

# 2025 JEMS Clinical Competition

## Excellence in Service Rules, Regulations & Equipment Indianapolis, Indiana

### 2025 JEMS Clinical Competition Schedule

Team Check-In	Wednesday, April 9	3 pm-5 pm	Lucas Oil Stadium Meeting Room 7&8
Team Briefing	Wednesday, April 9	5:30 pm-6 pm	Lucas Oil Stadium Meeting Room 7&8
Preliminary Competition	Thursday, April 10	10 am-2 pm	Lucas Oil Stadium Show Floor
Final Competition Check-In	Thursday April 11	8:30 am	Lucas Oil Stadium Meeting Room 12
Final Competition	Friday, April 11	10 am-12 pm	Lucas Oil Stadium Show Floor

### **Introduction**

The objective of the *JEMS* Clinical Competition is to create a fun, challenging and educational experience for emergency medical personnel that also leaves them better prepared for the myriads of real-world challenges they encounter. More importantly, the *JEMS* Clinical Competition hopefully enlightens and invigorates EMS providers to deliver the same quality and compassionate care used in the competition to the patients they encounter at home. The *JEMS* Clinical Competition 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* Clinical Competition scoring will be based on specific clinical care aspects for each scenario and patient. Team scores may be impacted for safety issues, 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 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 top teams to compete in the Final Competition.

The Final Competition is a 12-minute, scenario-based event that tests each teams' ability to manage multiple patients with varying illnesses and/or injuries in front of a live 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 and 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, 2nd Place and 3rd Place winners.

These rules and regulations are designed to ensure standardization in team preparation and on-site operation and administration of the *JEMS* Clinical Competition. To ensure consistency with the rules and regulations,

only the designated *JEMS* Coordinator is permitted to render an interpretation of the rules and regulations, officially address team concerns or make on-site operational/administrative decisions.

### **I. Team Composition**

- A. An eligible team is comprised of two or three caregivers capable of functioning individually or as a team in prehospital situations. Examples include: paramedics, EMTs, registered nurses and military medics.
- B. An additional (alternate) team member may be registered with a team for substitution. The alternate must be identified at the time of registration.

### **II. Registration & Entry Fee**

Registration for the *JEMS* Clinical Competition is required.

### **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 competition uniforms during the Preliminary and Final Competition and at the 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) During the Preliminary Competition, non-competing teams will *not* be allowed to watch other teams compete.
- 4) 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 should attend the remainder of the Final Competition without returning to the team sequestration room.
- 5) During Final Competition sequestering:
  - A. Cell phones will be collected by *JEMS* Clinical Competition staff and held until called to compete.
  - B. Restroom breaks will be supervised by a *JEMS* Clinical Competition member to prohibit competitors from conversing with individuals who have seen or competed in the event.

C. Team start times will be determined by the *JEMS* Coordinator.

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

A.) Team check-in and certification/equipment inspections to confirm compliance with these rules and regulations will be held in 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. 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 may be used in the competition. Teams will not be allowed to enter any of the preliminary rooms/stations prior to the competition. Competition staff reserve the right to provide updated details to the rules for the Preliminary Competition during the team orientation.

C.) Teams will be allowed to use up to four bags during the competition. Three bags: BLS Bag, Airway Bag and ALS Bag are required for the Preliminary and Final Competitions and a fourth bag (Pediatric) is optional. A fifth bag may be used to restock items used during the competition.

**Bag One** - Wounds, Trauma, BLS Emergencies. The only medications permitted in this bag will be oral glucose, IN Narcan, PO Tylenol and baby aspirin

**Bag Two** - Basic and Advanced Airway Equipment and Oxygen - No medications will be carried in this bag

**Bag Three** - Advanced Life Support Medication and Supplies - this bag will carry all medications, IV supplies, fluids, needles, etc.

**Bag Four** - Pediatric ALS/BLS - No medications permitted. If desired, teams may incorporate these supplies within the other 3 bags.

**Bag Five** - This bag will be used to restock items used in competition. During preliminary competition, the restock bag will only be used to replenish supplies used during the competition but may not be accessed during the timed portion of the competitions. This bag must be identified and either controlled by the 4th team member (not competing) or placed in a designated area prior to the start of each room.

### D.) Overall requirements:

1. The kits/bags brought to the competition for use by a team must be comparable to kits/bags commonly used in the prehospital environment. All equipment—with the exception of a portable suction unit, IV pole/stand—must fit inside of the kits/bags. Any equipment not able to be stored and carried inside the kits/bags will not be used for the competition, except for an optional belt kit containing scissors, penlight and stethoscope.
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.
6. Each team must maintain control of their equipment throughout the competition.
  - *Note:* All sharps and catheters *must* be properly disposed of in a sharps 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.

**E.) Equipment to be brought to the JEMS Competition or obtained on site by competing teams:**

The kits/bags shall be stocked with supplies normally found within an ambulance as described below. The following items are required minimums:

<b>Equipment Items</b>	<b>Team to Bring/Quantities</b>	<b>JEMS to Provide</b>
Monitor/Defibrillator/Pacer/SpO2 /Capnography (EtCO2) capable		Each team will use an iSimulate (provided by JEMS) in place of their respective monitors. Familiarization and training will be provided during team training on Wednesday night.
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 O2 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).	Backboards, 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.	
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)		
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, masks and other body substance isolation personal protective equipment	Sufficient for each team member	
Sharps container	1 per team	
OB Kit	1 per team	
EtCO <sub>2</sub> device—display must be numeric, graphic or waveform (not colorimetric)		Integrated with the iSimulate
Laryngoscope handle and blades (video laryngoscopes are allowed)	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 25 tags or other means of identifying triaged patients (ribbons, etc.)	
Flashlight and/or headlamp systems to enable you to work in dark scene areas	At least 1 per team member	

**F.) Teams should carry and be prepared to use ALL of the following medications:**

**\*\* Expired medications filled with water with a corrected expiration date may be used.**

- Adenosine
- Amiodarone
- 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
- Inhaled beta agonist (e.g., Albuterol)
- Ipratropium Bromide
- Lidocaine
- Magnesium Sulfate
- Naloxone
- Nitroglycerin
- Paralytic (Etomidate, ketamine or benzodiazepine are acceptable)
- Pralidoxime Chloride

- Procainamide
- Sodium bicarbonate
- Vasopressin

#### NOTES:

1. All medications 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. 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).
3. All medications must be properly labeled with name, concentration and date of expiration. For actually expired medications, *teams are to cross off expired dates and write-in a date that is not expired*.
4. Premixed IV medications (such as lidocaine, dopamine and nitroglycerine) may be used if properly labeled as outlined above.
5. 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 loss points.
6. 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).

#### **G.) 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 Jeff at [jeffrey.frankel@clarionevents.com](mailto:jeffrey.frankel@clarionevents.com). The *JEMS* Coordinator will determine if requested substitutions will be allowed and how to move forward with missing equipment requests.

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

Competitors must don BSI/PPE equipment when necessary during a scenario and not before.

#### **I.) Equipment Shipping**

*JEMS* highly recommends you travel with your equipment in a vehicle or on your airplane to the event. Any and all shipping charges are the responsibility of the agency or individual shipping the item(s). *JEMS*, *JEMS @ FDIC*, and Clarion Events are not responsible for equipment that doesn't arrive at the facility or that doesn't arrive prior to team check-in. You are shipping equipment at your own risk. We do not recommend you ship your equipment prior to your arrival to Indianapolis.

#### **VIII. Preliminary Competition Regulation**

The *JEMS* Clinical Competition is a clinical competition involving multiple 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 several separate areas. Teams will be rotated through these areas by a *JEMS* staff member. These areas 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 an EMS scenario or EMS in general.

### **VIII. B.) Preliminary Competition Illness or Injury**

In the event of an illness or injury that affects one of the designated team members during the competition, the team's actions may be stopped. At the direction of the *JEMS* Coordinator, 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* 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; communication 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 the required treatments) may result in less points for that scenario.

*JEMS* 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**

Separate areas will be set up with simulated patient scenarios and/or knowledge-based assessments that are

designed to assess clinical competence, reward efficiency. 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.

## **X. Preliminary Competition Scoring**

Each scenario has a maximum number of points available for optimized management of that room and each scenario is worth the same amount. Each team earns a final score based on the total from all scenarios.

## **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* Coordinator and may not be contested.
3. Judges will be assigned to each area 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. Actions that would harm an actual patient.
2. 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 results of the Preliminary Competition that identify the top three teams that will compete in the Final Competition will be sent to all team captains by email/text/phone the same evening as the Preliminary Competition.
- The 4th-place Preliminary Competition 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 Final Competition**

All teams that participated in the Preliminary *JEMS* Clinical Competition, regardless of placement, are encouraged to attend the Final Competition in uniform. Following the conclusion of the competition, all teams will assemble to be recognized by the audience.

- The Final Competition will be conducted in Lucas Oil Stadium. Video cameras may project the



action on a screen, along with other information (e.g., simulation equipment output) to allow spectators a close-up view of patient care, patient parameters and team performance. Microphones attached to team members will allow the audience to hear orders given, assessments, the care being completed and the overall professional approach of the competing team.

- Finalist teams must be present in the team sequester room with all of their equipment for final equipment inspections prior to the start of the Final Competition. 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 12 -minute evolutions. One team member must be identified as the team leader. Prior to teams entering the competition arena, they may 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 within a set amount of time.
- 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 12-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.

Accumulative total of the prelim competition and the final competition points will determine first, second and third place.

#### **XV. Procession and Awards Ceremony**

While the final tabulations are being calculated, all teams that participated in the *JEMS* Preliminary and Final Competitions will assemble (in uniform) to be officially recognized for their participation in the *JEMS* Clinical Competition, just prior to the awarding of first, second and third-place awards.