EMS MAGAZINE

present the

Bill Shearer ALS/BLS Competition 2010

"Challenging America's Lifeline"

June 29-30, 2010 · Orlando, FL · The Rosen Centre Hotel

Rules and Regulations

Entry Fee

An entry fee of **$275.00** per team must be submitted and received by the Emergency Medicine Learning & Resource Center by June 4, 2010. All four team members are eligible for a reduced ClinCon 2008 conference registration fee of $225.00 (non-transferable).

Mandatory equipment check for all teams will be on Monday, June 28, 2010 from 6:00pm to 8:30pm. Team check-in for the preliminary round will begin at 6:30am at the Sequestering Room on Tuesday, June 29, 2010. The doors will be locked at 7:00am and any team members not in the sequestering room by this time will not be able to compete. No team will be allowed to compete with less than 3 team members. A box lunch will be provided to teams in the sequestered area on the day of the Preliminary Competition.

Eligibility for Competition

ALS Division
Each team will be composed of three (3) persons who must function in a prehospital setting. Paramedics, RNs and military medics who function in the EMS environment are eligible; physicians are not eligible to compete. At least one team member must be a paramedic. Each team may also have one alternate member.

BLS Division
Each team will be composed of three (3) persons who must function in a prehospital setting. First Responders and EMT's who function in the EMS environment are eligible; paramedics and physicians are not eligible to compete. Also, a team may be comprised of persons actively participating in an organization-sponsored Explorer program or EMT training program. Each team may also have one alternate member. The BLS Competition will be scored on BLS skills only.

Student Division – ALS Only
Each team will be composed of three (3) persons who are currently enrolled in a Paramedic training program at the time of competition. Also, a team may be comprised of persons actively participating in an organization-sponsored Explorer program. Each team may also have one alternate member.

Any EMS agency currently providing prehospital basic or advanced life support services are invited to enter one team in each division of competition (ALS and/or BLS). A total of sixty (60) team slots are available for all divisions. Team slots will be filled on a first come first serve basis. A Standby List will be maintained for agencies that wish to have more than one team compete in the same division. Slots still open after **June 4, 2010** may be filled by these agencies, based on date received at EMLRC office. Team slots may be held for Regional or other Competition Champion teams upon request.

Judging Standards

ALS Scenario judging is based on the most current editions of the following resources:

ACLS Guidelines, American Heart Association
Emergency Care, Brady Publishing
Pediatric Advanced Life Support (AHA/AAP)
Paramedic Emergency Care, Brady Publishing
BTLS Advanced, Brady Publishing Revised
US DOT 1998 EMT-P Curriculum
US DOT 1994 EMT-B Curriculum
U.S. Standards for weights and measures as stated in reference material.

BLS Scenario judging is based on the most current editions of the following resources:

BCLS Guidelines, AHA
US DOT 1994 EMT-B Curriculum
BTLS Basic, Brady Publishing
Emergency Care, Brady Publishing
U.S. Standards for weights and measures as stated in reference material

Equipment

General Equipment Guidelines

Equipment and supplies to be used in the scenario will be inspected on **Monday evening, June 28, 2010 between 6:00pm and 8:00pm,** the night prior to the start of the competition and will be sequestered until the competition begins the next morning. **The teams will not be allowed access to the equipment once it has been inspected and sequestered. Any team not checking their equipment in on Tuesday evening during the designated times will be disqualified and will not compete in the competition. There will be no exceptions made to the equipment inspection. Your equipment will be returned to you just prior to the scenario. Any lost or confiscated equipment, personal items, etc. may be retrieved from the conference registration desk. The Emergency Medicine Learning & Resource Center or the Committee staff is not responsible for these items.**

All participants must adhere to the following equipment guidelines:

1. Equipment bags and packs should be of comparable size and type commonly available and used in the EMS industry. There may be no more than five (5) carry in bags and/or boxes, and no equipment may be affixed to the outside of bags and packs.

2. Backboards, stretchers and hand carts will not be allowed into the sequestering or competition areas.

3. The alternate team member will not be allowed to carry any equipment that will be used by the team in the scenario and may only carry one (1) still camera and one (1) video camera into the scenario. There will be

an area designated for alternates to film the scenario. Purposeful movement out of the designated area or prompting team members may result in team disqualification.

4. Teams are required to provide for the safe disposal of their own sharps.

5. Each team must have their own equipment. The sharing of equipment will not be allowed.

6. No mechanical CPR or ventilation devices will be allowed.

7. No charts, drug cards, rulers, measuring or counting devices or calculators will be allowed except for one length-based pediatric assessment device.

8. No computers, pagers, radios, PDA's or cellular telephones will be allowed in the sequestering or competition areas. These items should be secured prior to check-in. They will not be allowed in the competition area nor there any area for storage of these items. **The Emergency Medicine Learning & Resource Center or the Committee staff is not responsible for lost or damaged equipment.**

9. None of the standard references or individual protocol manuals will be permitted in the sequestering area. Any reading material must be left in the sequestering area prior to entering the competition area and will only be retrievable at the end of the day. **The Emergency Medicine Learning & Resource Center or the Committee staff is not responsible for lost or damaged materials.**

10. No weapons will be allowed in the sequestering or competition areas.

11. No equipment may be removed from the bags until instructed to do so.

Equipment Provided

It is understood that some teams may have difficulty transporting some types of equipment such as oxygen tanks and drug boxes to the Competition. A limited supply of such equipment will be available. A written statement of hardship must be submitted to the Competition Chair prior to April 9, 2010. We cannot guarantee the availability of equipment.

The following equipment will be provided to each team for use during the Competition:

1. Monitor/defibrillator with patient and pacer cables or SAED/AED trainer with patient defibrillator cables and pads.

2. Backboards with CID (blanket rolls) and straps.

3. One (1) BLS airway kit containing an oxygen tank, regulator, adult BVM and oxygen masks.

Equipment to be supplied by team

The following is the maximum allowable equipment list:

Pulse oximetry unit**	1
Glucometer**	1
Thermometer**	1
$ETCO_2$ (electronic)**	1
Oxygen bottle	1
Laryngoscope handle plus blades	2 (sets)

** These must be independent units unless commercially available otherwise.

For a list of recommended equipment, please refer to *Essential Equipment for Ambulances*, by the Committee on Trauma, American College of Surgeons, (revised, March 1994). This list represents the equipment necessary to enable the team to properly function during the scenario. This list should be used as a guideline only.

All participants must adhere to the following recommendations for stocking their drug box or pack:

1. The drug box should include drugs of sufficient type and quantity.

2. The drug box need not contain actual drug solutions. However, syringes or vials must be filled with water or other solution in the appropriate amount.

3. Syringes and boxes may be labeled to represent medications not normally carried by a particular team, but labels must include the same information normally found (name, concentration, amount, etc.) and should be of a volume consistent with commercially available preparations. Information regarding drug dosage for administration will not be allowed.

4. **Each medication must be contained in its original packaging OR contained within a sealed bag such as a seal-a-meal type bag or Ziploc-type bag. This includes ALL pre-assembled medication preparations.**

5. Pre-connected IV administrations sets are not allowed. Each IV administration sets must be sealed in its original package OR contained within a sealed bag such as a seal-a-meal type bag or Ziploc-type bag. IV solutions and IV administrations may not be placed in the same sealed bags.

6. All equipment that is routinely found sealed in a protective package, i.e. ET tubes, syringes, etc. must be sealed in its original package OR contained within a sealed bag such as a seal-a-meal type bag or Ziploc-type bag.

7. Premixed bags of Dopamine, Lidocaine, and nitroglycerine are allowed if properly labeled and packaged.

Equipment Innovations

All equipment innovations must be cleared by the Competition Chair prior to June 4, 2010. All communications regarding potential innovations will be held in the strictest confidence.

Equipment Substitutions

In lieu of an actual piece of equipment, a marked box may be used for a glucometer, pulse oximetry unit, $ETCO_2$ detector or an O_2 manifold. These units must be independent unless commonly available otherwise.

Definition of PPE

For the purpose of the Competition, personal protective equipment (PPE) consists of a minimum of gloves and eye protection **used at all times** during the scenario. Due to communication interference, respiratory protection will not be required during the Competition.

Sharps must be disposed of appropriately 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.

Scenario Performance

1. The “patient” may consist of, but may not be limited to:
   a. An actual person.
   b. Manikin (infant, pediatric and/or adult).
   c. Intubation trainer or comparable trainer (infant, pediatric and/or adult).
   d. Other specific procedure training devices.

2. Teams will be instructed when they may don any PPE necessary.

3. Procedures will be carried out in as realistic manner as possible. **Procedures and medication administration will take place in real time.** IV infusion rates will be monitored. Most procedures, including spinal immobilization/patient packaging, will actually be carried out; however, some procedures will require only explanations of such components as equipment required, indications, contradictions, complications, and the actual procedure technique. Which procedures will require performance and which will require explanation only will be defined as part of the scenario. You should be prepared to perform any procedure contained in the resource texts for the Competition. <u>You will receive an outline of the Guidelines for Procedures with confirmation of your registration.</u>

4. <u>Team members will receive information and feedback from a clearly identified Feedback/Lead Judge.</u> Scoring Judges cannot provide feedback.

5. During patient assessment, examination elements will only be scored when verbalized to the judges (e.g. “What do I feel when I palpate the chest?”) and simultaneously performed.

6. Teams are encouraged to request appropriate back-up response (such as helicopter evacuation, law enforcement, or special rescue teams). You will be informed at the time of request of the availability of such resources.

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Preliminary Competition Day

The Preliminary round of the Competition will take place on Tuesday, June 29, 2010. Teams will begin check-in at 6:30am at the Sequestering Room and will be locked down by 7:00am. Any team members not in the sequestering room by 7:00am will not be allowed to compete. No team will be allowed to compete with less than 3 team members. A briefing will be held for all teams just prior to the Competition. **Only team members and one alternate will be allowed in the sequestering area.** All teams are encouraged to wear their agency uniform or other identifying clothing. The sequestering room may get cold so team members may want to bring a sweater or a jacket. This is allowed in the sequestering room and will be checked accordingly upon entry. There will be **NO** breakfast foods supplied, only coffee and sodas, so be sure to eat before entering or bring food with you. Any teams remaining in the sequestering room at lunchtime will be supplied a boxed lunch.

Preliminary round results will be announced late afternoon on Tuesday, June 29th. The time and location will be announced to the teams during the briefing held before the competition. The top 5 ALS teams (unless there is a tie) will go on to the Final Competition on Wednesday. A team designated by the committee will be asked to run through and "test" the Final Competition Wednesday. <u>There will be no Final Competition for the BLS or Student Divisions.</u>

Should a tie occur in the preliminary round, the additional team will be allowed to compete in the Final Competition; however, no more than 6 teams (excluding the "test" team) will compete in the Final. The decision of the Committee shall be final.

Continuing Medical Education (CME)

All competitors can receive 10 CME's for competing in the Preliminary Competition and an additional 10 CME's if they compete in the Final Competition. The ALS team that is used to "test" the Final Scenario can also receive the additional 10 CME's. <u>As in any other case, your system Medical Director must approve the number of credits you actually may apply for.</u>

Final Competition

The top five Finalists from the Preliminary ALS Competition and their equipment will be sequestered beginning at 7:00am on Wednesday, June 30th and will be locked down by 7:30am. Any team members not in the sequestering room by 7:30am will not be allowed to compete. No team will be allowed to compete with less than 3 team members. A continental breakfast will be provided along with coffee, juice and sodas. Again, it may get cold in the room so please be prepared. You may also bring snacks if needed as the last team usually finishes just after noon. The Final Competition will take place in a location to be announced that morning, and will start at approximately 9:00am. The Final Competition will be open to spectators.

Should a tie occur in the Final, it will be broken based on a comparison of individual patient management points. The patient(s) used for this tiebreaker will be predetermined by the Competition Committee. The decision of the Committee shall be final.

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Video Taping

Videotaping of your team's scenario may be allowed from a designated/fixed position. Moving from the fixed position will cause your team to be disqualified. Videotapes will not be allowed as a basis for a judging challenge.

Competition Results and Awards

The Awards Ceremony will be held Wednesday, June 30, 2010, at 6:30pm in the Exhibit Hall. All competing teams are encouraged to attend and dress in uniform.

STUDENT Division

First, second and third place plaques will be awarded in the Student Division. In addition, the First Place team will receive one free team registration for the following year's education program, ClinCon 2010.

BLS Division

Trophies for first, second and third place will be awarded in the BLS Division.

ALS Division

Awards for first through fifth place will be awarded in the ALS Division. The first place team will receive the Eugene Nagel Award, which will be retained for a period of one year. Any team winning the Eugene Nagel Award for three years in a row may retire the trophy.

Please Note - The Emergency Medicine Learning & Resource Center and the Competition Chairs, reserve the right to disqualify any team for any behavior or actions deemed inappropriate both during the Competition and after. If your team is disqualified for any reason, you will forfeit team registration fees for both the Competition and ClinCon (if applicable), and receive no CME's.

The Emergency Medicine Learning & Resource Center is proud to sponsor the Bill Shearer International ALS and BLS Competition. **Please fill out the attached registration form, read and sign the Code of Behavior and mail all documents to the EMLRC office. Remember, all registration fees must be received at the office by June 4, 2010.** Payment may be made by check, money order or MasterCard/Visa to EMLRC.

If you have any questions regarding the Competition, please contact

Wesley Houtz at the Emergency Medicine Learning & Resource Center

3717 S. Conway Road, Orlando, FL 32812

Phone: (407) 281-7396 ext. 12 or (800) 766-6335 ext. 12

Fax: (407) 281-4407 Email: whoutz@emlrc.org

Guidelines for Procedures

The following document is intended as a reference for the scoring process. All team members are expected to be familiar with all the procedures listed below. The procedures are however, intended as examples only. Any procedure covered in the listed reference material may also be used in the Competition.

Introduction to Simulation

Certain limitations exist when simulating injuries and illnesses. In spite of advances in moulage techniques and manikin capabilities, certain clinical signs are still very difficult to simulate. Even when working with live "victims", most procedures must be performed on manikins. Judges realize that much of the clinical impression and judgment is guided by clues which are gathered at a subconscious level, such as knowing that a person who can converse normally with you automatically "passes" the Primary Survey. However, for Competition purposes, because none of the judges have developed sufficient "mind reading" skills, judges must rely on verbalization of each individual step in the competitor's examination and thought processes. Because of these limitations, both the judging staff and participating teams must make adaptations.

The goal of the Competition is to simulate real life as closely as possible. However, competitors must realize that, because of limitations in the ability to realistically or graphically simulate physical signs or patient behavior, they must not assume that what they actually see is what the judges and the scenario mean for them to perceive. The Feedback Judge is the sole source of definitive information. Therefore, in addition to physical performance of the skill, each facet of physical examination must be verbalized to elicit the appropriate feedback. A general question such as "How is my patient doing?" may not illicit a reply from the Feedback Judge.

Judges will require that procedures, such as vascular access, medication administration, and spinal immobilization actually be performed in the normal manner. At times, manikins will not realistically approximate the actual patient size. In these cases, use the size equipment physically suited to the manikin to perform the skill.
In keeping with the goal of reality simulation, all procedures will be carried out in real time. (An IV bag laid on the ground next to the patient will never be counted as having delivered a "500 cc bolus" unless the fluid has actually been infused…it wouldn't work in the field either!) Medications will actually be "pushed" and back-up response units, if available, will arrive in the time relayed to you by the judges. Interventions, which are time critical in real life, are critical in the Competition. In some instances, competitors will only be asked to describe the pertinent steps of a procedure. This will most often occur for procedures that are difficult or expensive to simulate. Competitors will be informed at the time of the procedure whether they will need to perform or only explain it. Also, be prepared to outline indications, contraindications, and complications of the procedure.

The following pages list the major types of interventions and the important elements in performance for scoring. The guidelines are deliberately general, but allow for extrapolation to almost any procedure. Details for individual procedures are found in the reference texts. These details are included on the judging score sheets for easy reference by the judges and for assurance of consistent judging, when appropriate.

Airway Management/Advanced:

(To include: Intubation (oral/nasal) and Cricothyroidotomy)

- An actual intubation will only be performed upon a manikin. The team will communicate to the Feedback Judge the proper selection of equipment (such as tube and blade sizes) for the patient in the scenario. Equipment required for the manikin may then be used.
- Properly perform airway management procedure in accordance with the standard references, including in-line cervical stabilization if indicated.
- Assess airway patency after intervention. The airway's patency will be determined by the Feedback Judge. The team will perform the actual procedures (such as auscultation) to determine its patency and while performing the procedure, solicit the Feedback Judge for the appropriate observation.
- Secure airway device to patient. Full score is not obtained if the airway device is not completely secured.

Airway Management/Basic:

(To include: BVM, insertion of generally accepted airway adjuncts.)

- Actual procedures will only be done upon a manikin. The team will communicate to the Feedback Judge the proper selection of equipment.
- Properly perform airway management procedures in accordance with the standard references, including in-line cervical stabilization if indicated.
- Assess airway patency after each intervention. The airway's patency will be determined by the Feedback Judge. The team will perform the actual procedures (such as ausculatation and palpation, in real time) to determine its patency and while performing the procedure, solicit the Feedback Judge for the appropriate observation.
- Positive pressure ventilations must be performed to ensure the proper rate and depth of ventilations.
- Properly perform the steps in facilitating the use of the patient's inhaler.

Pleural Decompression:

- Correctly assess requirement for pleural decompression.
- Select proper decompression site. The team should choose the site based upon the scenario information provided. The Feedback judge may instruct the team to use a manikin for simulation or to perform the procedure on the chosen site without the actual needle stick.
- Select the proper equipment for the decompression. Perform procedure correctly in accordance with the standard references.
- Assess results of the decompression.
- Secure the decompression device. No score will be allowed if the device is left unsecured.

Vascular Access:

- Select the proper intravenous fluid/flush based on the standard references.
- Prepare appropriate fluid administration sets.
- Select the appropriate puncture site. The selection of intravenous sites should be communicated to the Feedback Judge. The judge will direct the team to use another site (perhaps an I.V. practice arm or simulator) for simulation. If done on an IV arm, the arm must be kept in a position anatomically possible for the patient…you can't move it two feet away!
- Select proper cannula based on the patient condition.
- Use the proper insertion technique.
- Dispose of all sharps properly.
- Assess the patency of the line. Although the line's patency will be officially determined by the Feedback Judge, every attempt is made to assure that simulation equipment functions appropriately. The team should convey to the Feedback Judge the steps they are performing and await the response "the IV is patent" from the Feedback Judge.
- Adjust the administration rate. The drip rate is based upon the patient's condition. You may be asked to disconnect the administration set from the cannula and run fluid at the appropriate rate into a receptacle.
- Secure the IV to patient. Full scoring not applied if the IV device is not completely secured.

Medication Administration:

- Select the proper route and site of administration.
- Prepare the medication.
- Prepare the site in accordance with the standard references.
- Administer the proper dose of medication.
- Dispose of all needles properly.

Electrical Therapy:

- Correctly assess requirement for defibrillation/cardioversion/pacing.
- Prepare the equipment for the appropriate procedure, including proper pad/paddle placement.
- Verify no direct contact of personnel or equipment with patient and clearly state "ALL CLEAR" if appropriate.
- Perform the procedure in accordance with the standard references.
- Reassess patient status post electrical therapy.

Spinal Immobilization:

- Maintain immediate manual and continuous head stabilization until attachment to the long spine board.

- Apply a cervical immobilization device in the proper manner. The physical characteristics of the manikin may differ from the scenario patient. The correct choice of collar for the manikin may be used.
- Move the patient to a long spine board in accordance with the standard references.

Extremity Immobilization:

- Assess the distal perfusion, movement, and sensation (PMS) status of an injured extremity prior to immobilization.
- Realign an extremity in accordance with the standard references.
- Reassess the distal perfusion, movement, and sensation (PMS) status of an injured extremity after alignment or immobilization.
- Immobilize an injured joint or bone above and below the site in accordance with the standard references.

Wound Care:

- Due to the limitations of moulage, the presence or absence of injuries and their severity may not be readily apparent. When examining the simulated patient, the team member should inform the Feedback Judge of the area of the body being examined. The team member should ask the Feedback Judge if there are any injuries present. If any injuries are present the team member should obtain a description of the injury.
- Control obvious severe external bleeding with direct pressure and elevation if appropriate. The Feedback Judge will determine if the bleeding has been controlled. The team should ask the Feedback Judge about the status of the bleeding.
- Assess distal perfusion, movement, and sensation (PMS) status of an injured extremity.
- Apply the correct dressing for the injury in accordance with the standard references.
- Secure the dressing with an appropriate bandage in accordance with the standard references.

Cardiopulmonary Resuscitation:

Perform CPR in accordance with the most current standard references. The procedure used should be based upon the reported physical characteristics of the simulated patient and not based on the manikin used for simulation.

Child Birth:

- Prepare the patient for delivery. The manikin will substitute for the expectant mother. All preparations that would normally be accomplished on the mother such, as reassurance, positioning, and draping should be done to the manikin.
- This will be a simulated delivery. All procedures normally required should be performed. If any procedures cannot be accomplished due to the nature of the simulation, the proper procedure should be described to the Feedback Judge while as close an approximation of the procedure is performed upon the patient.

Scene Assessment:

- Team leader identifies the mechanism of injury if applicable.

- Team leader identifies the number of patients.
- Team leader identifies the need for additional resources and specifies the appropriate help.

Initial Survey:

- Determines airway patency and must ask, "is the airway open and clear?"
- Determines if the patient is breathing via look, listen and feel technique. Respiratory rate can be determined as fast, slow, regular, irregular, or absent.
- Any disruption in airway patency or normal breathing patterns should be managed during the Primary Survey.
- Determine if the patient has a pulse and the quality of cardiac output by assessing carotid and radial pulses. A pulse check should take a minimum of 5 seconds to receive feedback from the judge.
- An assessment of obvious external bleeding should be verbalized.

Focus Assessment:

- Each component of the secondary assessment must be verbalized. Focus should be on obvious deformities, bleeding, discoloration, or asymmetry. Memory aids such as PMS, TIC, DCAPP-BLS, AVPU, etc. must be verbalized completely. Simply stating "DCAPP-BLS" while touching an arm will elicit no feedback or score from the appropriate judge.
- In order to be scored, feedback should be obtained AND the area being evaluated physically touched.
- To receive maximum points each extremity must be physically examined and each of the four quadrants of the abdomen exposed, examined, and palpated.

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Photo Release for Promotional/Publicity Purposes

I, (please print your name) ________________________________, give the Emergency Medicine Learning & Resource Center (EMLRC), Florida Emergency Medicine Foundation (FEMF), Florida College of Emergency Physicians (FCEP) and the 2010 BILL SHEARER INTERNATIONAL ADVANCED & BASIC LIFE SUPPORT COMPETITION's event photographer the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or other form of promotion. I release EMLRC/FEMF/FCEP, the photographer, their offices, and employees, proprietary right I may have in connection with such use. I am 18 years of age or older.

Name: ____

Address: ____

____

Phone: ____________________ **E-mail:** ____________________

Signature: ____________________ **Date:** ____________________

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"Code of Behavior" for the Bill Shearer ALS/BLS Competition 2010

The goal of the 2010 Bill Shearer ALS/BLS Competition is to create a series of experiences that will prepare emergency care responders for the tasks and technologies that await them in the next century. We will train ourselves in new techniques that were once thought to be limited to specialist physicians. We will share the combined experiences of emergency personnel from all over the world. We want to train the intellectual and technological leaders of today and the future. We want you to be smart, aggressive and on the cutting edge of emergency medical care.

In previous years of the Bill Shearer ALS/BLS Competitions, the spirit of competition and the exuberance of participants have created situations wherein group and individual behaviors have been less than professionally and socially acceptable. For example, we have experienced behavioral troubles poolside and even in private parties. We all recognize the right and need for everyone to have "fun", but we will not tolerate behavior that is embarrassing and potentially dangerous to both ourselves and public guests of the host hotels.

The 2010 Bill Shearer ALS/BLS Competition will enforce this "Code of Behavior." EMLRC/FEMF does not wish to be in the business of policing the behavior of adults or limiting the "fun" anyone has at this meeting of peers. We will do what is necessary to protect the experience of the majority of participants from the behavior of a small minority.

All participants of the 2010 Bill Shearer ALS/BLS Competition will adhere to the following:

1. **You will be personally responsible for the behavior of members from your service.**
   If any member of a competing team is asked to leave a public area or hotel room for aggressive or disorderly behavior by the staff of the hotel, ALS/BLS Competition security or ALS/BLS Competition administrative personnel, then that entire team will be asked to leave. The team will be disqualified from the competition and all competition awards, prizes and CME's. You will also forfeit all registration fees for both the Competition and ClinCon.

2. **You will be personally responsible for the behavior of any guest you bring to the Bill Shearer ALS/BLS Competition.**

3. **You will be personally responsible for your individual behavior within socially acceptable parameters.**
   There will be no acts of vandalism or assault tolerated, (including throwing of people into pools, tossing poolside furniture into the water, or threatening behavior towards other hotel guests, security services or administrative personnel, etc.) **Party hard and have fun**, but the operative word is "fun". No one individual or group has the right to endanger others.

The personnel below have read and understand this "Code of Behavior" and are fully prepared to abide by its intent and the decisions of Bill Shearer ALS/BLS Competition administrative staff, security personnel, and hotel staff.

TEAM NAME / SPONSORING ORGANIZATION

TEAM MEMBER PRINT / SIGN / DATE

TEAM MEMBER PRINT / SIGN / DATE

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2010 Team Registration Form

This entry form must be completed and received by the Emergency Medicine Learning & Resource Center before June 4, 2010. The entry fee is $275.00 per team. All fees are to be paid by June 4, 2010. Teams will be unable to compete without payment.

Please type or print legibly.

Type of Team: ☐ ALS ☐ BLS ☐ Student

Team Name: ____________________

Agency Name: ____________________

Agency Phone Number: ____________________

Address: ____________________

Telephone number for Team Captain: ____________________

Email Address for Team Captain: ____________________

	Names of team members	Certification Number (REQUIRED)	State	
1)				(Captain)
2)				
3)				
Alternate:				

I hereby certify that our team has read the Rules and Regulations for the 2010 Bill Shearer ALS/BLS Competition and we agree to adhere by them.

______________________________ ______________________________
Signature of Team Captain **Signature of Medical Director or Chief**

Mail Completed Registration to EMLRC: 3717 S. Conway Road, Orlando, FL 32812
You may register by check or MasterCard/Visa. Phone (407) 281-7396 / Fax (407) 281-4407
Make checks payable to: Emergency Medicine Learning & Resource Center

Credit Card #: ________________________ **Exp Date/Billing Zip Code:** ________________________

Cardholder Name/Signature: ______________________________