

**2010 JEMS Games**  
**“Excellence in EMS” Competition**  
**Rules, Regulations & Equipment Guidelines**  
**Baltimore, Maryland**

- Preliminary Competition: Wednesday, March 3, 2010
- Final Competition: Friday evening, March 5, 2010

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## Introduction

The objective of the JEMS Games is to create a fun, challenging and educational experience for emergency medical personnel that results in them being better prepared for the myriad of challenges that they may encounter in the field. More importantly, it's a goal of the JEMS Games to enlighten and invigorate EMS personnel from all over the world to deliver the same quality and compassionate care to all patients they encounter after participating in the JEMS Games competition.

The JEMS Games introduces competitors and audiences to new techniques and technology that can be used to manage patients of all levels of criticality. The competition also enables participants to share their expertise, experience, techniques and technology with EMS colleagues from throughout the world.

The JEMS Games, unlike other EMS competitions, is not designed to test a team's ability to recite assessment protocols or achieve "points" for doing the right things. *JEMS* believes that teams signing up to compete feel confident that they excel in assessment and patient care, and that their team members can complete assigned tasks at a rapid, but efficient, pace. Therefore, the JEMS Games use the competition's skill stations to observe each team's performance of clinical excellence. The preliminary competition is not open to the public and teams can't watch other teams compete.

During the preliminary competition, if a team, or individual on that team, omits an important step or makes a serious error, JEMS Games judges add penalty seconds onto the team's overall course completion time. After all teams compete in the preliminary round, the judges compile all scoring sheets and present the three finalist teams that will compete in the Final Competition on Friday evening.

Teams eliminated by disqualification will not be singled out on the ranking sheet that is posted but will receive a summary of errors by mail after the JEMS Games, so they can learn from their errors and prepare to compete the following year.

The Final Competition is a 20-minute, scenario-based event that tests each finalist teams' ability to manage multiple patients with varying illnesses or injuries in front of a large audience of their peers. The Final Competition focuses directly on each team's ability to conduct a thorough scene assessment and zero in on each patient's illness or injury and manage each condition in a complete, compassionate and efficient manner. The Finals also serve as an exceptional learning opportunity for the audience and participating teams.

These rules and regulations are designed to ensure standardization in team preparation and on-site operation and administration of the *JEMS* Games, operated by JEMS and Elsevier Public Safety, a division of Elsevier Publishing.

To ensure consistency with the rules and regulations, only the designated JEMS Games Coordinator, or A.J. Heightman, *JEMS* Editor-in-Chief, are permitted to render an interpretation of the rules and regulation, officially address team concerns or make on-site operational/administrative decisions.

## **I. Team Composition**

An eligible team comprises three individuals capable of functioning together or individually in prehospital situations. Examples include paramedics, EMTs, registered nurses and military paramedics.

- A. One team member must be a paramedic.
- B. A fourth (alternate) team member may be registered with a team (and so designated) and substituted in the event of illness or injury of one of the three primary team members or other reason acceptable to JEMS Games officials. The alternate must be so identified at the time of registration and may only be substituted with the advance notification and approval of the JEMS Games Coordinator and A.J. Heightman, *JEMS* Editor-in-Chief.
- C. Physicians and physician assistants are *not* eligible for this competition, even if they also hold EMT or EMT-paramedic certification.

## **II. Registration and Entry Fee**

Registration for the 2010 JEMS Games is limited to the first 25 teams submitting a complete application and entry fee. Each team must submit a \$150 registration fee. Payment for the competition (**Made payable to “Elsevier/JEMS Games”**) must be received at JEMS by **5 p.m. (Pacific Time), Monday, January 18, 2010**. A registration form is attached and also available at [jems.com](http://jems.com).

## **III. Code of Conduct & Associated Forms**

All participating team members and alternates must sign and return the following forms *with* their application:

- 1) Code of Conduct;**
- 2) Participation Agreement & Release of Liability;**
- 3) Permission and Release of Photos & Images.**

**NOTE: Failure to complete any of these required forms, or failure to abide by the principles and practices outlined in each agreement/form, will result in a team or team member’s disqualification.**

## **IV. Uniforms**

Because this is a high-profile event, all team members are required to wear department or EMS competition uniforms during the Preliminary and Final Competition and at the 2010 JEMS Games awards ceremony to be held immediately prior to the General session in the main auditorium on **Saturday, March 6**.

## **V. Team Reporting Time Blocks & Sequestering**

- 1) During the preliminary competition, non-competing teams and/or visitors **will not** be allowed to watch the preliminary competition. Competing teams will be assigned **REPORT TIMES** and must remain present and accounted for in the designated team sequester/holding/team room during their assigned report/sequester time slot. Teams that fail to do so (with even one member or alternate absent) will be disqualified from the competition.

2) Preliminary competition order will be drawn by random lottery, and your team will be assigned one of four report times for Wednesday (3/3/10):

- 7 AM
- 9 AM
- 12 PM (noon)
- 2 PM

Report times will be provided to teams when they check in on Tuesday (3/2/10). Teams assigned to a time block may not leave the sequester room until their team competes. Teams may be required to stay beyond the listed completion time if there are delays in the preliminary competition under way.

3) During the **Final competition** on Friday evening, all competing teams will be sequestered in a Sequester/Holding/Team Room while not competing to ensure the secrecy of the Final scenario details. After competing in the Final competition, teams **will not return** to the Sequester Room, will be responsible for gathering and securing all of their equipment and may attend the remainder of the JEMS Games Final Competition.

4) During Sequestering:

- A. No cell phones or text messaging devices are allowed in the sequester room or to be carried by team members during competition phases.
- B. Restroom breaks will be supervised by a JEMS Games staff member to prohibit competitors from conversing with individuals who have seen or competed in the event.
- C. Team members waiting to compete found using a cell phone or engaging in conversation relative to the competition while outside the sequester room will be disqualified from the competition and may cause their team to be disqualified.
- D. Light snacks and beverages will be available to sequestered competitors.

5) Provision of Restricted Information to Other Teams or Team Members

Teams that have competed in the preliminary competition are **not permitted to discuss any of the particulars of the preliminary scenarios** with teams or their individual team members that have not yet competed. If it is determined that an infraction of this rule has occurred, the team violating this rule will be disqualified.

6) A Lead judge will coordinate the movement of teams throughout the Final Competition to maintain security of the event and a recommended timeline.

7) Individual team start times for the Final Competition will be determined randomly by the *JEMS* Games Coordinator.

## **VI. Team Check-in, Equipment Inspections & Team Meeting**

The 2010 JEMS Games venue will begin with individual team equipment check-in to confirm their current certification and ensure compliance with the equipment requirements of these rules and regulations.

A) Team Check-in and inspections will be held:

- **Tuesday, March 2, from 4–7 p.m.** You may show up anytime within this time block.

1. All personnel will be required to **present official, current EMS certification cards** during equipment check-in.
2. Medical, trauma and airway kits brought by the teams (maximum of three kits total per team) will be inspected by judges at designated team storage stations. Kits will not be inspected until **ALL** required medications are available (real drugs or placebos) properly labeled with the **correct** medication name, dosage and an **unexpired** date. Note: Expired drugs are acceptable as long as expired dates are crossed out and a valid, unexpired date is displayed. Teams should bring extra medications and IV supplies with them to replenish their kits after the preliminary competition if selected to advance to the finals.
3. Teams will be required to correct any rule violations prior to the approval of their equipment for competition (Examples of infractions that will have to be corrected include: more than the maximum number of laryngoscope handles and blades, medications shown as out-of-date or IV bags already connected to tubing).
4. All equipment will be evaluated by the judging staff to ensure compliance with the rules outlined in this document (see below).
5. Once a team's kits are deemed in compliance, they will be secured in the equipment inspection and storage room (which will be locked when unattended) and made available to each team only on the day/times they are scheduled to compete.
6. Any team found not in compliance with the equipment rules by the close of the scheduled check-in period will not be allowed to participate in the 2010 JEMS Games.

B) A **Team Meeting/Briefing, with course walk-through and orientation**, will take place on **Tuesday, March 2 at 7 p.m.** in the Competition area. This walk-through and orientation is optional but recommended because it affords each team member to become oriented to the stations, the station locations/requirements and the simulators and equipment that will be involved in the preliminary competition.

## **VII. Equipment Guidelines**

### **A.) Overall requirements**

1. Medical kits brought to the competition must be comparable to kits commonly used in the prehospital environment. All equipment, with the exception of a portable suction unit, must fit inside the bags/kits. Any equipment not able to be stored and carried inside the bags/kits will be returned to the competitor to be set aside and not used for the competition.
2. Sharing of equipment among teams will only be permitted with the prior approval of the JEMS Games Coordinator.
3. Mechanical ventilators and mechanical CPR devices are *not* permitted in the competition. If required by the scenario, ventilations and chest compressions must be provided manually and ventilations provided via a bag-mask device.
4. **Adult and pediatric intraosseous (IO) devices** and a **CPAP unit** may be carried in kits and used during the competition.

5. No portable equipment, **with the exception of a stethoscope, patient contact gloves, eye protection, pen, blank or ruled notepad, trauma scissors, penlight and/or flashlight**, can be carried on the competitor's body or in/on the competitor's uniform during the competition. This includes, but is not limited to: scene ID vests, IV/IO catheters, laryngoscopes or laryngoscope blades. All other items must be stored inside the medical kits.
6. Review/reference "cheat sheets" will not be allowed in the competition. Examples include field drug guides, quick reference drug calculations or formulas, radio report summary cards, and any other material that would provide an advantage to the competing team. (The only exception is a pediatric, length-based resuscitation tape which a team may carry in their bags/kits.)
7. Metronomes and audible or visual timing devices to assist in the performance of accurate CPR compressions or ventilations, or timing IV/IO drip rates may be carried and used, and must be stored inside a kit.
8. Cell phones, pagers, PDAs, portable radios and text-messaging units are not allowed in the sequester/holding or competition areas. These items must be turned off and stowed by the individual competitors prior to the competition. JEMS Games staff members *will not* hold these devices for any competitor.
9. If an alternate team member is registered (to substitute for a team member, if necessary), he/she will be allowed to observe and/or video tape their team compete in the Preliminary or Finals Competition but must remain *outside* the competition area. Alternates cannot interfere with the view or performance of judges at any time, are not permitted to carry any medical equipment, and can't converse with the team in any manner during the competition, including the use of hand gestures and other motions that could provide an unfair advantage to the competing team. **(Violations will result in immediate team disqualification.)**
10. No family member or friends of the competing team members will be allowed in the preliminary competition area while that team is involved in the preliminary competition.
11. Once a team arrives on site and/or leaves the Sequester/Holding/Team Room or Equipment Storage Area, that team is responsible for the security and maintenance of their equipment.
12. Each team must carry all required equipment through the entire course. Essential equipment left behind on the course/arena area, must be retrieved before a team completes the competition. This includes, but is not limited to, ECG monitors and/or cables, scissors, suction, laryngoscopes and/or blades, IV catheters (used), or kit(s). This does *not* include trash, such as IV tubings, 4 x 4s, disposable waste or catheters placed in stationary sharps containers.  
*Note:* Teams are permitted to carry their own portable suction unit in place of, or addition to, the Laerdal portable suction unit supplied on site. Teams may also carry scissors on their person or multiple scissors in their kits. Teams are also allowed to carry spare ECG cables in the event that they cut, experience a failure with their primary set, or need to monitor a second patient (Final competition) or leave their primary set on a patient. As long as a team completes the competition with the required equipment, the intent of this requirement will be met.
13. If a team completes the preliminary or final competition but leaves an **essential piece of equipment** (such as a kit, lone suction unit, lone scissors, lone ECG cables or their laryngoscope) on the arena floor and fails to return to retrieve it/them before finishing the preliminary competition, the team will be disqualified from participating in the Final competition.

**B.) Equipment to be brought to the JEMS Games or obtained on site by competing teams**

1. Medical kits (**No more than three (3) kits will be allowed per team.**) stocked with supplies normally found within an emergency response ambulance. As a reference, competitors may review the information contained in *Essential Equipment for Ambulances*, by the American College of Surgeons.
2. The following equipment can be carried only in the quantity listed:

<b>Equipment Items</b>	<b>Competitors to bring/Quantities</b>	<b>JEMS to obtain (If needed by team)</b>
Monitor / Defibrillator / Pacer / SpO <sub>2</sub>	Teams may bring their own monitor/defibrillators or use any/all of these items. <b>Teams should bring their own cables and electrodes.</b>  <b>NOTE #1:</b> Carrying more than one set of cables is recommended.  <b>NOTE #2:</b> You will be linking your cables to Laerdal simulator connectors or patients during the competition.	We will have Physio Control LIFEPAK 12s available on site for team use if needed  <b>NOTE #3:</b> JEMS will obtain another brand of monitor and defibrillator or a LIFEPAK 15 for use by your team if requested via e-mail to L.Coartney@elsevier.com at least 6 weeks in advance of the JEMS Games competition.
Oxygen regulator	1	JEMS will have oxygen cylinders available.
One complete CPAP unit with O <sub>2</sub> adapters		Oxygen cylinders will be available.
Long spine board, straps, head device	Teams may bring and use (or arrange to borrow/use from a vendor) any/all of these items.	JEMS will have only Laerdal BaXstrap Backboards and straps available for use.
Cervical collars - adult & child sizes (adjustable collars acceptable)	1 or more to fit any size adult or child.	JEMS will have Laerdal adjustable adult and pediatric C-collars.
Bag-valve mask with connective tubing	<b>At least 1</b>	
Thermometer (oral, digital or rectal)	1	
Glucometer	1 (or box/item brought by your team to simulate one)	
Pulse oximeter (may be integral to your cardiac monitor)	1	
Suction device with suction tubing and catheters/handles capable of oropharyngeal and endotracheal suctioning	Teams may bring a real unit or carry a non-working replica.	JEMS will have Laerdal (LSU) Suction Units available.
Safety goggles or face shield	At least 1 per team member	
Gloves and other body substance isolation personal protective equipment	Sufficient for each team member. (Masks not necessary because of interference they might cause with communication between a competitor and the judging staff)	

Sharps container	Teams may bring their own	Will be available on site
Binoculars	Teams will use a set provided by <i>JEMS</i>	1
Bags, boxes or kits of equipment to include drugs, IV supplies, airway devices, ET tube holders, trauma dressings, etc	<b>Maximum of three (3) bags or kits</b>	
ETCO <sub>2</sub> device of team's choice	<b>At least 1</b>	
Laryngoscope handle and blades	<ul style="list-style-type: none"> <li>○ <b>Only one (1) adult and one (1) pediatric laryngoscope handle.</b></li> <li>○ At least two (2) adult and two (2) pediatric blades.</li> </ul>	
Pediatric, length-based resuscitation tape	1	
Triage tags & MCI (first arrival) vests/supplies	<ul style="list-style-type: none"> <li>○ At least 50 triage tags</li> <li>○ MCI Vests to ID "EMS" commander/leader &amp; lead "Triage" person</li> </ul>	<i>JEMS</i> will have EMS, Triage and Transportation Officer vests available.
Method to identify priority 1, 2, 3 & 4 (deceased) individuals within a Casualty Collection Point (aka patient staging area or patient treatment area)	Means of identifying each of four areas	
Flashlight	<b>Minimum 1 per team</b>	
U.S. Department of Transportation (DOT) <b>2004</b> Emergency Response Guidebooks	<b>Minimum 1 per team</b>	<i>JEMS</i> will have DOT Emergency Response Guidebooks available.

### C.) Equipment that will be made available to teams

Laerdal BaXstrap backboards, Laerdal suction units, Physio Control LIFEPAK 12 defibrillator/monitors, sharps containers, U.S. Department of Transportation Emergency Response Guidebooks and oxygen cylinders will be available on site. Therefore, competing teams are not required to bring these items with them. Teams *should* bring their own cables and/or electrodes.

Teams in need of a specific brand/model ECG monitor/defibrillator other than a Physio Control LIFEPAK 12 must request it from *JEMS* Assistant Editor/*JEMS* Games Logistics Coordinator Lauren Coartney at 619/699-6264 or via e-mail to L.Coartney@elsevier.com **no later than Monday, January 18, 2010.**

### D.) Teams should carry and be prepared to use ALL of the following medications.

- Activated Charcoal
- Adenosine
- Amiodarone
- Amyl Nitrite
- Aspirin
- Atropine
- Benadryl
- Calcium Chloride
- Cardizem
- Dextrose 50% (D50)
- Diazepam or other benzodiazepine
- Dopamine
- Epinephrine 1:1,000 and 1:10,000

- Furosemide
- Glucagon
- Hydroxocobalamin
- Inhaled beta agonist (i.e. Albuterol)
- Ipratropium Bromide
- Isoproterenol
- Lidocaine
- Magnesium Sulfate
- Methylene blue
- Naloxone
- Nitroglycerin
- Pralidoxime Chloride
- Procainamide
- Sodium Nitrite
- Sodium Thiosulfate
- Thiamine
- Vasopressin
- Verapamil

**Notes:**

- 1) All drugs on this list must be carried by a competing team *regardless of whether their EMS system carries and uses the medication*. Teams will be judged on their ability to render care and administer drugs that can correct specific problems.
- 2) Teams can use a drug that performs the same actions as another on this list but must have all of these drugs with them, even if they must re-label the other drug.
- 3) All drugs must be properly labeled with name, dosage and date of expiration. Teams are to cross off expired dates and **write in a date that is not expired**.
- 4) Kits **will not** be checked until **ALL** drugs in this list are present.
- 5) If your country/region/EMS system uses a drug considered to be equivalent/comparable to any of these medications, and you have concerns that no drug(s) on this list are equal in action to your specific medication(s) in question, you must notify Lauren Coartney via e-mail at L.Coartney@elsevier.com **no later than Jan. 18, 2010**, of the drug(s) in question, the drug(s) on the above list that it will be used in place of, the indications for its use, the contraindications of its use, and how the drug is carried (precharged syringe, tubex, vial or ampule). There are no limits on the quantity of drugs you can carry during the JEMS Games.

**E.) Guidelines to assist teams in preparing their three (3) medical bag/kits:**

1. Medications do not have to be the actual drug preparation; however, *each must be packaged and labeled with drug name, concentration and expiration date*. Any drugs found lacking this data will be removed prior to the competition. **Use of any inappropriately labeled medications, the wrong medication or the wrong medication dose administered, will result in team disqualification. (Note: If even one drug is found to be missing or not properly labeled, your team's kit inspection will be suspended and your kits will not be inspected again until you report back to the registration desk that your deficiencies have been corrected.)**
2. Each medication must be in its original packaging or stored in a comparable manner (e.g., inside a plastic sandwich bag to simulate external wrapping).

3. Premixed intravenous drugs, such as lidocaine, dopamine and nitroglycerine, may be used if properly labeled as outlined above.
4. In addition to intravenous needles, teams are permitted to carry and use adult and pediatric intraosseous (IO) needles and devices.
5. All IV tubing, solution sets, catheters and IO needles must be kept separate as found in standard ambulance arrangements. (Pre-spiked solutions and tubing are *not* allowed).

#### **F.) Equipment Substitutions**

A competing team unable to bring an individual piece of equipment such as a pulse oximeter or glucometer may carry a replica made of plastic or wood **in comparable dimensions**. The substituted piece must be labeled to indicate its brand and function (e.g., *SSCORT Jr. suction unit*). Providing a small, unmarked piece of wood or plastic will not suffice as a substituted equipment item.

#### **G.) Body Substance Isolation/Personal Protective Equipment**

1. Competitors must don all necessary BSI/PPE equipment just prior to the start of the scenario.
2. Mask protection is *not* necessary due to interference with communication between competitors and judging staff.
3. All sharps used during the scenario must be disposed of in a puncture-resistant container comparable to those available in the health-care setting.
4. Teams may bring their own specialized sharps container or use one that will be available on site.
5. Failure to safely discard a needle or catheter will result in team disqualification.

#### **H.) Equipment Shipping**

1) JEMS will e-mail specific instructions to team leaders in early January regarding shipping. If teams decide to ship their kits to the JEMS Games in advance of their arrival in Baltimore, they must be *properly labelled with team agency/address*.

2) **IMPORTANT:** Please make sure you ship with an established carrier and **bring your tracking information with you**.

3) If there are charges for a refused shipment, the agency or individual shipping the item(s) too early will be responsible for that fee.

4) Please contact Lauren Coartney at *JEMS* for assistance if you plan on shipping equipment to the *JEMS* Games (L.Coartney@elsevier.com or 619/699-6264).

5) International teams should plan to ship early to ensure enough time for equipment to pass through customs.

### **VIII. Advance Briefing Offered to Competitors**

All competitors will be offered an orientation of the preliminary courses that will be used for the preliminary round and familiarization with the Laerdal manikins/simulators that will be positioned and used throughout the course. This briefing will be held at 7 p.m. on Tuesday, March 2. (Note: Although there are multiple courses used, each is identical).

This will be the only scheduled opportunity for orientation of the preliminary competition course and simulation manikins/equipment.

### **IX. Preliminary competition**

#### **IX. A.) Description**

The preliminary competition for 2010 will consist of separate and combined knowledge and skill stations and be conducted on **Wednesday, March 3**, side-by-side on identical courses. All teams will begin at Station #1 and then proceed through one of the two identical competition areas. NOTE: Even though there will be two courses running simultaneously, the team competition times will be clocked individually because of the staggered start at Station #1. Each team's time will start when they are whistled to begin the competition.

A drawing of team order will occur prior to the competition and the run list will be provided to each team at the equipment check-in on **Tuesday, March 2.**

#### **IX. B.) Teams participating in one-day pre-conference workshops**

Teams requesting to be scheduled to compete at a particular time during the preliminary round of the competition on Wednesday, March 3 **due to pre-conference educational session enrollment** must contact Lauren Coartney at 619/699-6264 or L.Coartney@elsevier.com **by Jan. 18, 2010**, to be sure their team is slotted prior to the random draw of teams for the preliminary competition.)

#### **IX. C.) Preliminary Competition Arena - Access Restrictions**

Each team will be allowed to have their alternate team member and one team photographer enter the arena during the their team's participation in the preliminary round. Team photographers *must remain off the course* and not obstruct the view of the judges during the competition. Friends and family members will **not be permitted** to attend and view the preliminary competition.

#### **IX. D.) Preliminary Competition Format & Maximum Course Time Allowed**

**IX. D. 1.)** During the preliminary competition, two teams will be brought directly to the competition arena and the next two scheduled teams will be brought to a predetermined staging area by a JEMS Games staff member.

Two teams will start each preliminary round together but will not be in *direct* competition with each other except that they will attempt to complete all tasks as soon as possible, and in less than the **maximum 30 minutes allowed for each team to complete the eight (8) preliminary competition stations**. The official stopwatch time for each team will start when a whistle is blown by a JEMS Games official (see IX.A.).

A false start will be declared by the lead judge at Station #1 if a team reacts prematurely to a sound other than the whistle start by the lead judge, and the teams will be required to start over, with their stopwatch reset to “0”.

**IX. D. 2.)** Teams will be judged on their recognition of scene hazards, airway management, performance of critical prehospital assessment, medication knowledge and calculation, treatment of simulated patients, and the packaging and movement of weighted manikins.

**IX. D. 3.)** A team’s final score in the preliminary competition will be based on **two parameters: proficiency and timeliness**, with the major emphasis on proficiency. Team scoring will be accomplished through standardized forms used by assigned judges and computerized Laerdal manikins. **Penalty times will be added to the team’s overall completion time to develop their overall time/score (see IX. D.4.)**.

**IX. D. 4.)**

1) Each team will be timed from start to finish, with a *baseline time* recorded.

2) Penalty times will then be added to that overall time and used to determine the *three teams* that will advance to the JEMS Games Finals on Friday night, March 5, to compete for first, second and third place honors. Penalty time is described in more detail in later sections of this document.

**IX. D. 5.)** To complete the preliminary round of the JEMS Games competition and be considered for advancement to the Final Competition, teams must **successfully complete all obstacles** and secure the patient, equipment and crew (via seatbelts if actual ambulances are used) for transport.

**IX. D. 6.)** Failure to complete a task or obstacle will result in disqualification.

**IX. D. 7.)** JEMS Games judges will be alert for any safety violations that could result in the injury of the patient, a team member or a member of the audience (the public). This may include, but is not limited to, dropping a patient, throwing equipment inappropriately or placing a sharp in an unsafe area prior to its disposal.

**IX. D. 8.)** If a team signals they have completed the course but leaves an *essential piece of equipment* behind, such as a kit, ECG monitor or laryngoscope, they will be disqualified and not be eligible to proceed to the final competition. (Also see Section X.1. Note)

## **X. Preliminary Competition - Station Descriptions**

**X. 1.) The Start:** The team will be seated in an ambulance (or an area set up to resemble an ambulance cab and patient compartment seating/stretchers positioning), with seatbelts fastened and all team equipment secured on the stretcher.

One team member shall serve as vehicle “driver” and sit in the driver’s seat; the “Team Leader” will sit in the front passenger seat. The third team member will sit (with seatbelt buckled) on the attendant’s seat at the head of the primary ambulance stretcher in the patient compartment. In the event that actual ambulance vehicles are not available, a similar starting configuration will be provided.

**Note:** If your team is carrying a portable suction unit in one of your equipment bags, you do not need to take the Laerdal Suction Unit (placed on the stretcher) with your kits and monitor. If you leave it behind at a station, but the advance inventory shows you had one in one of your kits and that unit was not left behind, you will not be disqualified for leaving an “essential” piece of equipment behind. A **duplicate item** is not considered an “essential” piece of equipment.

**X. 2.)** On hearing the audible “start” whistle signal, the team will unfasten their seatbelts, exit the “ambulance” and remove the stretcher. The only team member who can exit the vehicle initially carrying EMS equipment is the one who starts the competition positioned in the patient compartment.

The team will then proceed to **Station #1**.

1. **Haz-Mat Recognition:** Using binoculars supplied by JEMS, and a U.S. Department of Transportation Emergency Response Guide, the team must approach a house-size window, *look through the closed window* and identify a placard/label (randomly generated for each competing team) that will be positioned at the opposite end of the course. Answers to questions written on a write-on/wipe-off surface (available at Station #1) must be written next to the questions by one team member.
2. **Scene Entry & Equipment Transfer:** When released from Station #1 by a judge, the team will access the course through the window. All equipment, except for the primary ambulance stretcher, must be moved safely through the window and accompany the team to Station #2.

**Note:** The competing team will position (stage) the primary stretcher at Obstacle 1 so it is ready for them to use as they complete Obstacle 8 (Stair obstacle & ambulance transport).

3. **Airway Challenge** (**Seven-minute max time** to be measured by a judge's stopwatch at the Station). This obstacle will involve a difficult airway situation that must be managed by one or more team members. Teams must be prepared to open and clear the airway as necessary and ensure proper maintenance and oxygenation of the patient. Teams must be prepared to remove any suspected foreign-body and intubate the patient orally. If an obstruction is present and cannot be removed, the team must be prepared to perform a rescue airway.

If ventilations are found to be **less than 12 per minute**, a team member(s) **must successfully ventilate the patient for 30 seconds**.

If the patient is intubated, the team member placing the ET tube must confirm proper ET tube placement via the following methods:

- 1.) Chest rise (verbally announced by the intubating team member);
- 2.) Auscultation of abdomen and both lungs (upper and lower lobes) with findings announced by the auscultating team member for the judges to hear; and
- 3.) ETCO<sub>2</sub> (by device of team's choice) with findings announced by the team member monitoring the device for the judges to hear.

A penalty will be assessed if the airway is not properly established (and ventilation initiated) **after four (4) minutes of total elapsed time**.

Because of the critical need to secure a patient's airway, **failure to gain control of the airway and establish ventilation within seven minutes will result in team disqualification**.

4. **Patient Resuscitation:** The team shall assess and treat a patient with a cardiac dysrhythmia in accordance with the 2005 American Heart Association (AHA) guidelines. Misinterpretation of the ECG rhythm and/or unacceptable interventions shall result in disqualification. When the patient is stabilized, the team can move to Obstacle 5. This station will encompass what used to be Obstacles 4, 5 & 6 prior to the 2008 JEMS Games. These skills and challenges will be presented to you and require you to manage them in a **team approach** similar to a real critical patient situation. How your team identifies, prioritizes and divides up responsibilities will be up to your team, not the *JEMS* Games judges. Your team will be scored based on how you do identifying the patients problems, and how you manage/complete all of the tasks necessary to correct each condition and care challenge presented.

**Examples of the challenges that may be presented to you at this resuscitation station include, but are not limited to:**

**IV Access:** Establish an IV or IO line (on the patient or a simulation arm or training bones provided) and then infuse the amount of fluid requested by the Judge assigned and positioned to tell/assign the fluid volume to you. **Note:** When working on simulators and manikin arms, only 18 or 20 ga. Catheters can be used. However, a team member must verbalize the actual size catheter they would be using if it were a real patient. (Example: “I would be using a 14 or 16 ga. Catheter on an actual patient”)

- A. A pressure infuser ***may be used*** when standard IV catheters are used, but ***must be used*** whenever an Intra-Osseous (IO) route is used. If used, each pressure infuser must be monitored to ensure the proper flow rate is achieved.
- B. One team member must be responsible for informing the judges at this station that IV/IO is patent and the bolus was administered. No member of the team may leave this station until the IV/IO is declared patent and the team member declares: “Bolus administered.”
- C. IV catheters must be taped or secured in place. IO catheters must be stable and not easily displaced.

**Pharmacology:** Establish a medication infusion at (a specified dosage)/kg/min for a specified patient. The patient’s weight will be randomly generated.

- A. Be prepared to declare and demonstrate how many drops per minute must be delivered to achieve the desired dose. The obstacle is completed when the infusion is properly established. This includes either mixing the medication in an IV bag or using a premixed bag (if available to you). Premixed bags must be properly labeled with the correct medication name and an unexpired expiration date.
- B. The team must run the mixed fluid through a 60-drop IV tubing and piggy-back the tubing into an existing IV set-up.
- C. Infusion pumps may not be utilized.
- D. The judge from this station will release a team to proceed to the next station when the medication setup is properly piggy-backed and taped to the existing IV set-up.

Failure to properly complete this pharmacology task, the administration of an inappropriate dosage of a medication (**within +/- 5% of the required dosage presented to the team**), or administration of the wrong medication from an incorrect or improperly labeled premixed IV bag, will result in **team disqualification**.

- 5. **Patient Rescue:** This task requires the competitors (in any combination) to safely carry a **175 lb. (minimum)** manikin for a distance of **60 feet**, with all team members and the manikin completely crossing the designated finish line.

**Note:** There will be no history or indication of trauma with the “patient” (manikin) at this station. You can assume he is awake, but unable to move or speak.

- A. **At least two team members** (to prevent “victim” and rescuer injury) shall move to the rescue manikin that simulates a non-traumatized man down on the ground and in imminent danger from an approaching mudflow.

- B. After the manikin is moved completely past the indicated completion line, the team shall safely place (not drop) the manikin (patient) in a supine position and move on (as a team) to the patient immobilization station – Station #6.

- 6. **Patient Immobilization & Packaging:** The team shall properly immobilize a rescue manikin (weighing a minimum of 175 lbs.) to a long spinal board. Proper immobilization shall consist of:
  - A. A properly sized cervical collar.
  - B. For judging purposes only (obviously not acceptable during real patient care), the head, once secured to the spine board, may not move up, down, left or right more than two inches.
  - C. Application of at least three straps to secure the patient’s legs, hips, upper chest and shoulders to a long spine board.
  - D. The patient’s arms shall be immobilized so they do not hang off the backboard or get caught or injured on objects located on either side of the backboard as it is moved.
- 7. **Tunnel Transfer:** After packaging the patient for transfer, the immobilized patient shall then be carefully carried, pushed and/or dragged through a confined space tunnel that has cross members on its top and bottom surfaces. No additional therapy is required during the transfer of your patient (the manikin) through the tunnel. Upon emerging from the tunnel, the team will carry the patient directly to Station #8.
- 8. **Stairway Transfer & Ambulance Transport:** The team shall carefully carry the immobilized patient up one set of stairs, across a short landing and down a set of stairs on the opposite side. The “patient” will then be carefully placed on, and secured to, the ambulance stretcher and placed securely in the nearby ambulance.

The “patient” shall be secured to the primary ambulance stretcher using all the stretcher’s straps and harnesses, fastened in a manner that would not inhibit the patient’s ability to breathe properly.

## **XI. What Triggers a Team’s Course Completion Time**

The team’s official time ends when the patient is loaded into the ambulance, with the stretcher securely fastened in the ambulance by the existing hardware (or positioned in a delineated area if an actual ambulance is not used in the arena), and the crew is secured (seat-belted) in the unit. The driver will enter the “cab”, close the driver’s door, buckle their seatbelt and transmit that the crew is completed with all their tasks by *activating the ambulance horn or other assigned device or method*.

## **XII. Preliminary Competition Timing**

The JEMS Games Preliminary Competition is based on three components: time, skill and quality. The official time will be based on a combination of individual Station completion scores and overall completion time, **plus** the *cumulative penalty time added* at the completion of the course. The only **maximum times** in the Preliminary Competition that must be met are:

- A. **Station #2: Airway Obstacle (maximum stopwatch time of seven minutes).** Teams failing to successfully complete this obstacle in seven minutes will not be eligible to compete in the final competition.
- B. **Overall elapsed time: Shall not exceed 30 minutes.** Teams failing to complete the course in less than 30 minutes will not be eligible to compete in the final competition.

The lead judge is responsible for keeping the official time. Time keeping and penalties are final and may not be contested. Course time begins at the starter command, via a whistle blown by the lead judge positioned at Obstacle 1, and ends when the patient and competitors are secured in the ambulance/ending location. The driver, the last to be seated, determines the end time by closing the ambulance door, securing their seatbelt and activating the horn or other assigned device.

#### **XII. A. Disqualifiers:**

1. If a team crosses the finish line, enters the ambulance and closes the ambulance doors without a piece of *required equipment*. This does not include discarded (non-contaminated garbage) items such as cervical collar wrappers, discarded IV bags and empty medication boxes.
2. Any sharps left behind will also result in disqualification of a team.
3. Sharp not properly disposed of before leaving a competition obstacle or patient location.
4. Administering an incorrect or mislabeled medication or IV fluid.
5. Failure to correctly assess and/or treat patients in Stations 3 & 4.

#### **XIII.) Selection of the three finalist teams**

A.) **Three teams** will be selected to compete in the 2010 JEMS Games finals on Friday, March 5, based on the three teams that achieve the *lowest combined completion time (which will include penalty times added)* during the preliminary competition. (*Note: See section IX. D.4.*)

B.) The three teams qualifying to advance to the finals will be posted on the JEMS Games Team Room door at noon on Thursday, March 4.

C.) The fourth place team will be offered the opportunity to be the official run-through team immediately prior to the Final Competition. This run-through assists the judges and staff in testing out the scenario prior to the official start of the Final Competition. The run-through team is acknowledged to the audience.

#### **XIV. The JEMS Games Finals**

A.) The final competition will be conducted in a special 2010 JEMS Games Arena located in the Main Ballroom at the Baltimore Convention Center. Video cameras will project the action on a screen, along with segments from the Laerdal Simulator, to allow spectators to have a close-up view of patient parameters and team performance. A microphone

attached to each team's leader will allow the audience to hear orders given, assessments and care being completed and overall professional approach of the competing team.

B.) Finalists must be present at the Equipment Storage Room with all of their equipment for final equipment inspections, beginning at **4:30 p.m. on Friday, March 5**. Team competition order will be determined by a random drawing. Each team will be given a time slot and sequestered during the final competition.

C.) The Finals will involve the three finalist teams performing in front of an audience and multiple judges in 20-minute segments. One team member must be identified as the team leader. Competitors will be briefed on the final event when they are brought into the arena area to compete.

D.) Each team will be judged on their overall ability to assess and treat all patients involved in the final scenario, request appropriate agencies or resources (if applicable) and successfully complete the maximum amount of skill and treatment objectives for the incident **in 20 minutes or less**.

E.) Each team will be presented with multiple patients with varying levels of acuity. Competitors will be expected to effectively assess each patient, properly intervene and competently overcome scenario-based challenges.

F.) Competitors preparing to advance to the final scenario should practice performing assessments and treatment options as outlined in the assigned reference materials. In addition, recommended team preparation includes practicing *all* of the skills outlined in the JEMS Games packet. Since clinical proficiency and timely intervention are key components of the scoring process, every competitor should be prepared well in advance.

## **XV. Scoring of the Final Competition**

Scoring for the finals will be different from the Preliminary Competition with primary emphasis on each team's ability to assess and treat multiple patients efficiently and effectively in 20 minutes. As with the Preliminary Competition, the decision of the JEMS Games judges in assessing penalties, and the overall ranking will be final and not subject to debate or challenge.

## **XVI. Procession and Awards Ceremony, Saturday, March 6**

All participating JEMS Games teams will assemble (in uniform) immediately outside the entrance to the EMS Today main conference ballroom no later than 8 a.m. on Saturday, March 6. All teams will be escorted into the General Session Ballroom and line up in front of the stage where assigned. The three Finalist teams will then be acknowledged and will proceed up onto the stage. The rest of the teams will then be led out in rapid procession. Once all teams are outside the ballroom, team members are free to re-enter the ballroom to attend the medals ceremony and the general session that follows.

The Bronze (3rd place), Silver (2nd place) and Gold (1st place) teams will be announced and given their medals.

## **XVII. Prizes**

**1st place — Gold Medal team — \$1,000**

**2nd place — Silver Medal team — \$750**

**3rd place — Bronze Medal team — \$500**

In addition, each winning team will receive EMS equipment donated by JEMS Games sponsors, and free registration for each team member to attend the following year's EMS Today.

## **XVIII. Procedural Guidelines**

**XVIII.A.)** To ensure continuity of judging, guidelines for performing BLS and ALS skills will be presented to each competing team. All team members will be expected to be familiar with proper performance of each skill.

### **XVIII.B.) Simulation**

**XVIII.B.1.)** It is difficult to accurately portray diseases in a manikin or actor despite advances in moulage techniques. As such, each competitor will need to *verbalize* assessment, procedure or treatment information to gain the appropriate points. For example, simply inserting an IV into a manikin arm will not show the judge that the competitor entered at the proper angle, looked for a flash of blood, lowered the needle angle and advanced the catheter without the needle.

**XVIII.B.2.)** The collective goal of the 2010 JEMS Games organizers is to create as close to reality simulations as possible. Despite the best intentions, some diseases and/or injuries will not appear exactly as they would in a true scenario. Competitors cannot assume that what they see is precisely what is intended. With that in mind, a feedback judge will provide any information that the team requests but **will not** voluntarily offer information without solicitation. Direct questions must be asked for specific information. For instance, asking questions such as, "How does the patient look?" will *not* allow the judge to divulge details. In this case, the competitor should ask such questions as, "I am inspecting the chest. What do I see?"

**XVIII.B.3.)** When performing skills, competitors must actually do the procedure from start to finish on the manikin provided. If the skill cannot feasibly be performed, the competitor will need to state each step of the skill.

### **Example: Pleural decompression**

1. I am locating the site in the second intercostal space midclavicular.
2. I am cleansing the site with iodine.
3. I am inserting a two-inch 14-gauge angiocatheter along the 3rd rib.
4. Is there a release of air?

5. I am connecting a 3-way stopcock to prevent air from entering the pleural space while allowing a means for air escape.
6. I am immobilizing the catheter as I would an impaled object.

### **XVIII.C.) Key skills**

To assist teams in practicing for the JEMS Games, key skills are outlined below to provide a basis for standardization. Each is outlined in general terms and not meant to be a definitive reference point. Consult the referenced textbooks for a step-by-step guide to performing interventions.

#### ***XVIII.C.1.) Basic Airway Management (This skill will be performed on a manikin):***

- 1) *Verbalize* to the judge what equipment is selected to obtain full credit for the intervention.
- 2) Ventilate the patient as deemed necessary by conditions present. Size and insert an airway adjunct (NPA, OPA, etc.) as indicated by the scenario.
- 3) Verify proper placement and airway patency.
- 4) Continue to provide ventilations at appropriate rate and depth.
- 5) For nebulizer use, properly assemble the device, connect it to oxygen and insert the proper dose of medication into the unit.
- 6) For non-rebreather mask use, inflate the bag prior to placing it onto the patient.

#### ***XVIII.C.2.) Advanced Airway Management (Perform the intervention as outlined in the textbook references):***

- 1) Properly secure the airway using current acceptable field practices as outlined by the referenced textbooks. Intubation or cricothyroidotomy will be performed on a manikin. Selection of the proper equipment must be verbalized to the judges to receive full credit.
- 2) Correctly achieve airway patency in accordance with accepted field standards (e.g., maintaining C-spine immobilization while performing a trauma intubation.) **The team will be disqualified if airway patency is not achieved.**
- 3) Assess for airway patency after each intervention is performed. **At least three methods of confirmation must be assessed to ensure patency.** Examples include: equal rise and fall of chest, end-tidal CO<sub>2</sub> detection, increased pulse oximetry values, visualization of tube passing through the vocal cords, and auscultation of lung fields plus epigastric region.
- 4) If indicated and chosen for use by a team, successfully assemble, set and deliver treatment via a CPAP device.

#### ***XVIII.C.3.) Intravenous/Intraosseous Access (Perform the intervention as outlined in the textbook references):***

- 1) Determine the need for the intervention and select the proper supplies.
- 2) Correctly attach the solution set to the IV bag of choice *using aseptic technique.*
- 3) Determine insertion site and relay that information to judges. Cannulate the vein or bone using proper technique.

- 4) Dispose of sharps into proper containers. (Failure to properly dispose of a catheter (e.g., exposed needle lying on the ground will result in **team disqualification**.)
- 5) Assess for IV/IO patency using accepted techniques. The feedback judge will state, “IV/IO is patent” when the skill has been correctly done.
- 6) Employ a pressure infuser and set the flow control wheel to the proper measurement to administer the desired amount of fluid.

***XVIII.C.4.) Administering Medications (Perform the intervention as outlined in the textbook references):***

- 1) Select the proper drug to be administered. You cannot administer the wrong medication. For example, if you pick up epinephrine, you cannot say that it is diphenhydramine and/or administer it as diphenhydramine. If a team member does so, *intentionally or accidentally*, the team will be **disqualified**.
- 2) Select the appropriate injection site and cleanse/prep it accordingly, using actual aseptic technique.
- 3) Administer the correct dose (to be verified by judge).
- 4) Assess for patient changes.
- 5) Dispose of sharps into appropriate container. Failure to properly dispose of a catheter (e.g., exposed needle lying on the ground) will result in **team disqualification**.

***XVIII.C.5.) Electrical Interventions (Perform the intervention as outlined in the textbook references):***

- 1) Determine the need for electrical intervention—pacing, cardioversion or defibrillation.
- 2) Prepare all equipment necessary for intervention.
- 3) Properly place the paddles/patches.
- 4) Verbally and physically clear all people from the patient prior to discharging paddles/patches.
- 5) Reassess for changes in patient status and need for additional therapy.

***XVIII.C.6.) Pleural Decompression (Perform the intervention as outlined in the textbook references):***

- 1) Determine the need for the intervention.
- 2) Verbalize the proper insertion site.
- 3) Prepare all necessary equipment.
- 4) Secure the catheter to the patient in a safe and secure manner. Reassess for changes in patient status.

***XVIII.C.7.) Immobilizing the Spine (Perform the intervention as outlined in the textbook references):***

- 1) Determine the need for the intervention.
- 2) Hold manual C-spine stabilization and apply a cervical collar.
- 3) Properly secure cervical collar in place.
- 4) Properly lift or logroll the patient as indicated by patient condition.
- 5) Completely secure the patient to the backboard via at least three straps.

***XVIII.C.8.) Fracture Immobilization (Perform the intervention as outlined in the textbook references):***

- 1) Determine the need for the intervention.
- 2) Assess distal pulse, motor, sensation and capillary refill before and after splinting.
- 3) Apply traction (if indicated for a femur fracture) unless a life threat is present that does not justify extra time necessary for the application of a traction splint.
- 4) Realign injured extremity as deemed necessary, particularly if no pulse is detected or is reported absent by a judge.
- 5) Secure the extremity to the splinting device.

***XVIII.C.9.) Wound Care (Perform the intervention as outlined in the textbook references):***

- 1) Determine the need for the intervention. Information will need to be obtained from the feedback judge to determine the severity of the injury.
- 2) Control external bleeding using direct pressure, elevation, pressure points and/or tourniquet(s) as deemed appropriate.
- 3) Apply dressings and bandaging as needed.
- 4) Secure the dressing in place.
- 5) Assess distal pulse, motor, sensation and capillary refill once bandage and dressing are in place.

***XVIII.C.10.) Newborn Delivery (Perform the intervention as outlined in the textbook references):***

- 1) Prepare the patient and area for delivery.
- 2) Assemble equipment as deemed necessary.
- 3) Deliver the baby using the manikin as a simulated mother and child.
- 4) Cut the umbilical cord in two places no closer than 4 to 6 inches from the infant.
- 5) Perform any necessary interventions to resuscitate the baby.
- 6) Perform post-delivery care on both mother and baby.

***XVIII.C.11.) Cardiopulmonary Resuscitation (Perform the intervention as outlined in the current American Heart Association Guidelines):***

- 1) Determine the need for the intervention. A manikin will be used that will allow for proper rate and depth of compressions.
- 2) Perform CPR as indicated in the 2005 AHA Guidelines.
- 3) Reassess as indicated.

***XVIII.C.12.) Initial Assessment:***

- 1) Determine if the airway is open by questioning the feedback judge.
- 2) Assess for breathing.
- 3) Assess for circulation.

- 4) Determine the initial level of consciousness using the AVPU scale.
- 5) Expose and examine for life threats and/or bleeding.

***XVIII.C.13.) Detailed Examination:***

- 1) Inspect, auscultate, and palpate as needed for all aspects of the examination.
- 2) Verbalize what you are assessing throughout the entire examination. Use of mnemonics, such as DCAP BTLIS is acceptable; however, you must tell the judge what each letter stands for the first time you use this abbreviated version.
- 3) You must actually examine the body parts as you go. In other words, telling the feedback judge that you are listening for breath sounds while the stethoscope dangles around your neck will not result in points or information.

***XVIII.C.14.) Patient Triage:***

- 1) Determine the need for the triage of more than one patient.
- 2) Place a color-coded triage tag on each patient with the proper priority selected for each patient based on the resources available to you.

*(Note: For the JEMS Games, you should make decisions based on the knowledge that 12 ambulances (6 ALS and 6 BLS) and an ALS helicopter are available to assist you on scene. You can also assume that you have six (6) hospitals available within 30 minutes transportation time from the arena, one of which is a Level 1 (highest level) Trauma Center. The closest hospital to your location is less than 10 minutes away.)*

- 3) Triage scoring will be based on the following injuries/conditions presented on clearly notated cards attached to patients/manikins:

**RED (First priority patients you feel could survive for at least 30 minutes if removed treated and sent to a definitive care facility.)**

1. Unconscious
2. Burns with airway/respiratory involvement
3. Open chest or abdominal wounds (regardless of size or depth) = potential for internal bleeding
4. Uncorrectable airway or respiratory problem
5. Uncontrollable external hemorrhage
6. Pneumothorax, tension pneumothorax, hemothorax or hemopneumothorax
7. Shock (Signs of significant depletion of blood volume)
8. Emotionally uncontrollable patients (that you need to have removed from the scene to maintain the safety and control of the scene)
9. Complex medical problems (impending cardiac arrest, chest pain, pregnant patient who is traumatized to any extent)
10. Fracture of both femurs (potential to lose 1800 cc of blood internally)
11. Fractured extremity with pulse absent (even when manipulated)

**YELLOW (Second priority patients you feel could survive for at least 60 minutes if removed treated and sent to a definitive care facility.)**

1. Burns not affecting the airway
2. Conscious head injuries
3. Spinal injuries (No dyspnea present)
4. Moderate blood loss (signs of shock not present)

**GREEN (Third priority patients you feel could survive for at least 90 minutes if removed treated and sent to a hospital or other treatment facility.)**

1. Minor injuries
2. Minor fractures
3. Walking wounded (with minor injuries and no RED or Yellow indications/conditions)

**BLACK (Individuals that are deceased on scene, or those you *do not feel* could survive for more than 10 minutes after you triage them even if sent to a hospital immediately.)**

1. Mortally wounded multi-systems trauma patients
2. Agonal respirations
3. Pulses and respirations absent during your first contact with them
4. Decapitated

- 4) Re-triage any inappropriately tagged (prioritized) patients you find on arrival of your crew. This may consist of a triage tag/color-coded triage indicator in place or a patient located on an inappropriately colored triage tarp.

## **XIX. Reference material**

The following textbooks will be used in the selection and scoring of the scenarios:

- Brady's *Paramedic Care Principles & Practice, Second Edition*, Brady Publishing;
- Mosby's *Paramedic Textbook, 2nd Edition (Revised Reprint)*, Mosby/JEMS Publishing;
- *Advanced Cardiac Life Support*, American Heart Association;
- USDOT 1998 EMT-Paramedic curriculum—available in downloadable format at [www.hultgren.org/library/curriculum/98\\_dot\\_p.pdf](http://www.hultgren.org/library/curriculum/98_dot_p.pdf) ;
- *Basic & Advanced Prehospital Trauma Life Support (PHTLS)*, 5th Edition, NAEMT, published by Mosby/JEMS Publishing;
- American Heart Association (AHA) *2005 Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*. Available at [www.americanheart.org](http://www.americanheart.org) or in *Circulation* 2005 doi:10.1161/CIRCULATIONAHA.105.166550.

# The 2010 JEMS Games

## EMS Today Conference & Exposition

Baltimore, MD, March 2–6, 2010

## Team Application Form

*Deadline to enter is Monday, January 18, 2010*

**Team Requirements**—An eligible team comprises three individuals capable of functioning together or individually in prehospital situations. Examples include paramedics, EMTs, registered nurses and military paramedics. Physicians and physician-assistants are *not* eligible for this competition. One team member must be a paramedic. A fourth alternate responder may be used, but is not required, for the event.

### ***Entrance Requirements***

1. Submit this entry form with complete information for all team members (including team alternates). **Note: You must mail a printed application and all necessary signed forms with your check for \$150.**
2. Signed/dated Participation Agreement and Liability Release, Code of Conduct, and Permission and Release of Photos forms for each team member – *If any team member is under 21, please have them contact Lauren Coartney (619/699-6264).*
3. Check/money order for \$150 (payable to Elsevier/JEMS Communications – FIN 13-1958712)
4. **Each team member must bring their current *license/certification card* to the team check-in. Each team member and alternate will be required to show it during team check-in. A copy of it will suffice, but the actual card is preferred.**

**Submit all your registration materials to:**

**2010 JEMS Games  
c/o Lauren Coartney  
Elsevier Public Safety/JEMS  
525 B Street, Suite 1900  
San Diego, CA 92101**

**Name of Primary Contact Person/Leader for your Team:**

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## **Team Members**

### ***Team Member #1***

<b>Name:</b>	
<b>Certifications: (e.g., EMT-P, RN)</b>	
<b>Title:</b>	
<b>Agency/Organization:</b>	
<b>Address:</b>	
<b>City, State, ZIP/Postal Code, Country:</b>	
<b>Work Phone:</b>	
<b>Cell Phone: (IMPORTANT)</b>	
<b>Home Phone:</b>	
<b>E-mail Address:</b>	
<b>Will you be registering for, and attending, a pre-conference workshop?</b>	<b>YES ( ) NO ( )</b>

### ***Team Member #2***

<b>Name:</b>	
<b>Certifications: (e.g., EMT-P, RN)</b>	
<b>Title:</b>	
<b>Agency/Organization:</b>	
<b>Address:</b>	
<b>City, State, ZIP/Postal Code, Country:</b>	
<b>Work Phone:</b>	
<b>Cell Phone: (IMPORTANT)</b>	
<b>Home Phone:</b>	
<b>E-mail Address:</b>	
<b>Will you be registering for, and attending, a pre-conference workshop?</b>	<b>YES ( ) NO ( )</b>

### ***Team Member #3***

<b>Name:</b>	
<b>Certifications: (e.g., EMT-P, RN)</b>	
<b>Title:</b>	
<b>Agency/Organization:</b>	
<b>Address:</b>	
<b>City, State, ZIP/Postal Code, Country:</b>	
<b>Work Phone:</b>	
<b>Cell Phone: (IMPORTANT)</b>	
<b>Home Phone:</b>	
<b>E-mail Address:</b>	
<b>Will you be registering for, and attending, a pre-conference workshop?</b>	<b>YES ( ) NO ( )</b>

### ***Alternate Team Member (You are not required to have an Alternate)***

<b>Name:</b>	
<b>Certifications: (e.g., EMT-P, RN)</b>	
<b>Title:</b>	
<b>Agency/Organization:</b>	
<b>Address:</b>	
<b>City, State, ZIP/Postal Code, Country:</b>	
<b>Work Phone:</b>	
<b>Cell Phone: (IMPORTANT)</b>	
<b>Home Phone:</b>	
<b>E-mail Address:</b>	
<b>Will you be registering for, and attending, a pre-conference workshop?</b>	<b>YES ( ) NO ( )</b>

**Please submit all your registration materials to:**

**2010 *JEMS* Games  
c/o Lauren Coartney  
Elsevier Public Safety/*JEMS*  
525 B Street, Suite 1900  
San Diego, CA 92101**

**Make checks payable to:  
Elsevier/*JEMS* Games  
(FIN 13-1958712)**

OR

**Pay by Credit Card:**

Call Lauren Coartney to provide your card information.

\*Checks will not be cashed and credit cards will not be charged until after the competition.

***Deadline to enter is January 18, 2010***

If you have any questions, please call:

**Lauren Coartney  
619/699-6264  
L.Coartney@elsevier.com**

**2010 JEMS Games**  
**PARTICIPATION AGREEMENT & RELEASE OF LIABILITY**

**Each participant must complete this form prior to the 2010 JEMS Games.**

In consideration for being permitted to attend and participate in the 2010 *JEMS* Games, a competition designed to test the clinical skills of professionals in emergency services, and all related activities and for the right to be on and within and engage in activities on and within the premises utilized for the 2010 *JEMS* Games (hereinafter collectively referred to as "2010 *JEMS* Games"), I, **(please print name)** \_\_\_\_\_, on my own behalf as well as on behalf of my heirs, next of kin, personal representatives and assigns, hereby agree as follows:

1. I hereby RELEASE and DISCHARGE *JEMS* Communications, its affiliates, parents, subsidiaries, divisions, related companies, shareholders, officers, directors, insurers, representatives, agents and employees (hereinafter collectively referred to as "Released Parties") from any and all liability, losses, claims, demands or causes of action ("Losses") that I may hereafter have for injuries and damages arising out of my participation in 2010 *JEMS* Games, including, but not limited to, Losses which may be CAUSED SOLELY OR IN PART BY THE NEGLIGENCE OF THE RELEASED PARTIES.
2. I further agree that I WILL NOT SUE OR MAKE CLAIM against the Released Parties for Losses sustained as a result of my participation in 2010 *JEMS* Games. I also agree TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES from all LOSSES, judgments and costs, including attorneys' fees, incurred in connection with any action which may be brought by anyone as a result of my participation in 2010 *JEMS* Games. I further agree that I will not allow any other person to participate in 2010 *JEMS* Games as my guest or invitee for 2010 *JEMS* Games.
3. I understand and acknowledge that 2010 *JEMS* Games involve inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY THAT MAY BE SUSTAINED WHILE PARTICIPATING IN 2010 *JEMS* GAMES WHETHER OR NOT CAUSED SOLELY OR IN PART BY THE NEGLIGENCE OF THE RELEASED PARTIES. I understand and affirm that my participation in 2010 *JEMS* Games is purely voluntary and is not done at the insistence or request of the Released Parties.
4. I hereby expressly acknowledge that this Agreement and Release of Liability is a contract pursuant to which I have released any and all claims against the Released Parties which may result from my participation in 2010 *JEMS* Games INCLUDING ANY CLAIMS CAUSED SOLELY OR IN PART BY THE NEGLIGENCE OF THE RELEASED PARTIES.
5. The undersigned hereby expressly agrees that this Agreement and Release of Liability is intended to be and is as broad and inclusive as permitted by the laws of the State of New York and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. I hereby acknowledge that the 2010 *JEMS* Games may include physical exertion, as well as the possibility of physical injury and emotional stress. I hereby further acknowledge that my physician has AT NO TIME RECOMMENDED THAT I AVOID STRENUOUS ACTIVITY or limit my activity in any way. I further acknowledge that I DO NOT HAVE A MEDICAL OR CARDIAC HISTORY that may/would prevent me from participating in or that may be aggravated by my participation in the 2010 *JEMS* Games.
7. I hereby acknowledge that I have not at any time had any infectious diseases, including, but not limited to upper respiratory infection, open sores, or any blood-borne diseases that might pose a hazard to other participants in the 2010 *JEMS* Games.
8. I hereby warrant and represent that I am at least 21 years of age, in good physical condition with no disability, impairment, or ailment preventing me from engaging in the level of physical exertion required to participate in the 2010 *JEMS* Games or that will be detrimental to the health and safety of any other participant or me. I further agree not to engage in the 2010 *JEMS* Games with any open cuts, sores, infections, maladies or conditions that could cause harm to others.
9. I hereby acknowledge that the Released Parties can cancel my participation in the 2010 *JEMS* Games if, in their discretion, they deem me unfit to participate. I hereby agree that, if the Released Parties cancel my participation for a reason that I had not warned them of, the Released Parties may keep any payments made by me for my participation in the 2010 *JEMS* Games. This shall in no way limit the Released Parties' ability or rights to bring a claim or lawsuit against me because of my actions at the 2010 *JEMS* Games or for breach of any agreement or warranty contained herein, or any other reason.
10. I acknowledge that I understand that the 2010 *JEMS* Games entail a degree of risk and that I voluntarily assume all such risk.

I HAVE READ THIS AGREEMENT AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS CONTENTS, AND SIGN IT OF MY OWN FREE WILL.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

**Each participant and alternate must complete this form prior to the 2010 JEMS Games.**

# Code of Conduct

## JEMS Games

### *“Excellence in EMS” Competition*

The objective of the JEMS Games is to create a fun, challenging and educational experience for emergency medical personnel that results in them being better prepared for the myriad of challenges that they may encounter in the field. More importantly, it's a goal of the JEMS Games to enlighten and invigorate EMS personnel from all over the world to deliver the same quality and compassionate care to all patients they encounter after participating in the *JEMS* Games competition.

The JEMS Games introduces competitors and audiences to new techniques and technology that can be used to manage patients of all levels of criticality. The competition also enables participants to share their expertise, experience, techniques and technology with EMS colleagues from throughout the world.

The JEMS Games staff expects competitors to be intelligent, thorough, disciplined, fit, organized, appropriately aggressive, politically correct, polite and caring in their approach to patients and in their interactions with the general public.

JEMS will strictly enforce this Code of Conduct and will not tolerate behavior by any competitor that is not professional and socially acceptable. While *JEMS* recognizes the right of competitors to have “fun”, behavior that is embarrassing and (actually or potentially) dangerous to the competitor or the public will not be tolerated and will result in the competitor being banned from participation in the *JEMS* Games.

All participants in the JEMS Games will adhere to the following Code of Conduct sections:

**1. Each JEMS Games competitor or alternate will be held personally responsible for their behavior and the behavior of members of their service (if the competitor or alternate is in their company at the time of an incident).** If any member(s) or alternate of a competing team (or member of their home organization, if a team member or alternate is present with them at the time of an incident) is/are found to be exhibiting inappropriate behavior in public or arrested for any reason other than a routine traffic violation during their attendance at the EMS Today Conference or in the host city/state, or is asked to leave/vacate a public area or hotel room for any reason by the staff of *JEMS* or Reed Exhibitions, a hotel staff member, JEMS Games security, convention center staff or JEMS Games administrative personnel, the involved team member(s) will be disqualified from further participation in the JEMS Games and restricted from attending any aspect of the EMS Today Conference.

If the involved team does not have a *pre-arranged* alternate team member on record with *JEMS* and is not able to continue the competition with a complete team of three, the entire team will be disqualified from the JEMS Games competition and declared ineligible to receive any competition awards or prizes.

The determination of what constitutes a violation judged to warrant disqualification is solely up to the discretion of *JEMS* management and will not be subject to challenge by the disqualified team member(s) or their parent/sponsoring

agencies.

**2. You will be personally responsible for the behavior of any guest you bring to the JEMS Games.** Disqualification can occur under this category for any of the reasons specified in Section 1 (above).

**3. You will be personally responsible for your individual behavior within socially acceptable parameters—**No one individual or group has the right to endanger others. There will be no acts of vandalism or assault tolerated.

**4. You will accept the decisions of the JEMS Games judges—**This includes all decisions made in assessing penalties, scoring, disqualifying teams, compiling and presenting the overall ranking of finalists after the preliminary and final rounds of the JEMS Games competition, and you understand that these decisions will be final and not subject to debate or challenge.

*The personnel below have read and understand this “Code of Conduct” and are prepared to abide by its intent and the decisions of JEMS Games, JEMS and Reed Exhibitions staff; security personnel, convention center and hotel staff.*

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**TEAM NAME & SPONSORING ORGANIZATION**

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**TEAM MEMBER 1 (PRINT & SIGN)**

**DATE**

---

**TEAM MEMBER 2 (PRINT & SIGN)**

**DATE**

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**TEAM MEMBER 3 (PRINT & SIGN)**

**DATE**

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**ALTERNATE TEAM MEMBER (PRINT & SIGN)**

**DATE**



**PERMISSION AND RELEASE OF PHOTOS & IMAGES  
2010 JEMS GAMES**

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I hereby affirm that I am of full age and have read the foregoing and fully understand the contents hereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

Date: \_\_\_\_\_

Signature of team member: \_\_\_\_\_

Witness: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_

Address (PRINT): \_\_\_\_\_

City/State/Zip (PRINT): \_\_\_\_\_

Phone: \_\_\_\_\_



525 B Street, Suite 1900 • San Diego, CA 92101