

2*26
RESUSCITATION
17 – 19 SEPTEMBER
MILAN



Resuscitation Competition 2026 Rules



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Location

Allianz MiCo – Milano Convention Centre,
Piazzale Carlo Magno, 1,
20149 Milano MI, Italy

Timing

Preliminary round: Thursday, September 17 & Friday, September 18, 2026.
Final: Saturday, September 19, 2026.

Transport and accommodation

Transport and accommodation are at the expense of the participating teams.

Registration

Registration for the ERC Congress is mandatory for the Resuscitation competition participants. After the congress, participating team members will be reimbursed 10% of their congress registration fee. There are no additional costs for entry to the competition.

Scope

This informal European/World Championship will be limited to paediatric and adult Advanced Life Support which will be assessed according to the 2025 ERC Guidelines.

Composition of teams

Teams must be composed of a team leader plus a maximum of four team members (smaller numbers allowed). All team members must be practicing doctors, paramedics, nurses or allied health professionals (e.g. physiotherapists). Students of Medicine or Allied healthcare professions may participate if they are regularly participating in resuscitation as part of their clinical practice.

Number of teams / selection

The National Resuscitation Councils will be contacted to select a team to represent them. If places remain available by the **3rd August 2026** then the competition will be opened up to individual teams who can apply via the **ERC Courses department** at ellen@erc.edu. Places will be offered on a first come first served basis.

Competition rules

There will be **two rounds**; round one on days 1 and 2 of the Congress and the final round on day 3. The **three teams** with the highest score from round one will compete **in the final round**.

Each scenario will be **assessed by two judges** (ERC ALS / EPALS Full Instructors) who will assess the team performance, circulate during the scenario and monitor the quality of

teamwork. The judges will be independent from the teams to avoid a COI. The schedule of participation for teams and judges will be created to avoid any potential conflict of interest through country of origin.

Scenarios will be presented / run in English by a native speaker who will act as a facilitator of the scenario.

The **level of fidelity** for simulations will be equivalent to the ERC ALS / EPALS course.

Teams will be scored on adherence to the current ERC Guidelines according to the four-point scoring system (Napier et al. Resuscitation. 2009 Sep;80(9):1034-8.), on the quality of CPR as measured by the manikin software and also on the non-technical skills. The maximum duration of every scenario is 15 minutes. No mechanical CPR devices are allowed.

Standard **ALS / EPALS equipment** will be available to participants. The organisers provide this. Teams will not be allowed to use their own equipment, except apps for paediatric calculations. Equipment for double sequential defibrillation will not be provided. Teams can use real time feedback devices only if those are provided by the organisers. If teams wish to familiarise themselves with equipment used, they should present themselves to the judges no sooner than 15 minutes prior to their allotted scenario time.

As this is a competition judges will **not reveal scores** at the end of the scenario but will facilitate a short reflection on the stage.

Teams should **not share information** about the scenarios nor observe other teams or try and obtain information about the Resuscitation competition tasks from any source before participating in the competition. Violation of these rules by a team member will result in **disqualification** of the whole team.

All teams will sign a **fair play agreement** prior to participation. Each team will be sent the Resuscitation competition schedule. The team should appear at the designated area between 15 and 5 minutes in advance of their allotted start time. Failure to attend at the allotted location and time will result in disqualification.

In the **event of disruptions** (such as background noise, audience interference like whispering, technical issues, or other unforeseen circumstances that could affect fair evaluation), a team may be asked to repeat the scenario (discretion by Competition Chairs). This would need to take place at a different time and with a different scenario. The team will be informed as soon as possible by the Competition Chairs.

Every scenario is strictly limited for time. The time for each scenario begins after the judges give the scenario to the team and confirm its understanding. When the allotted time has elapsed, the judge will terminate the scenario, and no further marks will be allocated after this point.

During the scenario the **team will receive information** about the patient's status. Any other information, needed for further treatment, should be **obtained** either **by examining** the manikin **and/or from the lead judge**. Judges will provide information **only after a clear request** of the team members/leader. All questions must be related directly to the scenario. All medical interventions will be performed on the manikin and if that is not possible, they should be simulated in real time.

Scoring

Preliminary rounds, paediatric manikin: scoring will be calculated based on the combination of two elements:

- 1) Detail and degree of assessment as well as adherence to treatment protocols. Scoring in this element will be based on the four-point system as described by Napier et al., (Resuscitation. 2009 Sep;80(9):1034-8.). This element will account for 50% of the available marks.
- 2) Teamwork / Team Leadership
Scoring in this element will be based on the Team Emergency Assessment Measurement as described by Cooper et al., (Resuscitation. 2010 Apr;81(4):446-52). This element will account for 50% of the available marks.

OR (*depending on the manikin selected for the competition*)

- 1) Detail and degree of assessment as well as adherence to treatment protocols. Scoring in this element will be based on the four-point system as described by Napier et al., (Resuscitation. 2009 Sep;80(9):1034-8.). This element will account for 1/3 of the available marks.
- 2) Quality of CPR
Scoring in this element will be automatically calculated by the CPR quality measurement tool built into the manikin operational system and may include the following:
 - Chest compression depth
 - Chest compression rate
 - Recoil
 - Flow fraction
 - Ventilation rate
 - Time to first defibrillation (starting from time of collapse/cardiac arrest initiation)

This element will account for 1/3 of the available marks.

- 3) Teamwork / Team Leadership

Scoring in this element will be based on the Team Emergency Assessment Measurement as described by Cooper et al., (Resuscitation. 2010 Apr;81(4):446-52). This element will account for 1/3 of the available marks.

The three teams with the highest scores will be entered into a final round where they will participate in an adult scenario. Scores will be 'reset' to zero for the final for all teams.

Final round, adult manikin: scoring will be calculated based on the combination of three elements:

- 1) Detail and degree of assessment as well as adherence to treatment protocols. Scoring in this element will be based on the four-point system as described by Napier et al., (Resuscitation. 2009 Sep;80(9):1034- 8.). This element will account for 1/3 of the available marks.
- 2) Quality of CPR
Scoring in this element will be automatically calculated by the CPR quality measurement tool built into the manikin operational system and may include the following:
 - Chest compression depth
 - Chest compression rate
 - Recoil
 - Flow fraction
 - Ventilation rate
 - Time to first defibrillation (starting from time of collapse/cardiac arrest initiation)

This element will account for the other 1/3 of the available marks.

- 3) Teamwork / Team Leadership
Scoring in this element will be based on the Team Emergency Assessment Measurement as described by Cooper et al., (Resuscitation. 2010 Apr;81(4):446-52). This element will account for 1/3 of the available marks.

The highest scoring team in this final scenario will be declared the winner. The Judges' decision is final, no appeal is possible.

Outfit

Teams are encouraged to participate in their usual work uniform or team uniforms.

Awards

- A trophy
- Title of "ERC Resuscitation Champions 2026"
- Free access to the next ERC congress for every team member of the winning team

- Invitation to defend the title at the next meeting

Notes:

1. Depending on the number of teams, it is possible for the programme to have minor changes.
2. The final version of the Resuscitation Competition schedule will be sent to registered participants of the congress not later than 3 weeks prior to the competition.