Florida Fire Chiefs' Association

ALS Competition
Rules and Regulations

Competition Dates:

Gear Check

- Before starting the preliminary and final scenarios, the competition committee will perform **a gear check**. The purpose of the gear check is to ensure that the equipment meets the standards set by the Florida Cup or FFCA ALS Competition Committee rules and regulations. Equipment that has been purposefully altered from its intended form will be removed from the gear bag, and replacement will not be allowed.

Preliminary Scenario

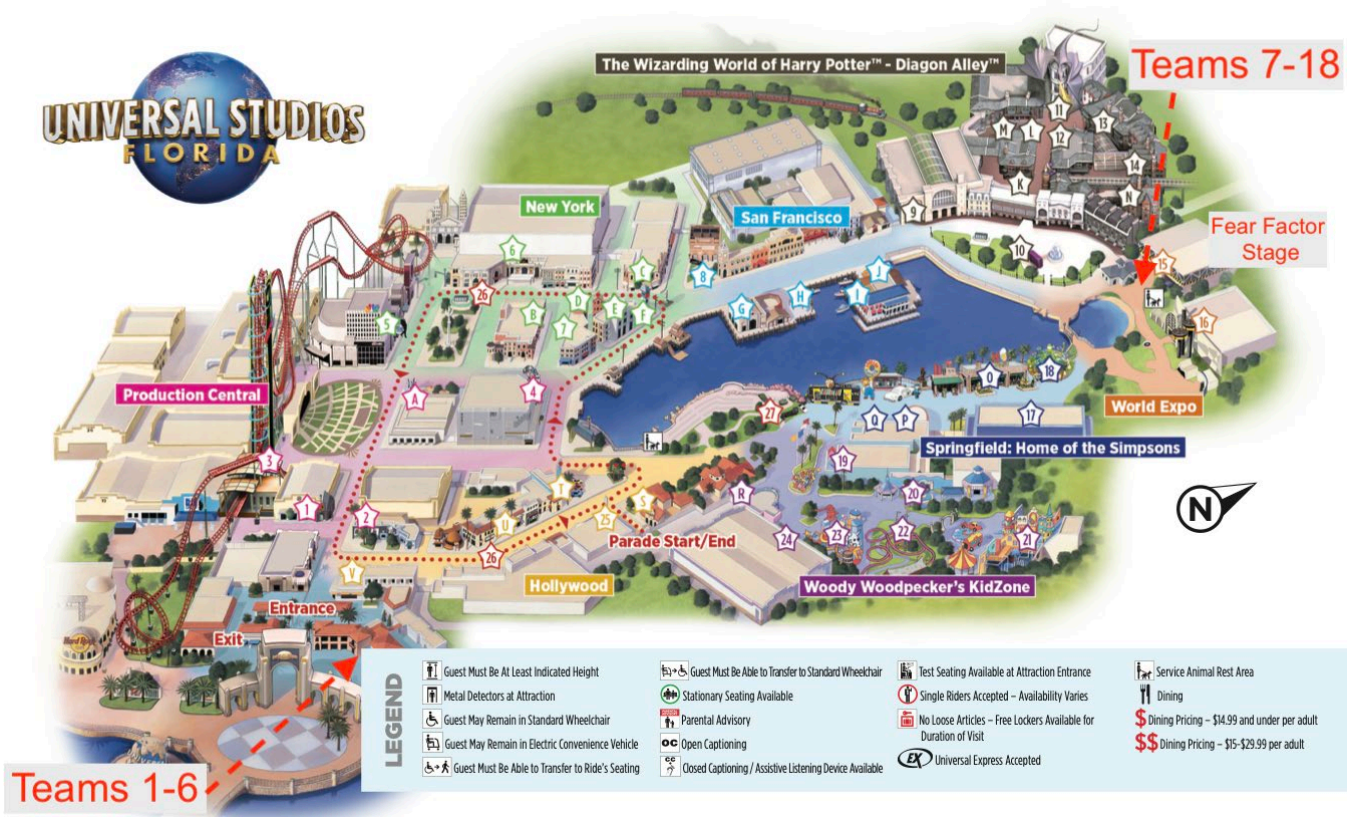
- A maximum of 18 ALS Teams will compete, and the top 7 teams will advance to the finals.

- **Sunday, January 3, 2026, at 5:00 pm at 6001 Destination Parkway (Hilton Orlando Lobby).**
    - Team meeting
    - All teams must have a representative at the meeting.
    - Teams will be instructed on scheduled times and given access to Universal Studios.
    - All teams are required to drop off all bags, including the repack bags.

Florida Fire and EMS ALS Competition

January 3-5, 2027

- **Monday, January 4, 2026, Universal Studios**
    - Teams must report to the designated reporting location on time or be disqualified.
    - Teams 1 to 6 – Meeting location at the front of Universal Studios, next to Guest Services
    - Team 7 – 18 – Meet at the front of Fear Factor stage (do not enter the location).



- **Monday, January 4, 2026, at 8:00 pm at 6001 Destination Parkway (Hilton Orlando Lobby).**
    - Top teams will be announced.
    - All teams need to pick up their gear.

Final Scenario

- **Tuesday, January 5, Orange County Convention Center S331A**
    - The top 7 ALS Teams
    - **Sequester room** at 8:00-8:30 a.m.; location TBA.
    - **Final Scenario location** – run-through team starting at 10:00; Location TBA
    - All points are cumulative from both days to determine the winner.

- **Tuesday, January 5, 5:00 pm, Orange County Convention Center S331A**
    - Professional Team awards for 1st, 2nd, and 3rd place
    - Student Team awards for 1st and 2nd place

Social Media Posting:

- As there is no sequestering for day 1 (preliminary), any pictures or videos taken may not be posted to any social media before 5 PM on Monday, January 5.

- If a team or representative posts any scenario scenes on social media before 5 PM, the team may be disqualified.

I. ELIGIBILITY FOR COMPETITION:

- **ALS Division/Teams -** Each team will comprise a maximum of three (3) persons who must function in a pre-hospital setting. Team members will be limited to persons licensed/certified/credentialed as EMTs, Paramedics, RNs, or military medics who function in the EMS environment; Physicians, physician assistants, and nurse practitioners are not eligible to compete. At least one team member must be a paramedic.

- **Student Division/Teams –** Student teams will compete under the same rules as the ALS division. Students must be currently enrolled in an EMT or Paramedic program. **Before any competition with a student division, the school representative must provide the competition committee chair with the academic graduation date for each member of their team in that competition**. Students who graduate from the paramedic program are not eligible to compete as a student team, but they may compete as an ALS team. The reason for distinguishing a student team is that some larger competitions have student divisions.

- **Alternate Team Members—**Each team may also have one alternate member, bringing the total number of members to four (4). In cases of multiple scenarios, substitutions will be allowed before the start of each scenario. Alternate team members will be designated a fixed position as indicated by the hosting competition committee member. An alternative team member may be authorized to video record in this location.
- **Substitutions -** One substitution may be made yearly and before a competition. A substitution shall be defined as a competitor who is a member of the same organization as the competing team. This substitute shall not be taken from another competing team unless that team has no points accumulated leading up to the competition requiring substitution. A mixed team (composed of members of more than one organization) may only use their alternate competitor.

II. JUDGING STANDARDS AND SCORING:

Scoring on all scenario patient benchmarks and treatment options is based on the most current reference material. New editions should be used when they become available, at least 60 days before the competition.

- ACLS Guidelines, American Heart Association.
- ACLS for the Experienced Provider, American Heart Association.
- Pediatric Advanced Life Support (AHA/AAP).
- Critical Care Transport, AAOS.
- Nancy Caroline's Emergency Care in the Streets, AAOS.
- Emergency Response Guidebook, U.S. Department of Transportation.
- Prehospital Trauma Life Support, NAEMT

Team members will receive information and feedback from a Feedback / Scoring Judge or the actual patient. Feedback/score Judge will be identified with a safety vest, designated shirt, or other marking type to distinguish the Feedback / Score Judge from actors. During patient assessment, examination elements will be scored based on verbalization and/or simultaneously performed in real time for the judge.

Exam elements that are not verbalized and/or simulated may not elicit a response from the Feedback / Score Judge or the patient.

At times, exam elements or actions may not be completed according to the expected competition design, and points may not be awarded. The **hosting competition committee members will make the final decision** on contested scoring.

III. EQUIPMENT:

If any unauthorized equipment is discovered (either during preliminary or final scenarios), the team will be disqualified from the individual competition and will accumulate zero (0) points in the Florida Cup.

A. Equipment bags, backpacks, and boxes:

- Equipment should be comparable in size and type to the EMS industry commercial manufacturer. Since EMS Distributors provide various box brands, the **largest acceptable exterior dimension size is 25"x 20 " x 12".**
- The number of carry-in equipment (bags/boxes/backpacks) may not exceed **five (5).** Fanny packs or small waist bags are considered equipment bags and will count toward the total number of bags allowed.
- No equipment may be affixed to the outside of the bags, packs, or clothing (i.e., no tape strips stuck to the side).
- Vests with pockets to hold equipment will not be allowed.
- Competition committees are not required to accommodate containers of any specific size when designing a scenario.

B. Equipment provided at each scenario site:

- It is understood that some teams may have difficulty transporting equipment, such as oxygen tanks and drug boxes, to the competition. A limited supply of such equipment will be available.
- The competition committee may supply equipment based on the needs of the scenario.
- Specialized equipment, if applicable, will be staged within the boundaries of the scenario.

C. Equipment restrictions or limitations:

- All equipment must be used according to the manufacturer's recommendations.
- Under no circumstances will any device transmit or receive information once a team enters the sequestering, staging, or competition area.
- Cellular, Bluetooth, or Wi-Fi-capable devices are not allowed in the sequestering or competition areas under any circumstances. They must be secured before check-in.
    - AirPods / wireless receivers. Any receiving device will not be permitted.
    - Smart Watches—Smartwatches may or may not be able to transmit/receive information. Therefore, no smart watches will be permitted, regardless of the manufacturer.
    - GoPro Head Cameras – Cameras are for recording ONLY. No transmitting or receiving of information will be permitted.
    - Tablet or phone to record video – No tablets, regardless of manufacturer or connectivity.
    - Glasses with a camera - Cameras are for recording ONLY. No transmitting or receiving of information will be permitted.
- Charts, drug cards, rulers, measuring or counting devices, and calculators are not allowed, **except for length-based pediatric resuscitation tape**.
- No mechanical CPR or ventilation devices will be allowed.
- Simulation of SpO2, SpCO, SpMet, End-tidal CO2, temperature, and glucometer **cannot** be used with a simulated paper, board, etc.
- SpO2, SpCO, SpMet, and End-tidal CO2 will be obtained from the EKG monitor provided.
- The number of SpO2, thermometers, or glucometers is not restricted to teams, but they should be actual devices and not simulated paper, board, extension, or other items.
- Oxygen cylinders will **not be limited** in quantity; however, teams will be required to simulate commercially available cylinders with a commercially available regulator. Multiple oxygen ports (manifold) **will not be allowed**. A simulated cylinder shall not be smaller than 2.5” in diameter and 5” in height (M-2 Cylinder).

- The hosting competition committee must clear all equipment innovations before the day of the competition.

IV. Medication requirements:

- Drug boxes should contain medications of sufficient type and quantity to manage a scenario.

- Injectable medications may be packaged in a 10mL syringe, filled with **air**, and labeled with each medication's **name, volume, and concentration.**

- Oral medications (pills & tablets) may consist of baby aspirin, sugar, or similar tablets packaged in individual pill bottles or Ziploc bags labeled with each medication's **name, dosage, and concentration.**

- Actual drug solutions should not be present in the syringes or vials. Medication syringes **do not** require individual Ziplock bags.

- Feedback / Scoring judges may inspect the syringe or medication delivery device during or after the scenario to verify the medication and ask further questions about the volume and dose administered.

V. Medication Administration:

- IV administration requires inserting a needle through the simulator, connecting the saline lock or IV tubing, securing it with tape or a commercial device, and **connecting the simulated drug syringe to the needle port**. Sharps must be secured appropriately in sharps containers.

- IN (intranasal) administration requires a MAD device connected to the simulated drug syringe.

- IM (intramuscular) administration requires an IM needle connected to a simulated drug **syringe with a safety cap on**. Sharps must be secured appropriately in sharps containers. **Never remove the needle cap and expose a needle during the scenario.**

- IO (Intraosseous) requires the utilization of a commercial device inserted through the simulator, connecting IV tubing, and connecting the simulated drug syringe to the needle port. Sharps must be secured appropriately.

- Sublingual and oral medications will be shown to the feedback/scoring judge, and administration will be verbalized.

- Nebulizer medication will be shown to the feedback/scoring judge, verbalized, and delivered to the nebulizer chamber.

- Medication administration simulators can be constructed using foam, tubing, bottles, or manikins. Requesting a simulator from the feedback/score judge may be required during the scenario.

- To reduce costs incurred by spiking multiple solution bags for an IV setup in various scenarios, teams can cut the spike off the end of the administration set, which prevents the bag seal from being punctured. This will allow the bag to be reused, allowing for a proper simulation of the IV setup. All IV administration sets and solution bags must be in their original packaging or contained in Ziplock-type bags.
    - Pre-connected IV administration sets are not allowed and will cause no points to be given for an IV setup.
    - An IV that is not secured with tape or a commercial device may not receive points, and points may not be awarded for the subsequent medication administration.

VI. Suggested Medication List:

- The recommended medication list standardizes the **medications expected for each team to carry** and the type of medication that will be recognized.
- **Medications not on the list shall not be carried.** In certain situations, specialized medications may be necessary to treat conditions correctly and may be available upon request or located in the scenario room.
- It will be at the team's discretion to decide the type and quantity of each medication to carry. The team should have the appropriate amount to treat appropriately. Therefore, teams cannot use the same syringe to administer multiple doses beyond the amount on the label. In some situations, treating a specific condition can be accomplished with similar types of medications on the list. Therefore, you do not need to carry every single medication listed.

Activated Charcoal	Epinephrine Racemic	Phentolamine
Acetaminophen	Etomidate	Pitocin
Adenosine	Fentanyl	Pralidoxime
Albuterol	Glucagon	Rocuronium

Amiodarone	Haldol	Romazicon
Aspirin	Hydroxocobalamin (Cyanokit)	Solu-Medrol
Ativan	Ketamine	Succinylcholine
Atrovent	Labetalol	Sodium bicarbonate
Atropine	Lasix	Tetracaine
Benadryl	Lidocaine	Terbutaline sulfate
Blood products: Whole blood, Liquid plasma, Packed Red Blood Cells	Magnesium sulfate	Toradol
	Mannitol	Tranexamic acid (TXA)
Calcium Chloride	Methylene blue	Thiamine
Calcium Gluconate	Metoprolol	Valium
Captopril	Midazolam	Vecuronium bromide
Cardizem	Morphine sulfate	Zantac
Dextrose	Narcan	Zofran
Dopamine	Nitroglycerin	
Epinephrine	Norepinephrine	

- Pre-mixed bags of medication must be on the standardized list of competition medications. The specific concentration/volume should be commercially sold. Bags must be clearly labeled with **name, volume, and concentrations.** IV Bags can be resized using labels affixed to the bag showing the simulated volume of fluid. For example, a 50 mL Bag can be converted to a 100 mL bag with a 100 mL label. IV fluid resuscitation/replacement fluids shall be no smaller than 500 mL.

- The goal of any scenario is to identify the condition (diagnosis) and treat it correctly. Proper treatment earns points; however, the host competition committee may award negative points for incorrect administration of medication.

IV. SKILL EXPECTATIONS AND SCORING REQUIREMENTS:

Procedures will be carried out as realistically as possible. Sometimes, a specific skill requires a simulator to perform. When this happens, team members should verbalize

the skill and request a simulator from the patient feedback/scoring judge. The host competition committee will determine the timing and verbiage of feedback.

- **Airway Management Devices:** Intubation with direct laryngoscopy will be considered the primary advanced airway device. In cases where the patient needs an advanced airway, the endotracheal tube will receive the maximum points allowable for the patient in each scenario. Commercial endo-lock or tape can be used to secure devices.
    - **Supraglottic devices** – These will be scored as secondary devices compared to orotracheal intubation. The secondary device will receive a score lower than that of intubation with direct laryngoscopy. Additionally, using a supraglottic device in a contraindicated situation could result in negative points. Supraglottic devices should be secured according to the manufacturer's recommendations.
    - **SALT Device** – will be scored as a secondary or supraglottic device. Although an endotracheal tube may be used, for competition, airway management with a SALT device will be worth the same points as a supraglottic or secondary device.
    - **Video Laryngoscope**—The video laryngoscope requires equipment preparation and application like a standard laryngoscope. It will be scored the same as intubation with direct laryngoscopy.
    - **Intubation through a supraglottic device -** When a supraglottic airway device is inserted, followed by an endotracheal tube, the result is the same as intubation with direct laryngoscopy, but not for both procedures.

- **Hemostatic Agents** – Competitors may label a gauze package as a hemostatic agent. If the treatment is appropriate for the patient, the scoresheet will reflect points and distinguish between sterile and hemostatic gauze.
- To get feedback, a **blood pressure cuff** must be applied to the actor's, manikin's, or simulator's arm.

- A stethoscope must be worn around the neck to receive feedback or score points, with the diaphragm placed in the desired listening location. The stethoscope earpieces need not be worn in the competitors' ears.

- **Spinal Motion Restriction** (or spinal immobilization) via a long spine board requires complete application with four cross straps, head immobilization with a forehead strap, and a collar to receive points. This procedure requires the presence of at least two people to be completed.

- **Pleural decompression** requires a simulation manikin to perform the skill and requires team members to verbalize needing a simulator. Sharps must be secured appropriately in sharps containers.

- A **cricothyrotomy** requires a simulation manikin or prop to perform the skill, and team members must verbalize the need for a simulator. Sharps must be secured appropriately in sharps containers.

- **ECG monitor rhythm display** will be provided by a paper handout or displayed on the monitor. To view the ECG rhythm, the monitor cables must be pulled out of the case and placed in the proper location. Verbally identified locations on the patient or manikin may not count for points. Verbalizing the rhythm interpretation is required to receive points. Committees must have paper handouts available in case of equipment failure.

- **Electrical interventions** require verbal and physical clearing of all people from the patient before discharge. Failure to ensure all contact has stopped before delivery of electrical energy can result in negative consequences (points removed, negative points, competitor removed).

- **Sharps,** including safety needles, must be disposed of appropriately (in a sharps container) and accomplished in a manner that does not expose a team member or any other person present to potential danger and does not contaminate other equipment. Inappropriate sharps disposal will result in negative consequences (points removed, negative points, a reduced number of points for that procedure or medication administration).

- All BLS and ALS procedures will be performed by the most current standards of the listed reference material. Procedures must be performed to completion. An incomplete procedure may result in no points awarded for that procedure.

- **Performing CPR** on a manikin requires proper technique and timing. If a competitor is performing one-person compression/ventilation, then that competitor **cannot perform other skills simultaneously**. Too long a pause between compressions and ventilations because of performing other skills will result in negative consequences (points removed, negative points, a reduced score for the patient, up to cancellation of all points for that patient). Abandoning a patient (inappropriate termination of efforts) will result in negative consequences (points removed, negative points, a reduced score for the patient, up to cancellation of all points for that patient). If a bystander is available, they may continue CPR for crew members without losing points. The host competition committee will determine bystander skills and availability.

- **Performing Rescue Breathing** requires proper technique and timing. If a crew member is ventilating a patient, there should be no prolonged pause outside the required timing guidelines. For example, if you are ventilating an adult patient at

one breath every 6 seconds, the ventilation rate should be maintained at 6 seconds per breath. Aspects might be accomplished within the timeframe of the subsequent ventilation. Still, if there is too long a pause, the result may be negative consequences (points removed, negative points, a reduced score for the patient, up to cancellation of all points for that patient). If a bystander is available, they may continue ventilation for crew members without losing points. The host competition committee will determine bystander skills and availability.

V. DEFINITION OF PPE:

- For the competition, personal protective equipment (PPE) consists of a minimum of gloves and eye protection, which are always used during the scenario.

- If masks are required for patient care, the crew will verbalize the donning of a facemask and show a facemask to don. Facemasks will not be worn to provide feedback/score judge better ability to hear the crew member working on the patient.

- In certain situations, specialized personal protective equipment might be required. This equipment might be provided before the scenario starts or staged somewhere on the scenario scene. For example, responding to an active shooter scenario may require the use of bulletproof vests and ballistic helmets to operate safely on the scene.

VI. VIDEO RECORDING:

The alternate teammate may record your team's scenario from a designated/fixed position. Moving from the fixed position will disqualify your team. Teams can use personal video recording devices (e.g., GoPro-style cameras, video safety glasses, etc.).

Cell phones or tablets WILL NOT be used as video recording devices.

Videos will not be allowed as a basis for a judging challenge.

VII. SOCIAL MEDIA AND COMMUNICATION

Under no circumstances will any video footage or photographs, in any shape or form, be posted or transmitted to any social media platform or digital communication application until the end of the day's competition. Only after the last team completes all parts of the competition can teams communicate their media responsibly.

Any individual discovered posting, transmitting, communicating, or leaking information in any way will be immediately disqualified, along with their organization and any teams associated with that organization.

VIII. REAL EMERGENCY DURING THE EVENT:

If a team member has a real medical emergency, the team member must notify any feedback/score judge, “REAL EMERGENCY.” The feedback/score judge will inform the lead judge, and the scenario will freeze (time stops). The hosting competition committee will determine the best way to resolve incomplete scenarios based on the specific emergency and situation.