

## Guidelines for tasks performing

# or how to successfully handle Rallye Rejviz

All teams work according to the rule:

***Rallye Rejviz is training and game - do all you can for patients' benefit!***

## Before starting the task:

1. Arrive on time for task start. The crew must be at the task start area no later than 5 minutes before their start time.  
If the crew is not at the task start area at the scheduled time, they may not be allowed to complete the task, and the task will not be evaluated.
2. If there are additional people (escorts, photographers, etc.) in the crew's vehicle, the crew should inform the organizers at the task start and these persons should disembark before arriving at the task location and relocate according to the instructions of the organizers and judges.
3. Read the task assignment carefully and bring the necessary equipment (see [Minimal crew equipment](#)).
4. The time limit for completing the task received in the task assignment is the maximum time for completing the task.  
The time is measured from the first crew member stepping out of the vehicle unless otherwise specified at the task location.  
If possible, the judges will notify you 2 minutes before the time limit expires.  
Once the time limit expires, leave the task location.
5. All requests and reports for Dispatch Center are to be addressed to the task judge marked as "DISPATCH."  
Communication with the Dispatch Center can be verbal or via telephone or two-way radio.
6. Follow the instructions of the judges and organizers at the task location. If there are no judges present at the task location, proceed as in a real emergency response.
7. If the task assignment specifies "load the patient into the vehicle," the correct procedure is to load the patient, embark the crew, and close all vehicle doors.
8. If the task assignment specifies "prepare the patient for transport," the correct procedure is to position the treated patient in a transport position on the chosen means of transport (wheelchair, stretcher, etc.), including all necessary equipment according to the team's decision (infusion, oxygen bottle, ventilator, blood gas sensors, ECG monitor, etc.) at the location where the patient was treated, and inform the judge: "Patient ready for transport."
9. If the task assignment specifies "suggest routing," inform the judge of the choice of medical facility from the options provided in the task assignment.
10. All information regarding task completion (diagnosis, patient loading into the vehicle, patient's readiness for transport, routing, mode of transport, and others as per your

- decision) must be communicated to the judge within the time limit for task completion.
11. Perform examination and treatment on the mannequin as in reality.  
For venous access, you will find a prefabricated hole on the mannequin's arm where a cannula can be inserted.
  12. Any limitations on the practical implementation of the individual steps listed below will be communicated to you by the judge during task completion.
  13. **Paramedic crews:** Perform task to the maximum of your competences.  
Then follow your usual procedure (e.g. consult a physician via Dispatch Center).  
If necessary, notify the judge who will give you instructions.

## During task completion:

14. Treat the patient as in a real case.
15. The actors - patients are real people, handle them with utmost care and caution!
16. When examining and treating the actors, follow the judge's instructions.  
Do not undress the actors; examine the abdomen through clothing unless otherwise specified by the referee.
17. Vital signs and physiological values of the patient (BP, HR, SpO<sub>2</sub>, etc.) will be provided in the task assignment or by the judge upon a deliberate attempt to obtain them from the patient.  
To measure:
  - Pulse (HR): Obtain for at least 10 seconds. You can feel the pulse on the wrist, or neck, or read it from the monitor.
  - Blood Pressure (BP): Apply (put) the cuff (even over clothing) and proceed according to the blood pressure monitor model you are using.
  - Oxygen Saturation (SpO<sub>2</sub>): Measure the actual saturation.  
The judge will provide the patient's value according to the task scenario.
18. Asking for vital signs without examining the patient is not acceptable.  
If the crew "showers" the patient with pre-prepared materials (e.g., an infusion set taped with adhesive tape) taken from the uniform pocket and requests vital signs within 10 seconds, the judge will provide them in real time, according to practical experience.
19. Oxygen therapy: Place the oxygen mask or endotracheal tube next to the patient's head.  
The O<sub>2</sub> bottle with connected accessories must be near the patient.
20. For medication/infusion therapy, prepare all equipment and place them next to the site of application.  
Do not break ampoules.
21. Intravenous access (i.v.): Attach the tubing set/cannula (without needle) to the appropriate body part and place the infusion set next to it.  
Report to the judge: "Intravenous line secured."
22. Medication: Inform the judge of the medication name, dose, and method of administration. Place the medication near the site of application and report to the judge

(e.g.):

"30 mg of Ketamine administered intravenously."

23. If you do not have the needed medication, declare an alternative and proceed as described above.

Simply listing the drugs, you intend to administer is not sufficient if the ampoule is far from the patient.

24. Cervical immobilization: The neck must be continuously secured by the crew or by applying a cervical collar according to guidelines, but do not tighten the cervical collar.

Simply placing the cervical collar next to the patient's head is not sufficient.

25. Splints: Complete the application according to guidelines, but do not tighten the splints.

26. ECG: The monitor must be next to the patient, turned on, and place the leads on the clothing where they belong.

You will receive the ECG record from the judge.

## Evaluation of tasks:

27. Evaluation is done by positive points (the more points, the better the result). Judges at the task site do not disclose the number of points earned or otherwise comment on the task's progress.

28. If the crew is "miraculously" informed about the task, the judges will use strict evaluation. The positions, roles, and conditions of the figurants are not constant.

29. Actor (patient, relatives of patients, witnesses, spectators, etc.) usually assigns 100 points, if there are two, each receives 50. More actors assign points in the same ratio according to the number of points assigned.

30. The actor evaluates subjectively with regard to:

- Approach to the patient: introduction, calm and confident approach, only one team member speaks to the patient, clarity of expression (without Latin terms, e.g., fracture, commotio...).
- Communication: explanation of the procedure, medical history and examination, communication of diagnosis, explanation of treatment, and direction, announcement of sudden changes in position, and explanation to relatives.
- Gentle handling: gentle positioning, careful manipulation during immobilization, slow undressing without pulling.
- Empathy: protection from weather (rain, wind, cold, sun), not crossing over the patient, not exposing the patient in public.

31. Each component of the actor's evaluation has 4 levels of assessment:

- Perfect execution: 25 points
- Not entirely perfect (minor deficiencies only): 20 points
- Incomplete execution (major errors): 10 points
- One component missing (approach, communication, gentleness, empathy): 0 points