



2020 JEMS Games Clinical Competition “Excellence in EMS”



Rules, Regulations & Equipment Guidelines Tampa, Florida, USA

2020 JEMS Games Schedule (subject to change)

- **Team Check-In:** Monday, March 2, 2020 3:00 PM – 5:15 PM **JEMS Games Registration Desk**
- **Team Briefing:** Monday, March 2, 2020 7:00 PM – 7:30 PM **Provided at Check In**
- **Preliminary Competition:** Tuesday, March 3, 2020 8:00 AM – 5:00 PM **Provided at Team Briefing**
- **Final Competition Check-In:** Thursday, March 5, 2020 2:00 PM **Provided - Top 4 Teams via email**
- **Final Competition:** Thursday, March 5, 2020 5:00 PM – 7:30 PM **Ballrooms B & C**

Section	Table of Contents	Page
	Introduction	2
I	Team Composition	3
II	Registration & Entry Fee	3
III	Code of Conduct, Liability & Model Release	3
IV	Uniforms	3
V	Team Reporting Time Blocks & Sequestering	4
VI	Team Check-In, Equipment Inspections & Team Meeting	4
VII	Equipment Guidelines	5
VIII	Preliminary Competition Regulations	9
IX	Preliminary Competition—Rooms/Stations	10
X	Preliminary Competition Scoring	11
XI	Preliminary Competition Judging and Timing	11
XII	Selection of the Three Finalist Teams	11
XIII	The JEMS Games Final Competition	12
XIV	Scoring of the Final Competition	13
XV	Procession and Awards Ceremony	13
XVI	Prizes	13

Introduction

The objective of the JEMS Games is to create a fun, challenging and educational experience for emergency medical personnel that also leaves them better prepared for the myriad of real world challenges they encounter. More importantly, the JEMS Games to hopefully enlightens and invigorates EMS providers to deliver the same quality and compassionate care used in the games to the patients they encounter at home. The JEMS Games introduces competitors and audiences to the latest in techniques and technology used to manage patients of all levels of criticality. The competition also allows participants to share their expertise, experience, techniques and technology with EMS colleagues from throughout the world.

The JEMS Games Clinical Competition is not a *race* and is not designed to test a team's speed of completion or ability to recite protocols. *JEMS* believes that competing teams feel confident that they excel in assessment and patient care, and that members can communicate effectively as a team as well as complete assigned clinical tasks at an expedited, but efficient, pace. Although there are time limits involved in the competition, time of completion will not be utilized in the scoring of any team; rather, scoring will be based on specific clinical care aspects for each scenario and patient. Team scores may be impacted for miscues, mistakes or omissions.

In the Preliminary as well as in the Final Competition, teams will be scored on their ability to safely and appropriately identify and report scene hazards; triage patients; identify patient priorities; assess patients and provide patient care under a variety of conditions.

The Preliminary Competition features four separate rooms/stations that involve distinctly different and challenging scenarios. After all teams compete in the preliminary round, the judges compile scoring sheets, confer on issues and concerns and determine the three finalist teams to compete in the Final Competition.

The Final Competition is a 20-minute, scenario-based event that tests each teams' ability to manage multiple patients with varying illnesses or injuries in front of a large audience of their peers. The Final Competition focuses on each team's ability to work as a team; gain control of a scene; conduct a thorough scene and hazard assessment; perform patient and crowd control; and assess each patient's illness or injury and manage each condition in a complete, compassionate, safe and efficient manner.

At the completion of the Final Competition, the judges tabulate all scores to announce the 1st Place (Gold), 2nd Place (Silver) and 3rd Place (Bronze) winners.

These rules and regulations are designed to ensure standardization in team preparation and on-site operation and administration of the JEMS Games Clinical Competition.

To ensure consistency with the rules and regulations, only the designated JEMS Games Coordinator is 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 is comprised of three caregivers capable of functioning individually or as a team in prehospital situations. Examples include paramedics, EMTs, registered nurses and military medics.

- A. At least one team member *must* be a paramedic.
- B. A fourth (alternate) team member may be registered with a team (and so designated) for substitution in the case 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.

II. Registration & Entry Fee

Registration for the JEMS Games is limited to the first 30 teams submitting a complete application and entry fee. Each team must submit a \$100 entry fee. Registration and payment is accomplished online at the EMS Today website.

III. Code of Conduct, Liability & Model Release

All participating team members and alternates, as well as judges and coordinators, must sign and return the following:

- 1) Code of Conduct;
- 2) Participation Agreement & Release of Liability; and
- 3) Model Release.

Note: Failure to complete this documentation or abide by the code of conduct may 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 JEMS Games awards ceremony.

V. Team Reporting Time Blocks & Sequestering

- 1) During check-in, each competing team will be assigned a team report time for the Preliminary Competition and must remain present and accounted for in the designated team staging room until they compete.
- 2) Teams competing from the same department will be assigned to run through the preliminary scenario rooms/stations close to one another to ensure there is no cross-communications or updates.

- 3) Cell phones, pagers, portable radios and text-messaging units are *not* allowed to be used during the competition. These items must be turned off and stowed by the individual competitors while in the staging room.
- 4) During the Preliminary Competition, non-competing teams will *not* be allowed to watch other teams compete. If a team has an alternate (fourth team member), they will be allowed to observe, photograph and/or record video of their team competing but must remain *outside* the immediate competition area, as defined by the Lead Judge.
- 5) During the Final Competition, all competing teams will be sequestered in a team sequestration area prior to the final competition to ensure the secrecy of the scenario details. After competing, each team is responsible for securing their equipment and may attend the remainder of the Final Competition without returning to the team sequestration room.
- 6) During Final Competition sequestering:
 - A. Cell phones will be collected by JEMS Games staff and held until the end of the Final Competition.
 - 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. Beverages and a box dinner will be available to sequestered competitors.
 - D. Team start times will be determined randomly by the JEMS Games Coordinator.

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

A.) Team check-in and certification/equipment inspections to confirm compliance with these rules and regulations will be held on the afternoon/evening prior to the date of the Preliminary Competition (see schedule on page 1).

1. All personnel will be required to ***present evidence of official, current certification from their state/country*** during check-in.
2. The three (3) kits/bags required by each participating team will be inspected by judges. Equipment will *not* be signed off by judges until *all* required equipment are available and are determined to comply with these rules. Teams will be required to correct any rule violations prior to the approval of their equipment. (Examples include: more than the maximum number of laryngoscope handles/blades, expired medications not relabeled with a current date or IV bags connected to tubing.)
3. Once a team's equipment is deemed in compliance, these items will be secured in the staging room (which will be locked when unattended) and made available to each team the next day prior to competing.
4. Teams found not in compliance with the equipment rules by the close of the scheduled check-in period may not be allowed to participate.

B.) A team orientation and briefing will take place the night before the Preliminary Competition. This will be the only scheduled opportunity for teams to become familiar with the manikins and equipment that will be used in the competition. Teams will not be allowed to enter any of the preliminary rooms/stations prior to the competition the

following day. Competition staff reserve the right to provide updated details to the rules for the Preliminary Competition during the team orientation.

VII. Equipment Guidelines

A.) Overall requirements:

1. The three (3) kits/bags brought to the competition for use by a team must be comparable to kits/bags commonly used in the prehospital environment. The minimum size for a kit/bag shall be 12" (length) x 6" (width) x 6" (depth). All equipment—with the exception of a portable suction unit, IV pole/stand, cardiac monitor, or ventilator—must fit inside one of the three (3) kits/bags. Any equipment not able to be stored and carried inside the kits/bags will not be used for the competition.
2. Mechanical CPR devices are *not* permitted. Ventilations must be provided using a bag-valve mask.
3. Review/reference sheets, guides will be allowed to be used in the competition. The judges *must* be able to see reference material before, during and after use to ensure the team is not sending information in or out of the competition area.
4. CPR feedback devices (audible and/or visual timing, compression depth assessment/detection, etc.) that assist in the performance of accurate CPR compressions and ventilations, as well as devices that assist in timing IV/IO drip rates, may be used.
5. Teams are responsible for the security and maintenance of all their equipment, except when stored after equipment check in.
6. Each team must maintain control of their equipment throughout the competition.
 - **Note:** All sharps and catheters *must* be properly disposed of in a sharp's container.
 - **Note:** Teams are permitted to carry their own portable suction unit in place of, or addition to, the portable suction unit supplied on site. Teams are also allowed (and encouraged) 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 or leave their primary set on a patient.

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

1. To keep the competition standardized and equal for all teams, each team is required to carry three (3) kits/bags (no less and no more than three kits) during the competition. The kits/bags shall be stocked with supplies normally found within an ambulance as described below.

The following equipment can be carried only in the quantity listed:

Equipment Items	Team to Bring/Quantities	JEMS Games to Provide
Monitor / Defibrillator / Pacer / SpO ₂ / Capnography (EtCO ₂) capable	Teams may bring their own monitor/defibrillators Teams should bring their own cables and electrodes.	A limited selection of monitor/defibrillators will be available on-site for teams to use. Teams must request a preferred defibrillator/monitor on the team registration form.
Oxygen regulator	At least 1 per team	
Oxygen cylinder (size D or smaller)	Teams are not required to bring their own oxygen cylinders.	Size D oxygen cylinders will be provided but teams may bring/use their own.
One complete CPAP unit with O ₂ adapters	At least 1 per team	
Long spine board, straps, head device	Teams aren't required to bring a backboard but may carry straps and head immobilization devices in their kit(s).	Backboard, straps and head device will be provided.
Cervical collars—adult & child sizes (adjustable collars acceptable)	Teams may bring 1 or more to fit any size adult or child.	Adjustable adult and pediatric C-collars will be provided.
Bag-valve mask with connective tubing	At least 1 BVM & 1 connective tubing	
Thermometer (oral, digital or rectal)	At least 1	
Glucometer	At least 1	
Pulse oximeter (may be integrated into your cardiac monitor)	1	
Suction device with suction tubing and catheters/handles capable of oropharyngeal and endotracheal suctioning	Teams may bring their own, functional unit or use one which will be made available to them on site.	Suction unit will be 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 they might interfere with communication.)	
Sharps container	1 per team	
OB Kit	1 per team	

EtCO ₂ device—display must be numeric, graphic or waveform (not colorimetric)	1 per team	
Laryngoscope handle and blades (video laryngoscopes are allowed)	Only 1 adult and 1 pediatric handle. At least 2 adult and 2 pediatric blades.	
Pediatric, length-based resuscitation tape	At least 1 per team	
Tourniquet (commercial)	At least 4	
Triage tags/identification equipment	At least 50 tags or other means of identifying triaged patients (ribbon, etc.).	
Flashlights and/or headlamp systems to enable them to work in dark scene areas	At least 1 per team member	

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

A limited selection of monitor/defibrillators will be available onsite. Teams must request a preferred defibrillator/monitor type and model on the team registration form or via email to Ginger.Mendolia@clarionvents.com at least six weeks in advance of the Preliminary Competition. Teams should bring their own cables and/or electrodes.

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 mg/1mL and 1 mg/10mL (previously 1:1,000 and 1:10,000)
- Fentanyl
- Furosemide
- Glucagon
- Inhaled beta agonist (e.g., Albuterol)
- Ipratropium Bromide
- Isoproterenol
- Lidocaine
- Magnesium Sulfate
- Naloxone
- Nitroglycerin
- Paralytic (Etomidate, ketamine or benzodiazepine are acceptable)
- Pralidoxime Chloride
- Procainamide
- Sodium bicarbonate
- 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*. While it's recognized that each EMS agency may carry more or less medications and equipment than outlined in these Rules and Regulations, the specific medications and equipment referenced here creates a level of standardization among all competing teams.
2. Teams can use a medication with equivalent actions/indications as a medication on this list if they re-label the medication to be substituted with the name of the medication listed here.
3. Each medication must be in its original packaging or, if removed from its original package, re-packaged and stored in a comparable manner (e.g., inside a plastic sandwich bag to simulate external wrapping).
4. All medications must be properly labeled with name, dosage and date of expiration. For actually expired medications, *teams are to cross off expired dates and write in a date that is not expired*.
5. Premixed IV drugs (such as lidocaine, dopamine and nitroglycerine) may be used if properly labeled as outlined above.
6. Use of any inappropriately labeled medications, an incorrect medication or administration of a wrong medication dose (if dosage presents a life threat to the patient) may result in team disqualification.
7. All IV tubing, solution sets, catheters and IO needles must be stored separately as found in standard ambulance arrangements. (Pre-spiked solutions and tubing are *not* allowed).

E.) Equipment and Medication Substitutions

A competing team unable to bring an individual piece of equipment or who wish to substitute a drug considered to be equivalent/comparable to a required medication must notify Ginger at Ginger.Mendolia@clarionvents.com at least six weeks prior to the Preliminary Competition. For equipment, please provide the name of the device and an explanation (e.g., financial hardship, etc.) why the team is unable to bring it. For medications, please indicate which drug you intend to replace and the name of the alternative that you wish to carry, along with indications/contraindications for use and how the medication(s) are carried (e.g., preloaded syringe, Tubex™, Carpuject™, vial or ampule.) The JEMS Games Coordinator will determine if requested substitutions will be allowed and how to move forward with missing equipment requests.

F.) Body Substance Isolation/Personal Protective Equipment

Competitors must don BSI/PPE equipment when necessary during a scenario.

G.) Equipment Shipping

JEMS will email specific instructions to team captains regarding shipping at least six weeks prior to the preliminary competition. Teams who decide to ship their kits/bags in advance of their arrival must comply with the following:

1. All boxes/shipping containers must be *properly labelled with team agency/address* and use the event label provided by JEMS.
2. Shipment method/provider and tracking number(s) must be provided by email to Ginger at Ginger.Mendolia@clarionvents.com.
3. Copies of shipping documentation and shipper contact information must be presented at check-in (in case the shipment isn't received or is otherwise "missing").
4. Any and all shipping charges are the responsibility of the agency or individual shipping the item(s).
5. JEMS, EMS Today, and Clarion Events are not responsible for equipment that doesn't arrive to the facility or that doesn't arrive prior to team check-in. You are shipping equipment at your own risk.

VIII. Preliminary Competition Regulations

The JEMS Games Preliminary Competition is not a *race*. It is a clinical competition involving four different scenarios during which each team is evaluated on their ability to appropriately assess situations, develop answers, and efficiently provide patient care under a variety of conditions.

VIII.A.) Description

The preliminary competition will be conducted in four separate rooms. Teams will be rotated through these rooms by a JEMS Games staff member. These rooms may use simulated patients, roll players or manikins, or a combination of both and may include low-light conditions, high-fidelity sound, obstacles and furniture. Teams may be asked questions related to the room scenario.

VIII.B.) Preliminary Competition Illness or Injury

In the event of an illness or injury that affects one of the three designated team members during the competition, the team's actions may be stopped. If the team has an alternate, that person may replace the injured team member, and the team will be asked to restart at a specific point.

VIII.C.) Preliminary Competition Format & Maximum Time per Room/Station

During the Preliminary Competition, a JEMS Games staff member will bring teams directly to a predetermined competition staging area. Teams will have a maximum of 10 minutes per room to complete as much patient assessment, care and problem solving as possible. After completion of the allotted scenario time in each room, teams will have several minutes to reset their equipment before being escorted to the next competition room.

Teams will be scored on their ability to appropriately assess and provide care for patients in varying situations under simulated conditions and answer questions. Teams will be expected to actually provide patient care and not verbally simulate the care unless otherwise instructed by the judge(s).

A team's total performance in the Preliminary Competition will be based on clinical proficiency, requisite knowledge, proper assessment techniques and equipment usage; communications between team members and accomplishment of critical tasks. Standardized forms, computerized manikins, simulation patient monitors and other technology may be used by the judges to determine how a team performs.

Although there will be time limits involved in the competition, time of completion for patient care will not be utilized to score teams. Specific clinical knowledge and patient care aspects for each scenario which are completed in a timely manner will maximize a team's ability to score more points. Conversely, mistakes in patient care (e.g., treating a rhythm incorrectly or not providing required treatments) may result in less points for that scenario.

JEMS Games judges will be on alert for any safety violations that could result in the injury to a patient, a team member or an observer. This may include, but is not limited to, dropping a patient, inappropriate rough movement of the patient/manikin, throwing equipment in a reckless or hazardous manner, or not properly disposing of a "sharp."

IX. Preliminary Competition Rooms

Four separate rooms will be set up with simulated patient scenarios and/or knowledge-based assessments that are designed to assess clinical competence, reward efficiency and provide consistent scoring. Patient care and treatment will be consistent with the American Heart Association ACLS/PALS/PHTLS and START Triage criteria and accepted U.S. National Standards for EMTs and Paramedics.

Each room is designed to challenge a team's clinical competence and reward teams that rapidly and efficiently assess, recognize and treat life threats under a variety of stressful conditions. Within each time frame, there are priority items that require immediate action and, if appropriately completed, points are awarded toward a maximum point count for each room.

- **Triage Room:** Teams will receive a limited scripted briefing prior to entering the room. Teams will be presented with a multi patient scenario and will need to address situational awareness, safety, establishing patient priorities and provide initial appropriate care decisions based on scenario dynamics. Teams should be prepared to answer situational questions regarding their findings.
- **Complex Medical Room:** Teams will receive a limited scripted briefing prior to entering the room. Teams will be presented with a complex medical scenario that will require quick scene assessment, establishing patient care priorities and rendering treatment consistent with National Registry standards. Appropriate care will stabilize the patient(s) and maximize room points.

- **ACLS Room:** Teams will receive a limited scripted briefing prior to entering the room. Teams will be presented with a scenario that will require rapid assessment, stabilizing acute patient priorities and rendering lifesaving treatment under stressful conditions. Appropriate treatment will result in stabilization of the patient's condition and maximize room points while suboptimal care will see the patient's condition deteriorate and loss of potential points.
- **Rapid Fire Knowledge Assessment:** Teams will receive a limited scripted briefing prior to entering the room. Teams will be presented with challenging patient scenarios, medical and trauma related conditions, knowledge assessment of best practices and legal issues and related documentation. A comprehensive knowledge base of AHA ACLS, PALS, PHTLS, START Triage and National Registry standards for EMT's and Paramedics will provide the best opportunity to maximize room points.

X. Preliminary Competition Scoring

Each of the four rooms has a maximum number of points available for optimized management of that room's scenario and is worth 25% of their total preliminary score. Each team earns a final score based on the total from all four rooms.

XI. Preliminary Competition Judging and Timing

1. A Lead Judge will oversee each room and be responsible for timekeeping, scenario progression at milestones and rendering judgement decisions as they arise.
2. Timekeeping issues and adjustments, and/or point awarding for assessments are the sole responsibility of the Lead Judges and/or JEMS Games Coordinator and may not be contested.
3. Judges will be assigned to each room to observe your patient care and decisions, document priority milestones in care given and award points as priority care is provided. Judges will also document critical patient care mistakes and safety issues.

XI.A.) Potential Disqualifying Elements:

1. Sharps left behind or not properly disposed of before leaving a competition station or patient location;
2. Actions that would harm an actual patient; ~~and~~
3. Violation of code of conduct.

XII. Selection of the Three Finalist Teams

- The three teams that achieve the highest Preliminary Competition scores will be selected to compete in the Final Competition.

- The Final Competition ranking position of all the teams will be sent to team captains by email the same evening as the Preliminary Competition.
- The 4th-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 the scenario prior to the official start of the Final Competition. The run-through team is acknowledged to the audience.

XIII. The JEMS Games Final Competition

All teams that participated in the Preliminary JEMS Games are encouraged to attend the Final Competition, in uniform. VIP seating will be reserved for teams. Following the conclusion of the competition, all teams will assemble to be recognized by the audience. The presentation of awards shall follow the last competing team.

- The Final Competition will be conducted in a central location and viewable to all EMS Today registrants. Video cameras will project the action on a screen, along with other information (e.g., simulation equipment output) to allow spectators a close-up view of patient parameters and team performance. Microphones attached to team members will allow the audience to hear orders given, assessments, the care being completed and overall professional approach of the competing team.
- Finalists must be present at the team sequester room with all of their equipment for final equipment inspections prior to the start of the Final Competition (see schedule on page 1). Team competition order will be determined by a random drawing.

The Final Competition will involve the three top teams performing in front of an audience and multiple judges in 20-minute evolutions. One team member must be identified as the team leader. Prior to teams entering the competition arena, they will be given a limited briefing including the incident type and any resources currently onsite. Upon entering the arena and prior to beginning patient care, the team leader will be expected to provide an “Initial Size up or Report on Conditions” to “Dispatch”. If additional resources are desired, the team must request additional units over their incident radio to “Dispatch”. Dispatch will acknowledge the request and provide an ETA.

- 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.
- 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.

Teams may ask fire, police or security personnel (role players) to assist with care, treatment or transfer of patients. Requested support personnel from fire departments, ambulance services and law enforcement will be allowed to assist at the first responder’s respective level of training.

XIV. Scoring of the Final Competition

Scoring for the Final Competition is designed to award points during a 20-minute scenario for appropriate patient care provided and for actions taken to optimize overall scene management. The decision of the judges in awarding points and assessing penalties and the overall ranking will be final and not subject to debate or challenge.

XV. Procession and Awards Ceremony

All teams that participated in the JEMS Games Preliminary and Final Competitions will assemble (in uniform) following the Final Competition to be officially recognized for their participation in the JEMS Games. The Bronze (3rd place), Silver (2nd place) and Gold (1st place) teams (and team alternates) will be announced and awarded JEMS Games medals.

XVI. Prizes

1st place	—	Gold Medal team	—	\$1,000
2nd place	—	Silver Medal team	—	\$750
3rd place	—	Bronze Medal team	—	\$500

In addition, the top three teams will receive EMS equipment donated by JEMS Games sponsors and the first-place team will receive free registration for each team member to attend the following year’s EMS Today Conference.