

General instructions for tasks

All teams work according to the rule:

“Rallye Rejviz is training and game – do all you can for patient’s benefit!”

a) The time reserved for the accomplishment of each task is the maximum time. It begins by the first member of the team getting off the vehicle. The task judge will warn you 2 minutes before the end of the time limit. When your time is up, you must stop, get into your vehicle and leave the scene.

b) At the place of the task listen to instructions of judges and organizers and follow them.

c) The evaluation of task is done in positive points (i.e. the more points you get the better result you have). The number of acquired points is not announced by judges at the task area.

d) We accept imitations of ambulance equipment, these must be visibly marked (i. e. shoebox with a cord /tube/ and visible label “suction unit”) and their weight must match the original equipment. We do not accept the same box with labels suction unit, ventilator, ECG on three different sides only!

e) If other people (photographers, etc.) except competing crew in the ambulance occur, crew have to announce this to the organizer at the start of the task. Before arrival at the task site these people leave the ambulance and move according to instructions of organizers.

f) If the crew is “miraculously” informed about the task, judges will use stricter score assessment criteria. Beware, actors and their injuries are not unchangeable.

g) If the patient’s vital functions parameters (heart rate, blood pressure, ... etc.) are not a part of a task explanatory note, you will get them from the judge after examination of the patient. Try to obtain vital signs from the patient intentionally at first.

- The value of heart rate is necessary to be measured at least 10 seconds by holding the finger at a. radialis or a. carotis externa, it is also possible to read the value from monitor.
- Blood pressure – it is not necessary to perform measurement of real BP, but you have to set the tonometer cuff on the arm and to have stethoscope prepared.
- Pulse oxymetry – it is allowed to use your own pulse oxymeter, the simulated value will be announced by judge.

It is prohibited to ask about vital functions of the patient without examining him first! If the crew has prepared material (i.e. I.V. set) in advance and in a range of 10 seconds wants to know all attributes of vital functions, judge will provide them in a real time range, according to practical experience.

h) Treat the scenario patient as a real case.

i) Oxygen – the pressure bottle with equipment must be at the patient, the face mask or tracheal cannula must be near the head of the patient.

j) Monitor (oxymeter) must be switched on besides the patient with cables at least embedded on patient.

k) When administering medication, you must:

1. Physically put the box (ampule) with the drug near the place of applying.
2. Report to the judge the name of the drug, dose and the way of application for instance: “Valium, 10 milligrams, intravenous administration.”

You must show clearly the appropriate drug to the judge, narcotics are the only exception (in this case you must show another ampule and declare it with the right name). It is not possible to report drugs administration by words only, when you have a drug bag far from the patient!

- l)** Simulate intravenous administration by fixing the hose of infusion set (without the needle) to the corresponding part of patient's body and put the infusion bottle (infusion bag) beside the patient. Then report to the judge "intravenous line ready".
- m)** Neck immobilization – you are supposed to use the neck collar as in the real situation or immobilise the neck by a member of your crew for the whole duration of the task. It is not possible to put the collar beside the patient's neck only.
- n)** In the case of "patient transportation", load the patient to the vehicle, whole crew have to get into the vehicle and close all the doors within time limit for the task.
- o)** In the case of "prepare the patient for transportation" put the patient into the right position on the stretcher (transport wheelchair, another appropriate device) and report "ready for transport" to judge, within time limit for the task.
- p)** In the case of "propose a correct routing" in the task, clearly announce your decision to the judge choosing from the options in the task legend, within time limit for the task.
- q)** Intubation and establishing intravenous line of a training dummy should proceed realistically. To insert the intravenous cannula you have to use the dummy's pre-built intravenous access placed in the arm.
- r)** Using the splints requires complete application with exception of different demands of a judge.
- s)** Possible limited practical skill execution will be announced by a judge during the task (e.g. neck collar application or splinters).
- t)** All requests and reports for Dispatch Center are to be addressed to the task judge marked as "Dispatch Center".

Actor's assessment

Actor (simulated patient, patient relative, witness, bystander etc.) usually has a total of 100 points. If there are two of them, each has a half. If there are more actors, every actor rates proportionally to amount of allocated points.

Individual assessment parts:

1. **Approach**: introducing, calm and self-conscious approach, one member of a crew talking to the patient, understandable explanation (non – Latin expressions, for example. fracture, commotio).
2. **Communication**: explanation of primary and secondary examination progress, explanation of diagnosis to the patient, explanation of treatment, routing, informing the patient before sudden changes of positioning, explanation to relatives.
3. **Kind manipulation**: gentle positioning, careful manipulation during immobilisation, gentle undressing.
4. **Empathy**: protection from weather (rain, wind, cold, sun), no patient overstepping, no undressing in front of public.

Each assessment part has 4 levels:

- Perfect – 25 points
- Not absolutely perfect (few slips only) – 20 points
- Imperfect (essential part missing) – 10 points
- Whole part missing (approach, communication, kindness, empathy) – 0 points

Minimal equipment of the crew

Vehicle according to the crew type (personal motor cars are allowed, equipment for taking the patient into the vehicle is not assessed)
Ampularium
Bag-valve-mask
Extremities splinters
Stethoscope
Blood glucose meter
Injection needles and syringes
Cervical collar
Oxygen bottle 2 l
Oxygen mask
Monitor with defibrillator
Bandages, sterile dressings
Suction Unit
Pulse Oxymeter
Gloves
Thermometer
Isothermic foil
Blood pressure meter
Diagnostic lamp & headlamps - must have your own!
Transport Equipment – one at least (stretcher, scoop, vacuum mattress etc.)
Pulmonary ventilator
Equipment for mass disasters (triage cards, evidence sheets etc.)
Equipment for securing airways (intubation tools, laryngeal mask, combitubus etc.)
Equipment for securing I.V. line (infusion, disinfection, infusion set, tape, esmarch)