2012 Invitational

National ALS/BLS Team Competition

January 19 & 20, 2012

Daytona Beach, Florida

Check-in and Sequestering Times:

Team check-in for the preliminary round will begin at 7:00 AM at the Competition Registration Desk at the Daytona Beach Ocean Center on Thursday, January 19, 2012. Teams arriving after 7 AM without prior notice will be disqualified and not allowed to compete. All teams will be sequestered by 8:00 AM. Only team members and one alternate will be allowed in the sequestering area. A briefing will be held for all teams just prior to the Competition. All teams are encouraged to wear their agency uniform or other identifying clothing. Once sequestered, no team or team member may leave the sequestering area without the permission of the sequestering judge. At no time shall a team member be allowed to leave the sequestered area without an assigned sequestering judge as an escort. Only bathroom breaks will be permitted in the designated restroom facilities. At no time will smoke breaks be permitted during sequestering session. Teams or team members found outside the sequestering area, without the permission of the sequestering judge, will be immediately disqualified from the preliminary and/or finals competition.

Each ALS team will be composed of three (3) persons who must function in a pre-hospital 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 (1) alternate member. ALS teams will be scored on BLS and ALS skills.

Each ALS Student team will be composed of three (3) persons who are currently enrolled in a DOH Paramedic Training Program and have completed at least one semester. Each team member must possess at least a State EMT certification to compete as an ALS Student team. Each team may also have one (1) alternate member. ALS Student teams will be scored on BLS and ALS skills.

Each BLS 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, RNs 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.

Preliminary Competition Day:

The Preliminary round of the Competition will take place on Thursday, January 19, 2012 beginning at approximately 9:00 AM. Preliminary round results of the top 3 ALS Teams will be announced at the Fire Rescue East Opening Ceremony, Thursday, January 19, 2012, along with the presentation of the ALS Student competition team and BLS competition team trophies. No visitors or spectators will be allowed in the preliminary competition room at any time. Only judges, actors and competitors will be allowed.

The top 3 ALS teams will go on to the Final ALS Competition on Friday, January 20, 2012. The 4th place ALS Team will be asked to run through and "test" the Final Competition, prior to the beginning of the final round. Should a tie occur at the conclusion of the preliminary competition, the competition EMS Chairperson will have previously chosen a specific patient number in the scenario in order to break the tie. If both teams have the exact number of points on that patient, then another patient number will be chosen to break the tie.

Final Competition:

The top three teams and the 4th place team from the Preliminary ALS Competition and their equipment will be sequestered at 7:00 AM on Friday, January 20, 2012 at a pre-determined location announced to the teams on Thursday, January 19, 2012. Teams arriving after 7:00 AM or to a different location, without prior notice will be disqualified and not allowed to compete in the Final Competition. The Final Competition will take place in a location to be announced that morning and will start at approximately 9:00 AM, and 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 Competition Committee will predetermine the patient(s) used for this tiebreaker. The decision of the Committee shall be final.

Your system Medical Director must approve the number of continuing education credits for which you may apply.

Announcement of Competition Results and Award Presentation:

ALS Division

The announcement of the top three (3) ALS teams and the fourth (4) place practice teams from the preliminary round will be revealed on Thursday, January 19, 2012, during the Fire Rescue East opening session.

The National ALS Team Competition 2012 Invitational Champion trophy will be awarded to the agency and each individual member will receive an award on Friday, January 20, 2012, in the exhibit hall with time to be announced.

ALS Student Division

A first place trophy will be awarded in the ALS Student Division to the agency on Thursday, January 19, 2012, during the Fire Rescue East opening session.

BLS Division

A first place trophy will be awarded in the BLS Division to the agency on Thursday, January 19, 2012, during the Fire Rescue East opening session.

Registration and Information

ALS Division

An entry fee of $175.00 per team must be submitted and received by the **Florida Fire and Emergency Services Foundation** by January 6, 2012. To register on-line or obtain registration forms, go to: **www.firerescueeast.org** and click on the ALS/BLS Team Competition link. **All team members receive complimentary admission to 2012 Fire-Rescue EAST Trade Show**. If you have any questions regarding the competition, please contact Chief Russell T. Rafferty at the Brevard Community College, 321-433-7414, or email raffertyr@brevardcc.edu

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General 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. Certain limitations exist when simulating injuries and illnesses. Despite 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 process. 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 elicit 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, mannequins 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) (ALS and ALS Student Teams Only)

- 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 proper adjuncts such as OPA, NPA, PTL, CombiTube, LMA etc.)

- 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: (ALS Teams and ALS Student Teams Only)

- 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: (ALS and ALS Student Teams Only)
- 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 IO 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 a response such as, “the IV is running.”
- 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.

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 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.

Total Number of Teams Allowed

Any EMS agencies currently providing pre-hospital basic life support (BLS) services are invited to enter a team in the BLS division of competition. A minimum of four (4) teams will be required to host the BLS competition at the FRE conference. Any EMS agencies currently providing pre-hospital advanced life support (ALS) services are invited to enter a team in the ALS division of competition. A minimum of four (4) teams will be required to host the ALS competition at the FRE conference. Student currently enrolled in a DOH Paramedic Program (have completed at least one semester) are invited to enter a team in the ALS Student division. A minimum of four (4) teams will be required to host the ALS Student team competition at the FRE conference. A total of fifty (50) teams (combination of ALS/BLS and ALS Student teams) slots are available and 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 **January 6, 2012** may be filled by these agencies, based on the date the registration was received at the FFCA office. When the order of competition is drawn, if any agency has more than one team, both teams will compete at during the same round.

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

ACLS 2010 Guidelines, American Heart Association
Emergency Care, Brady Publishing
Pediatric Advanced Life Support (AHA/AAP)
Paramedic Emergency Care, Brady Publishing

ITLS Advanced, Brady Publishing Revised
US DOT 1998 EMT-B Curriculum
Emergency Response to Terrorism: Tactical Considerations: EMS-FEMA, USFA, NFA
U.S. Standards for weights and measures as stated in reference material.
Urban Search and Rescue Field Guide/Operation Manual
Introduction to Incident Command System ICS 100, ICS 200 & ICS 300
HazMat Operations Level First Responder

EQUIPMENT:

General Equipment Guidelines:
Equipment and supplies to be used in the scenarios will be inspected for the preliminary competition on Thursday morning, **January 19, 2012** at 7:00 AM at the Daytona Beach Ocean Center. Each team Captain will be required to sign a testament for his/her team that all equipment sequestered shall meet the requirement set forth by the FFCA rules for competition/equipment usage. Any member of a team that possesses or uses a piece of equipment not approved by the FFCA rules **will be** subject to their team to be immediately disqualified from the competition. The teams will not be allowed access to the equipment once it has been inspected and sequestered for the preliminary round. Any team not checking their equipment at 7:00 AM will be disqualified and may not compete in the competition and no refund of the registration fee will occur. Normally, there will be no exceptions made to the equipment inspection requirement**. (If an extreme extenuating emergency circumstance delays your arrival, contact Chief Russell Rafferty at (386) 341-6240 immediately).** 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 Florida Fire Chiefs' Association and the Committee staff are not responsible for these items. Equipment will be provided for the final round of the ALS team competition, during the sequestering.

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 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 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 will there be any area for storage of these items. If found, they will be confiscated and retained until the competition is complete. The Florida Fire Chiefs' Association and the Committee staff are not responsible for lost or damaged equipment. It is highly recommended that these items not be brought to the competition.
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 Florida Fire Chiefs' Association and the Committee staff are not responsible for lost or damaged materials.
10. No weapons will be allowed in the sequestering or competition areas.
11. No equipment may be carried on a team member's person. There will be no exceptions. No equipment may be removed from the bags until entry into the scenario. Team member's may only wear PPE when entering the scenario (i.e. gloves, eye protection and mask)
12. Stethoscopes may **not** be worn into the scenario.

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 **December 30, 2011**.

We cannot guarantee the availability of equipment. The following equipment will be provided to each team:

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 the team:

The following is the maximum allowable equipment list:

1 Pulse oximetry unit**
1 Glucometer**
1 Thermometer**
1 ETCO2 (electronic)**
1 Oxygen bottle
Laryngoscopes (two complete sets)
CPAP Unit with proper tubes and masks

** 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 their 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 set 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 their 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:

The Competition Chair, prior to December 30, 2011, must clear all equipment innovations. 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, ETCO2 detector or an O2 manifold. These units must be independent unless commonly available otherwise.

Video Tape:

Videotaping of your team's scenario will 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.

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 necessary PPE.
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 the 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.
4. Team members will receive information and feedback from a clearly identified Feedback/Lead Judge. 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.

Behavior Code:

1. The Team Captain will be personally responsible for the behavior of members from his/her 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 Competition administrative personnel, then that entire team will be asked to leave. The team will be disqualified from the competition and all competition awards or prizes. You will also forfeit all registration fees for both the Competition and Fire Rescue East.
2. Team members will be responsible for the behavior of any guest brought to the Competition.
3. Team members will be personally responsible for their individual behavior, within socially acceptable parameters

Disqualification:

The Florida Fire Chiefs' Association and the Competition Chair reserve the right to disqualify any team for any behavior or actions deemed inappropriate and un-sportsman like, this includes evidence of unethical actions, both during the competition and after.