



35TH ANNUAL

Bill Shearer International ALS/BLS Competition

JULY 18-19, 2019

DOUBLETREE BY HILTON—UNIVERSAL | ORLANDO, FL

Rules & Regulations

Notice to ALS & BLS competitors...there have been updates and changes in the rules (underlined).

Please review them closely.

Registration & Entry Fee

Deadline for team registration & payment is **Friday, June 28, 2019**. The entry fee is \$275 per team by check or credit card. All team members are eligible for a reduced ClinCon 2019 conference registration fee of \$160.00 per team member (non-transferrable). All teams will register at least 3 members. The registration form (see last page) lists all team members, including the alternate.

Sequestering for Round I begins on July 18, 2019 at 0700. All teams will be sequestered by 0730. Failure of all team members to arrive prior to securing the doors at 0730 will result in team disqualification and loss of entry fee. Depending on available space, the sequestering time may change. Only registered team members will be allowed in the sequestering room.

Score Sheets

Online: Team captains who register online will automatically receive their score sheets shortly after the event. Scores will be sent **ONLY** to the email address provided during registration. Scores will be provided in PDF format and you may distribute as you wish. Captains may register online at <http://www.cvent.com/d/55qp5z>

Attached Form: Teams opting to register using the attached form **MUST** submit requests for score sheets on their agency letterhead to EMLRC by fax at 407-281-4407.

Eligibility for Competition

ALS Division - Each team will be composed 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. At least one team member must be a paramedic. Each team may also have one alternate member. The alternate member is usually designated as the cameraman. On-site substitutions of members may be allowed if there are extenuating circumstances. The Competition Chair(s) **MUST** approve any substitution. If the team enters the "Championship Round," the same members must compete and no substitutions will be allowed.

BLS Division – Each team will be composed of three (3) persons who must function in a pre-hospital setting. First Responders (EMRs) and EMT's who function in the EMS environment are eligible; paramedics, RNs and physicians are *not* eligible to compete. 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. On-site substitutions of members may be allowed if there are extenuating circumstances. The Competition Chair(s) **MUST** approve any substitution. *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. A team may be comprised of persons actively participating in an organization-sponsored Explorer program providing no members are currently credentialed as Paramedic, RN, physician

or dentist. Each team may also have one alternate member. On-site substitutions of members may be allowed if there are extenuating circumstances. The Competition Chair(s) MUST approve any substitution. If the team enters the "Championship Round," the same members must compete and no substitutions will be allowed.

Any EMS agency currently providing pre-hospital basic or advanced life support services is invited to enter a team(s) in each division of competition (ALS and/or BLS). **A total of forty (40) team slots are available for all divisions.** Team slots will be filled on a first-come, first-serve basis. After all team slots are filled, a standby list will be maintained. Slots still open 10 days prior to the competition may be filled by these agencies, based on the date the application is received at the EMLRC office. Team slots may be held for Regional or other Competition Champion teams upon request. ALL DIVISIONS WILL BE ELIGIBLE TO COMPETE IN THE CHAMPIONSHIP ROUND.

Judging Standards

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

NOTE: "most current edition" is the edition that will be available on the first day of the registration.

- ACLS Guidelines, American Heart Association, (Current Standard)
- Pediatric Advanced Life Support (AHA/AAP), (Current Standard)
- Nancy Caroline's Emergency Care in the Streets, Jones & Bartlett Publishers
- Emergency Care, Brady Publishing
- Emergency Care and Transportation of Sick and Injured, Jones & Bartlett Publishers
- ITLS Advanced, Brady Publishing Revised
- Prehospital Trauma Life Support, Jones & Bartlett Publishers
- Advanced Medical Life Support, Jones & Bartlett Publishers
- National EMS Education Standards
- Critical Care Transport, AAOS, Jones & Bartlett Publishers
- U.S. Standards for weights and measures as stated in reference material
- Emergency Response Guidebook, U.S. Department of Transportation
- National Registry Paramedic Skill sheets will be used

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

- BLS Guidelines, American Heart Association
- National EMS Education Standards
- ITLS Basic, Brady Publishing
- Prehospital Trauma Life Support, Jones & Bartlett Publishers
- Emergency Care, Brady Publishing
- U.S. Standards for weights and measures as stated in reference material
- Emergency Response Guidebook, U.S. Department of Transportation
- NREMT EMT Skill sheets

Equipment

There will be an equipment check on **Wednesday July 17, 2019 from 5:00 pm until 7:00 pm** in the sequestering area. The Competition Committee will assist teams in conforming to the rules of the competition.

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, packs or clothing. Vests (with equipment) will not be allowed. The only worn items allowed will be a fanny pack containing only PPE. All equipment must be in one of your five bags (to exclude scissors & glasses).
2. Backboards, stretchers and handcarts 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 OR one (1) video camera into the scenario. The camera is only used for that purpose and may not be multifunctional. The intent is to exclude any team from using a tablet or cellular phone such as a camera or video recorder. There will be an area designated for alternates to video/film the scenario. Purposeful movement out of the designated area or prompting team members by the alternate may result in team disqualification. Only the alternate may have a camera/recording device. The alternate must have the camera in their

hand(s). Cameras or recording devices may not be on sticks, tripods or similar devices. No other team member may carry or have attached to them in any fashion any camera or audio or visual recording equipment.

4. Teams are required to provide for the safe disposal of their own sharps.
5. Each team must have its 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 or equivalent pediatric medication dosing device.
8. No computers, pagers, radios, PDA's, cameras, tablets or cellular telephones will be allowed in the sequestering or competition areas. These items should be secured prior to check-in by leaving them with a non-team agency member or in your vehicle / hotel room. The EMLRC and Committee staff are not responsible for lost or damaged equipment.
9. None of the standard references listed in the ALS or BLS Judging Standards section above 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 EMLRC and 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 10 days prior to the competition. **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 (towel rolls) and straps

Equipment to be supplied by team:

The following is the maximum allowable equipment list:

- One (1) - Pulse Oximetry Unit**
- One (1) - Glucometer**
- One (1) - Thermometer**
- One (1) - ETCO₂ (electronic) **
- Two (2) - Oxygen bottles (Oxygen Bottles will be **provided by request** and a written statement of hardship, no later than 10 days before the competition)
- Two (2) Sets - Laryngoscope handle plus blades
- One (1) O₂ Manifold

** These must be independent units unless commercially available otherwise. The units must not be bound together. These units cannot be thrown around the competition area! No equipment should be tossed or thrown!

Equipment Substitutions

In lieu of an actual piece of equipment, a marked box may be used for a glucometer, pulse oximetry unit, ETCO₂ detector or an O₂ manifold. These units must be independent unless commonly available otherwise. These units must be of the same size and shape of the commercially available device being substituted.

For a list of recommended equipment, please refer to *Essential Equipment for Ambulances, by the Committee on Trauma, American College of Surgeons (revised 2009)* included by reference and available online. 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:

- The drug box should include drugs of sufficient type and quantity.
- 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.
- 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. Each label must be legible to confirm the medication contained within.

- 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.
- 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.
- 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.
- Premixed bags of Dopamine, Lidocaine, Amiodarone, Magnesium Sulfate and Nitroglycerine (Tridil) are allowed if properly labeled and packaged.
- No treatment specific medication may be packaged.
- Medication additions and substitutions MUST be requested. Requests must be in writing and will be handled as an "Equipment Innovation".

Equipment Innovations

All equipment innovations must be cleared by the Competition Chair 21 days prior to the competition. All communications regarding potential innovations will be held in the strictest confidence.

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. **Please note that you may carry your PPE in a fanny pack if you choose (counted as one bag if outside the original five allowed).** Review under "Equipment #1" for more information.

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. Inappropriate disposal of the sharps will result in either no points awarded or a reduced amount of points for that procedure or medication administration. This includes any needle even self-sheathing devices.

Scenario Performance

- The "patient" may consist of, but may not be limited to:
 - An actual person
 - Manikin (infant, pediatric and/or adult)
 - Intubation trainer or comparable trainer (infant, pediatric and/or adult)
 - Other specific procedure training devices
- Teams will be instructed when they may don any PPE necessary.
- Procedures will be carried out in as realistic manner as possible. Procedures and medication administration will take place in real time. You may be required to obtain a manual set of vital signs (such as B/P, pulse, respiratory, etc). 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. You will receive an outline of the Guidelines for Procedures with confirmation of your registration.
- Team members may receive information and feedback from a clearly identified Feedback/Lead Judge or the actual patient. Scoring Judges cannot provide feedback.
- 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. The feedback judge or the patient should not answer your assessment question, if you are not concurrently performing the assessment when the question is asked.
- 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.

Preliminary Competition Day

The Preliminary Round of the competition will take place on Thursday, July 18, 2019. Check-in will be at 0700 (location TBA). All teams will be sequestered and the doors secured at 0730. Teams/members arriving after the sequestering room doors are secured will not be allowed to compete. There are no exceptions. Failure to arrive on time is a disqualification and results in a loss of the entrance fee. No team will be allowed to compete with less than 3 team members. If a team member is ill and a substitute member is needed, the Committee Chair(s) must approve the substitution. *Substitutions for team members MUST be approved by the Committee Chair(s).*

A briefing may be held for all teams just prior to the competition. **Only registered team members and one alternate will be allowed in sequestering room.** 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. Please eat breakfast prior to arrival at the sequestering room. ***There may be foods supplied, but be sure to eat before entering or bring food with you. It is the responsibility of the team captain to clean up their team's area in sequester prior to starting the competition.*** Do not bring any electronic devices to the sequestering area/room. These devices will be confiscated. The ClinCon committee, Florida Emergency Medicine Foundation (FEMF), Florida College of Emergency Physicians (FCEP) and the EMLRC are not responsible for any lost, stolen or damaged confiscated devices or equipment. *Electronic devices and personal items will not be stored by EMLRC / Competition staff.*

There will be restrooms near by and bathroom breaks will be allowed periodically. Any competitor leaving the room MUST be escorted. It is the team member's responsibility to remain with the escort at all times while outside of the sequester room. The team members should not engage in conversation with others in the hallway or restroom area. This conversation may be misunderstood and result in an accusation of cheating. Refraining from conversations in the hallway and restroom(s) is your best protection. If any team member who is still sequestered is found to be in possession of an electronic device in the hall or bathroom area, the team will be disqualified. The "Chair" has the final authority on all issues and this ruling cannot be challenged. Lunch will be provided to teams who are present in the sequester area during the lunch period. Teams who are not sequestered during this lunch period will not be provided any food or beverage service.

Preliminary Round Results – Results will be announced following the competition on Thursday, July 18, 2019. Time & location TBA in sequestering on the morning of the preliminary day.

The top five (5) teams will go on to the Championship Round on Friday July 19, 2019. An additional team designated by the committee will be asked to run through and "test" the Championship Scenario on Friday.

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

Championship Round

The top five (5) finalists from the Preliminary Round and their equipment will be sequestered at a time and place to be announced on Friday, July 19 at 0700. Any team members not in the sequestering room by 0730 will not be allowed to compete. Any teams in the Championship Round must be comprised of the members who competed in the preliminary rounds (including the alternate). Three registered team members must compete and no substitutions will be allowed. If a team has less than three (3) members, the team will be disqualified.

The Championship Round will take place in a location and time to be announced that morning. The Championship will be open to spectators.

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

Video Recording - Filming

Recording 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. Allowances may be made, at the discretion of the chairperson, during the final round if the scenario covers a large or complex area. Videos will not be allowed as a basis for a judging challenge. Video recording devices are single/sole use device (a video camera). Cameras must in the hands of the cameraman (the camera MAY NOT be on a stick, tripod, pole or device.)

Phones, Tablets and other devices

- The camera function on a cellular phone, tablet or a device other than a standard video camera, may be used to record the scenario under the following conditions:
 - The phone is not used to transmit or post video of the scenario during the day of the competition. Videos may be posted to social media after 7:00 pm on the day of competition.
 - The camera can only be used by a 4th team member. A team of 3 may not have a phone or other device in the sequestering area.
 - Phones must be placed in a container at the start of sequestration and may be retrieved when the team leaves sequestering to compete.
 - Any transmission, posting, embedding, or communication of any media captured in competition with the intent of another competitor receiving the media to gain advantage in the competition will result in immediate disqualification of the team. Any attempt to receive the same media will also result in immediate disqualification. Any attempt to communicate any written or verbal communication of the information contained in the competition to or from a team in or out of sequestering will also result in immediate disqualification.

Competition Results and Awards

- The Preliminary Round Awards Ceremony for the ALS Division, BLS Division & the Student Division will be held on **Thursday, July 18, 2019 at 5:15 pm in the Exhibit Hall**. Time and location are subject to change; please refer to official conference schedule onsite. **All competing teams are encouraged to attend and dress in uniform.**
- The Awards Ceremony for the Championship will be held on **Friday, July 19, 2019 at 5:15 pm. in Seminole C**. Location is subject to change; please refer to official conference schedule onsite. **All competing teams are encouraged to attend and dress in uniform.**

Student Division (Awards may not be given if there are less than 4 teams)

Plaques for first, second and third place will be awarded in the ALS Student Division. In addition, the first place team will receive one free team registration for the following year's educational program: ClinCon 2020.

BLS Division (Awards may not be given if there are less than 4 teams)

Trophies for first, second and third place will be awarded in the BLS Division. In addition, the first place team will receive one free team registration for the following year's educational program: ClinCon 2020.

ALS Division

Trophies for first, second and third place will be awarded in the ALS Division. In addition, the first place team will receive one free team registration for the following year's educational program: ClinCon 2020.

Championship Award

The first place team will receive the Eugene Nagel Award, which will be retained for a period of one year. Plaques for first, second and third place will be awarded in the Championship Round. In addition, the first place team will receive one free team registration for the following year's competition: Bill Shearer ALS/BLS Competition 2020.

Please note: The EMLRC and the Competition Chairs reserve the right to disqualify any team for any behavior or actions deemed inappropriate both during the Competition and after. The competition team is also liable and responsible for the behavior of their family and guests. If your team is disqualified for any reason, you will forfeit team registration fees for both the competition and ClinCon (if applicable).

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. Patient examinations and questions must be concurrent.

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 Feedback Judge will determine the airway's patency. 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 auscultation 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. Improper technique will not receive points for IV access.
- 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. **Points for the procedure will be reduced or not assigned/ applied if the IV device is not completely secured.**

Medication Administration

- Select the proper route and site of administration.
- Prepare the **CORRECT** 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. If, a team member is not clear then that member will be out of the competition for one (1) minute.
- 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.

Primary 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. A quick breathing check can be determined as, present or absent and fast or slow.
- 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. You will receive present or absent, fast or slow. The judge will provide a rate if the member assessing the patient is actually performing the assessment at the time the question is asked.
- An assessment of obvious external bleeding should be verbalized.
- Auscultation of breath sounds – the Feedback Judge will provide information for breath sounds, if the bell of the stethoscope is placed appropriately on the patient. The earpieces must be on the team members' neck.

Secondary 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 score points and obtain feedback. The area being evaluated must be physically touched when the team member is verbalizing the exam.
- To receive maximum points each patient must be physically examined within a reasonable time frame.

During the head to toe exam the patient may be exposed, inspected and palpated as necessary.

Judging Limitations

The Feedback Judges are provided with the patient information only hours before the competition. Asking the Feedback Judge multiple questions is not in the best interest of the team. Allow the Feedback Judge to answer the questions as asked. The Feedback Judge will provide the answer appropriately. This may take the Judge several seconds to locate, verify and provide the team member with the appropriate answer.

If a team member is asking for information about the patient assessment, skill or procedure that has not been correctly performed or completed, the Feedback Judge will not provide the requested information. If the information requested is what the team member would normally see, the Feedback Judge will answer, "It is as you see."

Specific phrases for alerting the team member that the information they are requesting is not available because of an inappropriate, incomplete or absent assessment is not feasible. Although, the competition committee is attempting to craft such phrase, no specific phrase has been accepted. **Please listen carefully to the feedback provided.**

Judging Conflicts

Judges will be asked if they perceive a conflict in judging a team. The competition committee has defined a conflict as currently working with a member of the team, employed by the same agency, a current instructor, or has a personal bias toward any member of the team.

Code of Behavior

The goal of the 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 guests of the hotel & ourselves.

The 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 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.

Equipment Check

Equipment must be packaged in a commercially available fashion. The size and volume of medication must be equivalent to what would be commercially available. (You can't have a 3mL syringe to substitute D50%.)

The following items or setups are specifically forbidden:

- No prepackaged treatment-specific kits. (Must be as if you received from the manufacturer).
- Mechanical CPR or ventilation devices.
- Pre-spiked IV bags.
- No charts, drug cards, rulers, measuring or counting devices or calculators - *exception only for one length-based pediatric assessment device or equivalent pediatric medication dosing device.*
- No computers, cellular phones, wireless data devices, pagers, radios, PDA's, tablets, electronic data devices or any type of electronic data or information resource devices.
- No printed or audio reference material, either commercially available or home-made or any type of individual protocol manuals.
- Under any circumstance no weapons are authorized in the sequestering or competition areas.

I also acknowledge that if any of the above-named items or unauthorized setups are identified and/or used as part of this agency's equipment setup during the competition scenario **will result in immediate disqualification from the competition** and the team forfeits any and all fees associated with registration or participation in the competition and from further consideration for placement or advancement in the Bill Shearer ALS/BLS Competition.

Registration Form

Do not complete registration form if you have or plan to register online.

Type of Team: ALS BLS Student

Team Name: _____

Agency Name: _____

Agency Phone Number: _____

Address: _____

Team Captain Phone: _____

Team Captain Email Address: _____

Team Information

Captain, Printed Full Name *Certification Number (Required)* *State* *Email Address*

Member, Printed Full Name *Certification Number (Required)* *State* *Email Address*

Member, Printed Full Name *Certification Number (Required)* *State* *Email Address*

Member, Printed Full Name *Certification Number (Required)* *State* *Email Address*

Alternate, Printed Name *Certification Number (Required)* *State* *Email Address*

Payment Information

Method of Payment:

Check Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: ____/____

Security Code: _____ Billing Zip Code: _____

I authorize Emergency Medicine Learning & Resource Center to process payment in the amount of \$275.

Cardholder Name/Signature: _____ Date: _____