



2019 FDNY MSOC EMS COMPETITION

RULES AND REGULATIONS

NOTICE TO ALS AND BLS COMPETITORS: PLEASE REVIEW THESE RULES AND REGULATIONS PRIOR TO ARRIVAL.

Event	Date	Time	Location
Team Check-In	Tuesday, May 14	1400-1800	Randall's Island Building # 11
Team Challenge Coin/Patch Trade	Tuesday, May 14	1830-1900	Randall's Island Building # 11
Team Briefing/Expectations	Tuesday, May 14	1900-2100	Randall's Island Building # 11
Scenario Competition	Wednesday, May 15	0800-1300	TBD
Scenario Competition	Thursday, May 16	0800-1300	TBD
WTC Memorial and NYC Fire Museum/ Awards Ceremony	Friday, May 17	1630-2000	WTC Memorial NYC Fire Museum

***NOTE: Schedule is tentative and subject to change**

Introduction

The FDNY and FDNY Foundation will be hosting its annual EMS Competition at the FDNY Fire Academy located at Randall's Island from May 14-17, 2018 during the Medical Special Operations Conference (MSOC). The objective of the competition is to create a fun, challenging and educational experience for all emergency medical personnel. The competition will be conducted in a multiple scenario format. The teams will be evaluated by one scoring judge and one feedback judge. Evaluations will be based on a national standard grading formula. Only the appointed lead judges are permitted to render an interpretation of the rules and regulations or address any team concerns.

Team Composition

A team will be comprised of a minimum of three Emergency Medical personnel, one of which *must* be a credentialed at the Paramedic (EMT-P) level or above (from their respective state or country of origin). An alternate fourth member may be registered with the team. The lead coordinator must approve the participation of the alternate team member (due to injury or illness) in the competition.



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Registration and Entry Fee

Registration for the FDNY MSOC EMS Competition is \$300 and includes transportation to and from the Conference hotel and food for the duration of the competition. This also includes the Friday evening event at the NYC Fire Museum. Pre-Conference Workshops and Conference are NOT included. Registration for the Conference must be completed separately. A maximum of fifteen teams will be allowed to compete.

Any additional teams will be placed on a waiting list in the event a team cancels. Teams may register on the MSOC website (www.fdneypro.org/msoc-competition)

Code of Conduct & Release

All teams must sign the necessary code of conduct forms and release paperwork located on the MSOC Competition page. Each team must scan and e-mail the necessary forms to: competition@fdnypro.org

Uniforms

All teams are required to wear an agency or department competition uniform during the competition rounds. "Tech" or other "BDU" style uniform or pants are highly recommended due to the style of competition. A dress uniform, or "Class A" attire, is also recommended for the awards ceremony.

Coin & Patch Trade

The MSOC competition will be host to many teams from around the country and even the world. This would be a great opportunity to trade your agency/team patches and coins. We will also have a number of patches/coins for trade on the night of May 14, during and after the team check-in.



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Team Check-In

Check-ins will only be held on May 14. The Competition judging staff will check for the following:

Items	Number Required
<ul style="list-style-type: none"> • Current EMS certifications 	<ul style="list-style-type: none"> • Each team member
<ul style="list-style-type: none"> • State or Agency Identification 	<ul style="list-style-type: none"> • Each team member
<ul style="list-style-type: none"> • EMS/Rescue-style kits and/or bags (belt pouches not included) 	<ul style="list-style-type: none"> • Minimum of three
<ul style="list-style-type: none"> • Separate drug box 	<ul style="list-style-type: none"> • As needed (optional)
<ul style="list-style-type: none"> • Medications and medication inserts (see below for required list) 	<ul style="list-style-type: none"> • At least one of each medication from the list below
<ul style="list-style-type: none"> • Intravenous fluids (may be provided with prior request) <ul style="list-style-type: none"> ○ Due to the national shortages, bags may be re-used if necessary, however they may NOT be pre-spiked 	<ul style="list-style-type: none"> • 50 ml or 100 ml Normal Saline (qty 1) • 100 ml D₅W (qty 1) • 250 ml Normal Saline (qty 2) • 1000 ml Normal Saline (qty 2)
<ul style="list-style-type: none"> • Oxygen Regulator 	<ul style="list-style-type: none"> • Minimum one per team
<ul style="list-style-type: none"> • Cervical Collar 	<ul style="list-style-type: none"> • Minimum one adult or pediatric per team
<ul style="list-style-type: none"> • BVM (adult and pediatric) 	<ul style="list-style-type: none"> • Minimum one adult or pediatric per team
<ul style="list-style-type: none"> • Thermometer 	<ul style="list-style-type: none"> • One per team
<ul style="list-style-type: none"> • Glucometer 	<ul style="list-style-type: none"> • One per team
<ul style="list-style-type: none"> • Pulse Oximeter 	<ul style="list-style-type: none"> • One per team
<ul style="list-style-type: none"> • Suction Device 	<ul style="list-style-type: none"> • One per team
<ul style="list-style-type: none"> • Safety Goggles 	<ul style="list-style-type: none"> • One per team member
<ul style="list-style-type: none"> • Gloves 	<ul style="list-style-type: none"> • As needed
<ul style="list-style-type: none"> • Sharps Container 	<ul style="list-style-type: none"> • Minimum one per team
<ul style="list-style-type: none"> • Length-Based Dosing Device 	<ul style="list-style-type: none"> • One per team
<ul style="list-style-type: none"> • EtCO₂ Device 	<ul style="list-style-type: none"> • Minimum one per team
<ul style="list-style-type: none"> • Laryngoscope with various blade sizes and styles 	<ul style="list-style-type: none"> • Minimum one set per team
<ul style="list-style-type: none"> • Triage Tags 	<ul style="list-style-type: none"> • One set per team
<ul style="list-style-type: none"> • Flashlight or Headlamp 	<ul style="list-style-type: none"> • One per team member



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Equipment FDNY Provides:

- Monitor: Phillips MRX /Defibrillator (or team's option to bring their own, Max. 1 per team)
- Long Spine Board
- Oxygen Tank
- ERG (2016 edition)

Equipment Rules and Guidelines

- The three (3) EMS/Rescue-style kits and/or bags 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 must fit inside one of the three kits/bags, with the exception of the portable suction unit, stethoscope, personal shears, safety eyewear, glove pouch, triage tags, IV pole/stand, and cardiac monitor. Any equipment that is unable to be carried inside the three kits/bags will not be allowed for use during the Competition.
- Sharing of equipment among teams will only be permitted with the prior approval of the MSOC Competition Lead Coordinator.
- Mechanical chest compression devices are not permitted. If required, chest compressions shall be performed manually with ventilations provided by a bag valve mask.
- Adult and pediatric intraosseous (IO) devices, CPAP devices, and pressure infusers may be carried in kits/bags and used during the competition.
- IV poles/stands may be used and do not have to be carried in a kit/bag.
- Reference "cheat sheets" will not be allowed during the Competition. These include but are not limited to printed or electronic field drug guides; quick reference drug calculations or formulas; radio report summary cards; or any other material that would provide an advantage to the competing team. A pediatric length-based dosing device may be used (as listed in the above table), and must fit inside a kit/bag.



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Required Medication List

- Adenosine
- Amiodarone
- Aspirin
- Atropine
- Diphenhydramine
- Calcium Chloride or Calcium Gluconate
- Diltiazem
- Dextrose 25% (D₂₅)
- Dextrose 50% (D₅₀)
- Diazepam or other benzodiazepine
- Dopamine
- Epinephrine 1:1,000
- Epinephrine 1:10,000
- Furosemide
- Glucagon
- Hydroxocobalamin
- Inhaled Beta-Agonist (i.e. Albuterol)
- Ipratropium Bromide
- Isoproterenol
- Labetalol
- Lidocaine
- Magnesium Sulfate
- Naloxone
- Nitroglycerin
- Pain Medication – including any one of the following: Morphine, Fentanyl, or Ketamine
- Paralytic Agent – including any one of the following: Succinylcholine, Vecuronium, or Rocuronium
- Induction Agent –including any one of the following: Etomidate, Ketamine or any Benzodiazepine
- Pralidoxime Chloride
- Procainamide
- Sodium Bicarbonate
- Sodium Thiosulfate
- Steroid – including any one of the following: Decadron, Solu-medrol or Solu-cortef
- Tranexamic Acid
- Verapamil



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Notes:

- All of the medications on the list above must be carried by a competing team regardless of whether their EMS system uses the medication. While it is recognized that each EMS agency may carry different medications and/or equipment, the mandatory lists are required to provide a level of standardization amongst all competing teams. Teams will ultimately be judged on their ability to provide care and administer medications efficiently and correctly.
- Actual medications do not have to be used; however, each medication must be packaged and labeled with the appropriate name, concentration and expiration date
 - Medications are **not** required to be individually sealed in plastic wrappers or bags
 - Pre-mixed medications are allowed and must be presented during the check-in process by officially designated Competition judges
- All medications must be properly labeled with name, dosage, concentration and date of expiration. Teams are to cross off expired dates and write in a date that is not expired.
- Kits/bags will not be cleared for use until all medications in the above list are present.
- If your team wishes to use a comparable medication that is not in the above list, the medication needs to be brought to the attention of the judging staff during bag check-ins. It will then be determined by the judging staff if the medication will be allowed during competition.



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Competition Rounds: Rules and Sequestering

- The Competition will start on May 15, 2019. All teams **MUST** be checked in the day before (May 14). Teams will be sequestered and placed into 2 starting groups:
 - 0800 - 1200 & 1000 - 1400
 - There will be a total of 4 scenarios over the course of 2 days. All cellphones and smart devices (including smart watches) will be collected and returned after the competition.
- Each scenario will last between 10 - 15 minutes.
 - Each team will receive a briefing and “respond” into the scene.
 - Each scenario lead will start the official time.
 - Teams, once called, will compete in **BOTH** scenarios on the day, then will be released.
- The alternate team member will be allowed into the competing area to film/photograph their team. The alternate member **MUST NOT** interfere or prompt their team within the scenario; doing so will lead to team disqualification.
- Teams will be evaluated on patient care, triage/treatment, communication, delegation of tasks, assumption of leadership, establishment of command, empathy & decision making amongst others.
- Any challenges to the scenarios must be brought to the attention of the lead judge immediately after completion of the scenario with a subsequent investigation and decision rendered by the lead judge



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Awards Ceremony

- All teams that participated at the FDNY MSOC EMS Competition will be acknowledged at the awards ceremony
- The 3 highest scoring teams will be awarded:
 - Bronze Medal – 3rd Place
 - Silver Medal – 2nd Place
 - Gold Medal – 1st place
 - 1st place trophy (1 year)
 - 1st place plaque
 - 1st Place award certificate
- All 3 teams will receive prizes donated by the MSOC sponsors

Judging and Judging Criteria

- The judging standards will be discussed during the initial team briefing on May 14, 2018.
- The scenario manikins may be made available for inspection by all teams.

Key Skills

To assist teams in practicing for the FDNY MSOC EMS Competition, some key skills are outlined below to provide a basis for standardization. Each is outlined in general terms and is not meant to be definitive steps. Please refer to the referenced textbooks for more detailed information. Teams will receive feedback only after they have demonstrated the respective skill successfully. Use of mnemonics, such as DCAPBTLIS is acceptable; however, teams must be able to iterate the meaning of each letter to the judges. Team members must actually examine the patient and explain what they are doing to the Feedback Judge in order to receive information (e.g. telling the Feedback Judge you are listening for breath sounds while a stethoscope dangles around your neck won't result in points or feedback information being given).



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1. Basic Airway Management:

- Verbalize to the judge what equipment is selected to obtain full credit for the intervention
- Ventilate the patient as deemed necessary by the conditions present. Determine the need for an airway adjunct and its appropriate size and insert as needed
- Verify proper placement and airway patency
- Continue to provide ventilations at an appropriate rate and depth
- For the administration of nebulizers: properly assemble the nebulizer device, connect to oxygen, and use the appropriate dose of medication
- For use of non-rebreather mask: inflation of the bag prior to placing it onto the patient

2. Advanced Airway Management:

- Properly secure the airway using current acceptable field practices
- Intubation and/or cricothyroidotomy will be performed on a manikin. Selection of the proper equipment must be verbalized to the judges to receive full credit
- Correctly achieve airway patency in accordance with accepted field standards (e.g., maintaining C-spine immobilization while performing a trauma intubation)
- Assess for proper airway placement utilizing **at least three methods of confirmation, including:** equal rise and fall of the chest; end-tidal CO₂ detection; increased pulse oximetry values; direct visualization of an endotracheal tube passing through the vocal cords; and, auscultation of the lung fields plus epigastric region.
- If indicated, successfully assemble and treat with a CPAP device.

3. Intravenous/Intraosseous Access:

- Determine the need for the intervention and select the proper supplies
- Correctly attach the solution set to the IV bag of choice using aseptic technique (pre-spiked IV bags may be used)
- Determine and verbalize an appropriate insertion site to the Feedback Judge; and then cannulate the vein or bone using proper technique
- Dispose of sharps into proper containers. (Failure to properly dispose of a catheter (e.g. exposed needle lying on the ground) will result in automatic **team disqualification**)

4. Medication Administration:

- Select the appropriate medication to be administered. Misidentification of medications either verbally or during actual administration will lead to penalty.



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- Select the appropriate injection site and cleanse/prep it accordingly, using actual aseptic technique.
- Administer the appropriate dose (requires judge verification)
- Patient reassessment
- Dispose of sharps into proper container. Failure to properly dispose of a catheter (e.g. exposed needle lying on the ground) will result in **team disqualification**

5. Electrical Intervention:

- Determine the need for electrical intervention, i.e. pacing, cardioversion or defibrillation
- Prepare all equipment necessary for the intervention
- Properly place the electrode pads
- Verbally and physically clear all people from the patient prior to discharging. Failure to ensure all contact has stopped prior to delivery of electrical energy shall result in penalty.
- Reassess patient status and need for additional therapy

6. Needle Decompression:

- Determine the need for needle decompression
- Verbalize the appropriate insertion site and properly demonstrate the procedure
- Prepare all necessary equipment
- Secure the catheter to the patient in a safe and secure manner
- Reassess for changes in patient status

7. Spinal Immobilization:

- Determine the need for immobilization
- Properly secure cervical collar in place
- Properly lift or logroll the patient as indicated by patient condition
- Secure the patient to the backboard by at least three straps as indicated for patient transfer

8. Fracture Immobilization:

- Determine the need for the intervention
- Assess distal pulse, motor, sensation and capillary refill before and after splinting
- If indicated for a femur fracture, apply traction
- Realign injured extremity as necessary



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- Appropriately secure the extremity

9. Wound Care/Hemorrhage Control:

- Determine the need for intervention based on visual cues and information provided by the Feedback Judge
- Appropriately control external bleeding using direct pressure, elevation, pressure points and/or tourniquet(s)
- Apply and secure dressings and bandaging
- Reassess distal pulse, motor, sensation and capillary refill once bandage and dressing are in place

10. Newborn Delivery:

- Prepare the patient and area for delivery
- Assemble appropriate equipment
- Deliver the baby using appropriate technique
- Cut the umbilical cord in two places no closer than 4 to 6 inches from the infant
- Perform any necessary interventions to resuscitate the neonate
- Perform post-delivery care on both mother and neonate

11. Cardiopulmonary Resuscitation:

- Determine the need for the intervention
- Perform CPR as indicated in the 2015 AHA Guidelines
- Reassess and provide appropriate treatment(s) as necessary

12. Initial Patient Assessment:

- Determine airway patency
- Assess for breathing
- Assess for circulation
- Determine the initial level of consciousness using the AVPU scale.
- Expose and examine for life threats and/or bleeding

13. Detailed Examination:

- Inspect, auscultate, and palpate as needed for all aspects of the examination



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- Verbalize what you are assessing throughout the entire examination. Use of mnemonics, such as DCAPBTLS is acceptable; however, teams must be able to iterate the meaning of each letter to the judges.
- Team members must actually examine the patient and explain what they are doing to the Feedback Judge in order to receive information (e.g. telling the Feedback Judge you are listening for breath sounds while a stethoscope dangles around your neck won't result in points or feedback information being given).

Standards

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

NOTE: "Most current edition" is the edition that is available 30 days prior to the first day of Competition

- ACLS Guidelines, American Heart Association –2015 Guidelines
- Pediatric Advanced Life Support (AHA/AAP) –2015 Guidelines
- Nancy Caroline's Emergency Care in the Streets, Jones & Bartlett Publishers
- Emergency Care, Brady Publishing
- Emergency Care and Transportation of Sick and Injured, Jones & Bartlett Publishers
- PHTLS –Prehospital Trauma Life Support 8th Edition
- National EMS Education Standards
- U.S. Standards for weights and measures
- Emergency Response Guidebook, U.S. Department of Transportation
- BLS Scenario judging is based on the most current editions of the following resources:
 - BLS Guidelines, American Heart Association 2015