

NATIONAL EMS COFERENCE SIM COMPETITION RULES 2025

- Each team will consist of two (2) members, both of whom must function in a pre-hospital setting. EMS team members must hold a current licensure and must compete at their level of pre-hospital license. Participants are prohibited from competing at a lower level of care than their pre-hospital license. Physicians, Nurse Practitioners, and PAs are prohibited as team members.
- There are two portions of the SIM Competition, a preliminary and final scenario. By entering in the simulation competition, team members agree to be available for both sessions on two separate dates.
- Teams are prohibited from switching members during the competition. The team configuration that begins the competition is assumed to be consistent throughout the competition. In the event of an emergency, and a competitor team member must leave the conference, the decision to allow substitution will be on a case-by-case basis by a simple majority vote by the SIM Competition Committee: the simulation director, representative of OEMS, and simulation judges. It is expected that this is a rare occurrence.
- Agency sponsors are restricted to two (2) teams per level of care. Team members are prohibited from competing for two different agencies.
- Each team selects a team captain. The team captain shall participate in all team activities and shall be the spokesperson and primary contact for the team from OEMS and the simulation director.
- Beginning in 2026, teams who have won first place more than twice will be prohibited from competing in the competition. Individuals who have been on teams who have won more than twice are welcome to separate, form a new team, and continue to compete in the competition.
- Three BLS and three ALS teams will move forward to the final competition. A computer-based, random selection app will be used to determine the order of the teams competing in the final scenario. The first team announced will be the first team to compete in the finals. This team will NOT compete in front of a live audience. Family/friends of this team are permitted to observe. **This team will be judged by the same standards as the two teams who are competing LIVE.**
- Teams are sequestered until their time slot for competing. Once a team has competed, they are not permitted in the holding area. **Cell phones, electronic devices (including smart watches), radios or other communication devices are NOT permitted in the holding areas or during the competition.** Please bring a Ziploc® bag to store your devices.

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- Handtevy® pediatric dosing guides are provided in each of the SIM competition rooms.
- It is expected that collegiately will prevail in the holding room despite the competitive nature of the competition. Participants may attend the Conference during non-competition time.
- Teams are to supply their own equipment that is commonly available and used in the pre-hospital environment. It is required that each team has a full set of equipment and restock supplies. Sharing equipment should be kept to a minimum as it delays the timing of the preliminary competition day. Simulated patient care devices and homemade gadgets will not be permitted.
- All medications must be labeled for “**SIM use only**”. Teams will not be able to start a scenario unless the medications are labeled. A label template can be downloaded at <https://healthcaresimulationsafety.org/labels/> If a team is utilizing saline filled syringes in lieu of medications, the syringe must be clearly labeled with the name of the medication, concentration and simulation use only. No handwritten labels will be accepted.
- Teams are responsible for the safe disposal of all sharps/needles. Please bring an appropriate sharps container to securely transport used sharps.
- Equipment may be inspected prior to the competition and may be sequestered until the competition begins.
- All team members shall be in EMS uniform and wear appropriate Personal Protective Equipment (PPE) based on the dispatch nature and case presentation. Teams are encouraged to don PPE as they would on a live patient EMS response.
- It is required that participants perform all clinical interventions as they would in live patient care. **Participants may not solicit verbal feedback from the SIM Judges or Staff.** Medication administration shall take place in **real time**. IV infusion rates will be monitored. Scenarios may include simulators, standardized patients (live participants), or any combination of both. Judges and/or staff will assess all clinical interventions for accuracy and collect medication vials for inspection after the simulation.
- Requests for back-up or assistance from other agencies must be verbalized if required. The team will be advised at the time of request regarding the availability of such resources.
- During the competition, judges assess team performance. BLS and ALS teams are evaluated separately. Feedback from the manikin software will be utilized as part of the

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scoring rubric after the intervention is confirmed. Assessments are completed using predesigned rubrics. The rubric will not be released prior to the competition. Teams must treat the simulations as real.

- A maximum time of 15 minutes will apply for the preliminary scenario and a maximum of up to 25 for the final scenario. Clinical skills completed within the scenario and/ time to the initiation of an intervention within the scenario may be used to determine a winner in the case of a tie. Failure to complete the minimum actions for life saving intervention within the time limit will result in point deductions for that scenario.
- Crews are scored based on the accuracy of clinical skills performed. This includes patient assessment completeness, clinical decision making, psychomotor clinical skills, and affective behavior. Verbalizing while completing tasks is still encouraged but does not gain a team the points of completing clinical skill or intervention. Judges reserve the right to clarify with teams after the scenario as needed.

Assessment is focused on:

- Clinical knowledge and accuracy
 - Teamwork
 - Resource Utilization
 - Professionalism
 - Standards of Practice
- Competitors will be judged based on their patient care provided during the simulation scenarios. Simulation scenarios are designed to allow for treatment flexibility and scoring based on EMS best practices.

The standards of treatment used will be based off the most current curricula put forth by the National EMS Education Standards, American Heart Association, Neonatal Resuscitation Protocol, and Prehospital or International Trauma Life Support.

Participants should not memorize material from these sources; they should embrace the treatment standards being promoted by these organizations as part of their competition. Point penalties will occur for procedures that are not indicated or inaccurately executed.

- After the simulation scenario, there will be debriefing to review the etiology of the case and allow participants to self-reflect about the clinical decisions completed. The debrief session is not part of the scoring process. Information shared during this portion is for educational purposes only.
- No recordings are permitted or can be used to challenge the final scenario decision.

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- Thirty (30) days prior to the competition, all team members must be registered for the National Conference on EMS to be eligible to compete.
- All disputes must be reported IMMEDIATELY in writing after the team completes their scenario. Disputes will not be accepted after 10 minutes concluding the scenario. In a case of dispute regarding patient care the SIM Competition Committee shall make the final decision.