

I. ELIGIBILITY FOR COMPETITION:

- **ALS Division/Teams** - Each team will be composed of a maximum of three (3) persons who must function in a pre-hospital setting. Team members will be limited to persons licensed / certified / credentialed as EMTs, Paramedics, RNs and military medics who function in the EMS environment; physicians, physician assistants, and nurse practitioners are not eligible to compete. At least one team member must be a paramedic.
- **Student Division/Teams** – Student teams will compete under the same rules as the ALS division. Students must be currently enrolled in an EMT or Paramedic program. Students that graduate the paramedic program are not eligible to compete as a student team but could compete as an ALS team. The reason for distinguishing a student team is because there are student divisions in some larger competitions.
- **Alternate Team Members** - Each team may also have one alternate member bringing the total number of members on each team to four (4). In the case of multiple scenarios, substitutions will be allowed prior to beginning of the scenario. Alternate team members will be designated a fixed position as indicated by the hosting competition committee member. An alternative team member may video record in this location.
- **Substitutions** - One substitution may be made per year and prior to a competition. A substitution shall be defined as a competitor who is a member of the same organization as the competing team. This substitute shall not be taken from another competing team unless that team has no points accumulated leading up to the competition requiring substitution. A mixed team (a team composed of members of more than one organization) may only use their alternate competitor.

II. JUDGING STANDARDS AND SCORING:

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

- ACLS Guidelines, American Heart Association.
- ACLS for the Experienced Provider, American Heart Association.
- Pediatric Advanced Life Support (AHA/AAP).
- Critical Care Transport, AAOS.
- Nancy Caroline's Emergency Care in the Streets, AAOS.
- Emergency Response Guidebook, U.S. Department of Transportation.
- Prehospital Trauma Life Support, NAEMT

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

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

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

III. **EQUIPMENT:**

If any unauthorized equipment is discovered (either during preliminary or final scenarios), the team shall be disqualified from the individual competition in its entirety. This will result in zero (0) points accumulated in the Florida Cup.

Equipment bags, backpacks, and boxes:

- Equipment should be of comparable size and type of EMS industry commercial manufacture.
- The total number of carry-in equipment (bags / boxes / backpacks) may not exceed **Five (5)**. **Fanny packs or small waist bags are considered an equipment bag and will count to the total bags allowed.**
- **No equipment may be affixed to the outside of the bags, packs, or clothing (ie. no tape strips stuck to the side).**
- Vests with pockets to hold equipment will not be allowed.
- Competition committees are not required to accommodate any specific size containers when designing a scenario.

1. Equipment provided at each scenario site:

- 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.
- The competition committee may supply equipment based on the needs of the scenario.
- Specialized equipment, if applicable, will be staged within the boundaries of the scenario.

2. Equipment restrictions or limitations:

- All equipment must be used according to the manufacturer's recommendations.
- **Under no circumstances will any device transmit or receive information once a team enters sequestering, staging, or the competition area.**
- **Cellular, bluetooth or WiFi capable devices will not be allowed in the sequestering or competition areas under any circumstances.** These items must be secured prior to check-in.
 - AirPods / wireless receivers. Any type of receiving device will not be permitted.
 - Smart Watches – Smart watches may or may not be able to transmit / receive information. Therefore, NO smart watches will be permitted, regardless of the manufacturer.
 - GoPro Head Cameras – Cameras are for recording ONLY. No transmitting or receiving of information will be permitted.
 - Tablet or phone to record video – No tablets, regardless of manufacturer or connectivity.
 - Glasses with camera - Cameras are for recording ONLY. No transmitting or receiving of information will be permitted.
- No charts, drug cards, rulers, measuring or counting devices, or calculators will be allowed **except for a length-based pediatric resuscitation tape.**
- No mechanical CPR or ventilation devices will be allowed.
- Simulation of SpO2, SpCO, SpMet, End tidal CO2, temperature, and glucometer **cannot** be used with a simulated paper, board, etc.

- SpO₂, SpCO, SpMet, and End tidal CO₂ will be obtained from the EKG monitor provided.
- Teams are **not** restricted on the number of SpO₂, thermometers or glucometers, but they should be an **actual device** and not a simulated paper, board, extension or other simulated item.
- Oxygen cylinders will **not be limited** on quantity; however, teams will be required to simulate commercially available cylinders with a commercially available regulator. Multiple oxygen ports (manifold) **will not be allowed**. A simulated cylinder shall not be smaller than 2.5" in diameter and 5" in height (M-2 Cylinder).
- All equipment innovations must be cleared by the hosting competition committee prior to the day of the competition.

3. Medication requirements:

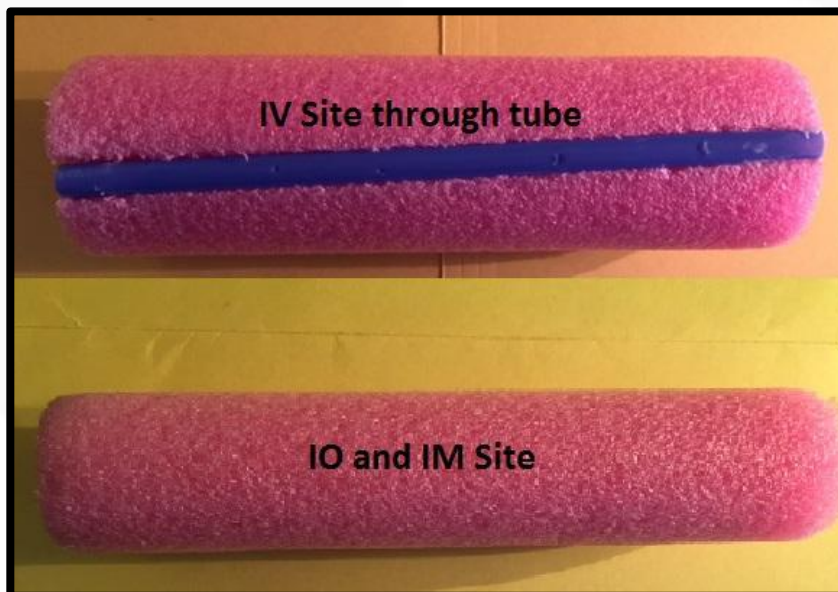
- Drug boxes should contain medications of sufficient type and quantity to manage a scenario.
- Injectable medications may be packaged in a 10mL syringe, filled with **air**, and labeled with **name, volume, and concentration for each medication**.
- Oral medications (pills & tablets) may consist of baby aspirin, sugar or similar tablets, packaged in individual pill bottles or ziploc bags labeled with **name, dosage, and concentration for each medication**.
- Actual drug solutions should not be present in the syringes or vials. Medication syringes **do not** require individual ziplock bags.
- Feedback / Scoring judges, either during the scenario or after the scenario may inspect the syringe or medication delivery device to verify the medication and ask further questions on volume and dose administered.

4. Medication Administration:

- IV administration requires insertion of needle through the simulator; connect saline lock or IV tubing, secure with tape or commercial device, and **connect simulated drug syringe to the needle port**. Sharps must be properly secured in sharps containers.

- IN (intranasal) administration requires a MAD device connected to the simulated drug syringe.
- IM (intramuscular) administration requires an IM needle connected to a simulated drug **syringe with safety cap on**. Sharps must be properly secured in sharps containers. **NEVER REMOVE THE NEEDLE CAP AND EXPOSE A NEEDLE DURING THE SCENARIO.**
- IO (Intraosseous) requires utilization of a commercial device inserted through the simulator, connecting IV tubing, and connecting simulated drug syringe to the needle port. Sharps must be properly secured.
- Sublingual and oral medications will be shown to the feedback / scoring judge and administration will be verbalized.
- Nebulizer medication will be shown to the feedback / scoring judge and verbalized delivered in the nebulizer chamber.
- Medication administration simulators can be constructed using straws, tubing, bottles, or manikins. Requesting a simulator from the feedback/score judge may be required during the scenario.

Sample medication administration simulator:



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

5. Suggested Medication List:

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

Activated Charcoal	Etomidate	Norepinephrine
Acetaminophen	Fentanyl	Phentolamine
Adenosine	Glucagon	Pitocin
Albuterol	Haldol	Pralidoxime
Amiodarone	Hydroxocobalamin (Cyanokit)	Rocuronium
Aspirin	Ketamine	Romazicon
Ativan	Labetalol	Solu-medrol
Atrovent	Lasix	Succinylcholine

Atropine	Lidocaine	Sodium bicarbonate
Benadryl	Magnesium sulfate	Terbutaline sulfate
Calcium Chloride	Mannitol	Toradol
Calcium Gluconate	Methylene blue	Tranexamic acid (TXA)
Captopril	Metoprolol	Thiamine
Cardizem	Midazolam	Valium
Dextrose	Morphine sulfate	Vecuronium bromide
Dopamine	Narcan	Zantac
Epinephrine	Nitroglycerin	Zofran
Epinephrine Racemic		

- Pre-mixed bags of medication must be a medication on the standardized list of competition medications. The specific concentration / volume should be commercially sold. Bags must be clearly labeled with **name, volume, and concentrations**. IV Bags can be resized using labels affixed to the bag showing the simulated volume of fluid. For example, a 50 mL Bag can be converted to a 100 mL bag with the application of a 100 mL label. IV fluids used for fluid resuscitation / replacement shall be no smaller than 500 mL.
- The goal for any scenario is to identify the condition (diagnosis) and treat correctly. Points are given for proper treatment; however, the host competition committee may provide negative points for incorrect medication administration.

IV. SKILL EXPECTATIONS AND SCORING REQUIREMENTS:

Procedures will be carried out in as realistic a manner as possible. Sometimes a specific skill will require a simulator to perform the skill. When a simulator is required, team members should verbalize the skill and request a simulator from the patient feedback / scoring judge. Feedback timing and verbiage will be determined by the host competition committee.

- **Airway Management Devices:** Intubation with direct laryngoscopy will be considered the primary advanced airway device. In cases where the patient needs an advanced airway, the endotracheal tube will receive the maximum

points allowable for the patient in each scenario. Commercial endo-lock or tape can be used to secure devices.

- **Supraglottic devices** – Will be scored as a secondary device compared to orotracheal intubation. The secondary device will receive a score less than that of intubation with direct laryngoscopy. In addition, utilizing a supraglottic device in a contraindicated situation could result in negative points. Supraglottic devices should be secured based on manufacturer recommendation.
 - **SALT Device** – will be scored as a secondary or supraglottic device. Although an endotracheal tube may be used, for the purposes of competition, airway management with a SALT device will be worth the same points as a supraglottic or secondary device.
 - **Video Laryngoscope** – The video laryngoscope requires equipment preparation and application like a standard laryngoscope and will be scored the same as intubation with direct laryngoscopy.
 - **Intubation through a supraglottic device** - When intubation is accomplished through the insertion of a supraglottic airway device followed by the insertion of an endotracheal tube through the device, the result will be the same score as intubation with direct laryngoscopy, but not for both procedures.
-
- **Hemostatic Agents** – Competitors may label a gauze package as hemostatic agent. If the treatment is appropriate for the patient, the scoresheet will reflect points and distinguish between sterile gauze and hemostatic gauze.
 - **A Blood Pressure Cuff** must be applied to the actor, manikin arm, or simulator arm to get feedback.
 - A **stethoscope** must be around the neck and the diaphragm of the stethoscope placed on the desired listening location to receive feedback or score points. The stethoscope earpieces do not need to be placed in the competitor's ears.
 - The application of **Spinal Motion Restriction** (or spinal immobilization) via a long spine board requires complete application with 4 cross straps, head immobilization with forehead strap, and collar to receive points. This procedure requires a minimum of 2 people to accomplish.
 - **Pleural decompression** requires a simulation manikin to perform the skill and requires team members to verbalize needing a simulator. Sharps must be properly secured in sharps containers.

- A **cricothyrotomy** requires simulation manikin or prop to perform the skill and requires team members to verbalize needing a simulator. Sharps must be properly secured in sharps containers.
- **ECG monitor rhythm display** will be provided by paper handout or displayed on the monitor. To see ECG rhythm, monitor cables need to be pulled out of the case and placed in the general proper location. Verbally identified locations on the patient or manikin may not count for points. Verbalizing the rhythm interpretation is required to receive points. Committees must have paper handouts available in case of equipment failure.
- **Electrical interventions** require verbally and physically clearing all people from the patient prior to discharging. Failure to ensure all contact has stopped prior to delivery of electrical energy can result in negative consequences (points removed, negative points, competitor removed).
- **Sharps** including safety needles must be disposed of appropriately (in a sharps container) and accomplished in a manner that does not expose a team member or any other person present to potential danger, and which does not contaminate other equipment. Inappropriate disposal of the sharps will result in negative consequences (points removed, negative points, a reduced number of points for that procedure or medication administration).
- All BLS and ALS procedures will be performed in accordance with the most current standards of the listed reference material. Procedures must be performed to completion. An incomplete procedure may result in no points awarded for that procedure.
- **Performing CPR** on a manikin requires proper technique and timing. If a competitor is performing one-person compression / ventilation, then that competitor is unable to perform other skills at the same time. Too long of a pause of compressions and ventilations because of performing other skills will result in negative consequences (points removed, negative points, a reduced score for the patient up to cancellation of all points for that patient). Abandoning a patient (inappropriate termination of efforts) will result in negative consequences (points removed, negative points, a reduced score for the patient up to cancellation of all points for that patient). If a bystander is available, they may continue performing CPR for crew members without loss of points. Bystander skill and availability will be determined by the host competition committee.

- **Performing Rescue Breathing** requires proper technique and timing. If a crew member is ventilating a patient, there cannot be too long of a pause outside the required timing guideline. For example, if you are ventilating an adult patient at 1 breath every 6 seconds, then a ventilation should be every 6 seconds. Aspects might be accomplished within the timeframe of the next ventilation, but if there is too long of a pause, the result may be negative consequences (points removed, negative points, a reduced score for the patient up to cancellation of all points for that patient). If a bystander is available, they may continue performing ventilations for crew members without loss of points. Bystander skill and availability will be determined by the host competition committee.

V. DEFINITION OF PPE:

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

VI. VIDEO RECORDING:

Recording of your team's scenario by the alternate teammate may be allowed from a designated/fixed position. Moving from the fixed position will cause your team to be disqualified. Teams are allowed to use personal video recording devices (i.e. Go-Pro style cameras, video safety glasses, etc.).

Cell phones or Tablets WILL NOT be used as a video recording device.

Videos will not be allowed as a basis for a judging challenge.

VII. SOCIAL MEDIA AND COMMUNICATION

Under no circumstances will any video footage or photographs, in any shape or form, be posted or transmitted to any social media platform or digital communication application until the end of the day's competition. Only after the last team completes all parts of the competition will teams be able to communicate their media responsibly.

Any individual discovered posting, transmitting, communicating or leaking information, in any way, will be immediately disqualified along with his or her organization and any teams associated with that organization.

VIII. REAL EMERGENCY DURING THE EVENT:

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