neck and the bell of the stethoscope placed on the desired listening location to receive feedback or score points.
- Spinal motion restriction requires complete application of a long spine board with 4 cross straps, head immobilization with forehead strap, and collar to receive points. When applying spinal motion restriction to other devices, the actual device must be

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available in order to utilize, and proper securing applied with straps, head immobilization and collar to receive points (i.e., scoop stretcher or wheeled stretchers).

- Pleural decompression requires simulation manikin to perform skill and requires team member to verbalize needing a simulator. Sharps must be properly secured in sharps container.
- Cricothyrotomy requires simulation manikin to perform skill and requires team member to verbalize needing a simulator. Sharps must be properly secured in sharps container.
- EKG monitor rhythm display will be provided by paper handout or displayed on the monitor. To see EKG rhythm, monitor cables need to be pulled out of the case and placed in general proper location. Verbally identified location on the patient or manikin may not count for points. Verbalizing the rhythm interpretation is required to receive points.
- Electrical interventions require verbally and physically clearing all people from the patient prior to discharging. Failure to ensure all contact has stopped prior to delivery of electrical energy can result in negative points.
- Sharps including safety needles must be disposed of appropriately (in a sharp's container) and accomplished in a manner that does not expose a team member or any other person present to potential danger, and which does not contaminate other equipment. Inappropriate disposal of the sharps will result in either no points awarded or a reduced number of points for that procedure or medication administration.
- All BLS and ALS procedures will be performed in accordance with the most current standards of the listed reference material. Procedures must be performed to completion. An incomplete procedure may result in no points awarded for that procedure.
- Performing CPR on manikin requires proper technique and timing. If a crew member is performing one-person compression/ventilation, then he is unable to perform other skills at the same time. Too long of a pause of compressions and ventilations because of performing other skills may cause the stopping of scoring or loss of points of all the patient points award for aspects performed prior to stopping/pausing CPR. If bystander is available, they may continue performing CPR for crew member without loss of points.
- Performing rescue breathing requires proper technique and timing. If a crew member is ventilating a patient, there cannot be too long of a pause outside the required timing guideline. For example, if you are ventilating an adult patient at 1 breath every 6 seconds, then a ventilation should be every 6 seconds. Aspects might be accomplished within the timeframe of the next ventilation, but if there is too long of a pause the

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scoring may stop or loss of points of all of the patient points award for aspects performed prior to stopping/pausing ventilation. If bystander is available, they may continue performing ventilations for crew member without loss of points.

IV. DEFINITION OF PPE:

- For the Competition, personal protective equipment (PPE) consists of a minimum of gloves and eye protection always used during the scenario.
- If masks are required for patient care, the crew will verbalize donning of a facemask and show a facemask to don. Facemask will not be worn to provide feedback/score judge better ability to hear the crew member working on the patient.
- In certain situations, specialized personal protective equipment might be required. This equipment might be provided prior to the scenario start or could be staged somewhere on the scenario scene. For example, performing an active shooter scenario may have bullet proof vests and ballistic helmets available in order to operate safely on the scene.

V. VIDEO TAPING:

Recording of your team's scenario by the alternate teammate may be allowed from a designated/fixed position. Moving from the fixed position will cause your team to be disqualified. Teams are allowed to use personal video recording devices (i.e. Go-Pro style cameras, video safety glasses, etc.). Cell phones or cellphone capable devices can be used for videotaping a scenario, but in sequester competitions the cell phone has be held by competition committee member till entry into scenario. **Videos will not be allowed as a basis for a judging challenge.**

VI. REAL EMERGENCY DURING THE EVENT:

If a team member has a real medical emergency, the team member needs to notify **“REAL EMERGENCY”** to any feedback/score judge. The feedback / score judge will notify the lead judge and the scenario will freeze (time stops). Based on the specific emergency and situation, hosting competition committee will make the determination on best way to resolve incomplete scenario.