

Advanced Paramedic Refresher Program Catalog



The Resuscitation Group
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<http://resuscitationgroup.com/>

Table of Contents

Admission Requirements	3
Overview of Critical Care Provider Program	4
Vision	4
Philosophy	4
Goals and Program Objectives	5
Contact Phone Numbers	5
Program and Staff Duties	5
Faculty	6
Facilities	6
Student/Instructor Ratio	6
Academic Calendar and Hours of Operation	7
Tuition, Fees, and Deposits	7
Refund Policy	8
Courses and Programs Offered at TRG	9
Absences	10
Tardiness and Early Exits	10
Make Up Work	10
Inclement Weather	11
Cell Phones and Pagers	11
Dress Code	11
Confidentiality of Student Records	11
Student Conduct	12
Drug and Alcohol Awareness	14
Discipline and Appeal Procedure	15
Discrimination and Harassment	16
Complaint Process	17
Pathogen Precautions	18
Patient Confidentiality	18
Record Keeping	19

Grading	20
Clinical Phase	21
Graduation	29
Consent to release student information	31
Academic guidelines	32
General Release	33
Notice of Licensure	34
Appendix 1 – Critical Care Provider Curriculum	35
Appendix 2 – Supporting Evidence	51

Admission Requirements

All documentation must be submitted to the office staff at the time of admissions and final payment.

Pre-requisites:

1. 18 years or older by start date of program.
2. Current Paramedic Refresher required for continued certification or licensure.

Insurance Requirements:

1. None

Immunizations Required:

1. Current required for licensed paramedic status

INTRODUCTION

OVERVIEW OF ADVANCED PARAMEDIC REFRESHER PROGRAM

The 2024 CAPCE accredited, 60 hour Paramedic - NRP Recertification Course Certificate is designed to accomplish the NREMT Paramedic National Continued Competency Program (NCCP) completion and update the Advanced Provider with the newest research and techniques being applied in the global environment. The Resuscitation Group is also able to provide a 30 hour CAPCE Accredited National Component Hours Paramedic recertification certificate for those whom only require the national component hours.

Completion of the new Paramedic National Continued Competency Program (NCCP) requires a total of 60 hours of continuing education to recertify. The complete model requires continuing education in three components:

30 hours of National component content per the NREMT,
15 hours of local/state component content, and,
15 hours of individual component content.

Courses that cannot be applied towards recertification requirements include duplicate courses, clinical rotations, instructor courses, management/leadership courses, performance of duty, preceptor hours, serving as a skill examiner, and volunteer time with agencies.

If the participant completes the program of study, the participant will be awarded a 60 hour Paramedic - NRP Recertification Course Certificate. The participants will also receive a complete set of high risk/low frequency skills sheet (surgical cricothyroidotomy, pericardiocentesis, endotracheal intubation, ultrasound guided procedures/vascular access, simple thoracostomy) evaluations completed with an instructor and/or physician during the component hours.

Participants may choose a 32 hour or a 60 hour track for their refresher needs

OUR VISION

The Resuscitation Group seeks to showcase the exceptional healthcare system in Washington State, improve healthcare systems in the region, increase the effectiveness of the healthcare system, enhance the education of healthcare practitioners, and provide a model for other regions and countries.

OUR PHILOSOPHY

The Resuscitation Group (TRG) is committed to a philosophy of educational excellence and attention to detail both in our programs and in our students. We accept responsibility for preparing students who are knowledgeable in the field, responsive to service in the community and dedicated to continued expansion of human understanding through study.

To this end, we hold to the following philosophy:

- To promote high ethical codes of conduct and professional standards and foster participation in professional organizations and activities.
- To prepare students to assume responsibility for management of critical care patients in a wide range of environments, utilizing the principles of critical care medicine.
- Academically educating students for successful completion of international, national, and state certification examinations.
- Assuring student competencies in critical care medicine prior to allowing patient contact and then assuring high standards of compliance with competencies during patient care.

GOALS AND PROGRAM OBJECTIVES

TRG holds that learning is a lifelong process through which an individual modifies his/her behavior in order to accommodate changing healthcare needs. We also believe that learning is facilitated when student participation is actively encouraged, instructional and educational goals are well defined and communicated, and student goals and objectives are clear and supported by the faculty.

It is understood that, ultimately, the full responsibility for learning rests with the student and his/her commitment to the learning process.

The Critical Care Provider Program is designed for providers involved in the transport, remote site, or site specific care of critically ill patients. Upon completion of the program, the participant will be prepared for the safe and efficacious transport of the critically ill or injured patient by air or ground.

The program objectives are unique to the needs of this program, but incorporate the Board for Critical Care Provider Paramedic Certification (BCCTPC) standard objectives (<http://www.ibscertifications.org/resource/pdf/BCCTPC-CCP-C%20Candidate%20Handbook.pdf>), while blending in the objectives required for the unique environment and challenges of the Pacific Northwest and Pacific Rim environments, with additional objectives incorporated to meet the highest level of clinical expectation under the current United States CMMS guidelines.

Specific Program Objectives can be found at the start of each learning module in the program curriculum (Appendix 1).

CONTACT TELEPHONE NUMBERS

Rod Rowen	Director of School Operations	+1-855-739-2257
Michael Christie	Program Director	+1-855-739-2257
Dr. Luke Parr	Medical Director	+1-855-739-2257
Compliance	Maria Sagolili	+1-855-739-2257

PROGRAM STAFF & DUTIES

Rod Rowen - Director of School Operations:

The DOSO manages the day to day operations of the entire school environment, as well as assures compliance with equipment, support services, and legal documents.

Michael Christie - Advanced Paramedic Refresher Program Director

The CCPPD will review and approve the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy against current regional, national, and international guidelines. The CCPPD will review and approve the quality of medical instruction, supervision, and evaluation of the students in all area of the program. The CCPPD will assure and attest to the competence of each graduate in the cognitive, psychomotor, and affective domains.

Dr. Luke Parr - Medical Director

The Medical Director is responsible for all adherence to medical science in the curriculum, supervision of the CCPPD, issuance of medical privileges, and final approval of all patient contact protocols and treatment processes.

Compliance Manager

The Compliance Manager is responsible for compliance and regulatory adherence..

FACULTY

The TRG faculty is comprised of a numerous healthcare practitioners at a variety of levels from Critical Care Paramedic to Physician.

The Resuscitation Group practices non-discriminatory faculty recruitment with regard to disability, race, color, creed, gender, sexual preference, affectional preference, veteran status, and national origin; but The Resuscitation Group does seek the highest qualified educational staff in the United States and abroad.

ACCREDITATION

There is no accreditation process for the educational component of critical care medicine at the non-physician level in the United States; the process in the United States as revolved around outcome testing through third party boards or registry.

FACILITIES

We are located in Southwest Washington in the Portland Metro area at 7815 Highway 99, in Vancouver, Washington. Business hours are from 9:00am until 5:00pm Monday through Friday and we can be reached at 855-739-2257 or by email at info@resuscitationgroup.com

STUDENT/TEACHER RATIO

While no standard exists for this type of educational process, The Resuscitation Group intends to hold to the international standard of not more than 24:1 ratio during didactic sessions, a student/teacher ratio of not greater than 8:1 in the laboratory setting, and a ratio not to exceed 8:1 in the clinical setting under an assigned educator.

ACADEMIC CALENDAR AND HOURS OF OPERATION

The Resuscitation Group will observe the following holidays and classes will not be held on the following United States Holidays:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve
- Christmas Day

Enrollment is ongoing throughout the year. The Program runs 32 or 60 hours in duration over a 1-2 week period. Class hours are scheduled for ease of the student population in the program cohort.

TUITION, FEES AND DEPOSITS

Tuitions, fees, and deposits are paid to The Resuscitation Group.

1. Tuition and Fees for domestic or international *students who will be completing their clinical experience in Washington (must obtain or have Washington License)*:

Application Fee:	\$50
Tuition:	\$400
 Total Charges:	 \$450 usd

REFUND POLICY

All refunds will be made within thirty (30) calendar days from the time of cancelation from the program; provided cancellation was made at least 30 days prior to program start date.

The official date of termination or withdrawal for a student shall be determined in the following manner:

1. The date on which the school recorded the student's last day of attendance; or,
2. The date on which the student is terminated for a violation of a published school policy which provides for termination.

No student shall be continued on an inactive status in violation of school policy without written consent of the student. Inactive students must be terminated within thirty days of the next available start date and refunded appropriate prepaid tuition and fees at that time.

Refunds must be calculated using the official date of termination or withdrawal and the date designated on the current enrollment agreement executed with the student. Refunds must be paid within thirty calendar days of the student's official date of withdrawal or termination.

Application/registration fees may be collected in advance of a student signing an enrollment agreement; however, all monies paid by the student shall be refunded if the student does not sign an enrollment agreement and does not commence participation in the program.

The school must refund all money paid if the applicant is not accepted; this includes instances where a starting class is canceled by the school.

The school must refund all money paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training; the applicant may request cancellation in any manner, in the event of a dispute over timely notice. The burden of proof rests on the applicant.

The school may retain an established registration fee equal to ten percent of the total tuition cost, or one hundred dollars, whichever is less, if the applicant cancels after the fifth business day after signing the contract or making an initial payment. A "registration fee" is any fee charged by a school to process student applications and establish a student records system.

If training is terminated after the student enters classes, the school may retain the registration fee established under (c) of this subsection, plus a percentage of the total tuition as described in the following table:

If the student completes this amount of training:	The school may keep this % of the tuition cost:
One week or up to 10%, whichever is less	10%

If the student completes this amount of training:	The school may keep this % of the tuition cost:
More than one week or 10% whichever is less but less than 25%	25%
25% through 50%	50%
More than 50%	100%

Should The Resuscitation Group (TRG) cancel the program after a student has paid the full tuition, TRG will refund all monies paid by the student, including the application fee.

COURSES AND PROGRAMS OFFERED AT TRG

- Advanced Cardiac Life Support (ACLS)
- Advanced Cardiac Life Support – Experienced Provider (ACLS EP)
- Advanced Practice Paramedic (AAP)
- Pediatric Advanced Life Support (PALS)
- Cardiopulmonary Resuscitation (CPR)
- AHA Blended learning programs (All disciplines)
- Trauma Life Support courses
- 12 Lead ECG and Capnography workshops
- Advanced Airway management workshops
- Advanced scope of practice, transport, wilderness, and SAR medicine courses
- Emergency Medical Responder (EMR) – NREMT and Washington State
- Emergency Medical Technician (EMT) Program – NREMT and Washington State
- Critical Care Provider Programs
 - Critical Care Provider (CCP)
 - Critical Care Transport (CCT)
 - Flight Paramedic and Flight Nurse
- Ultrasound Program
 - Basic Ultrasound
 - Emergency Ultrasound
 - Ultrasonography
- Resuscitation Officer
- Tactical Medicine Program
- Search and Rescue (SAR) Medicine Program
- Disaster Medicine Program
- Crew Resource Management (CRM)
- Immersive simulation for healthcare staff drills
- Safety and disaster response drills
- Managing large scale events
- All terrain discipline rescue programs

POLICIES & PROCEDURES

ATTENDANCE

The education program is a rigorous program of study where any absences are detrimental to a student's chances of passing all required phases. Attendance is required for all classes. Excused absences will be granted for emergency situations only. Students are required to attest to attendance for each day of class. Absences, tardiness and/or early exits, and operational policies are as follows:

Absences:

A student will be allowed only three (3) absences with notification. Absences above this limit may result in expulsion from the program with any reimbursement provided in accordance with TRG scheduled refund policy.

An absence with prior notification means that the student has contacted the TRG staff more than one hour prior to the scheduled start of class.

After one (1) absence without prior notification or two (2) absences with notification, the student shall meet with the Program Director to create a remediation plan and the student will be placed on probation. In addition, if a student is absent for three (3) or more consecutive days, he or she will be expelled from the program with no reimbursement for tuition already paid.

During the clinical phase of a program, absence without prior notification to the educator or preceptor in charge is not acceptable and is cause for dismissal from the program.

Tardiness and Early Exits:

A student will be allowed only three (3) unexcused tardy or early exits. A tardy is defined as arriving to class more than 5 minutes after the scheduled start time. An early exit is defined as leaving class more than 30 minutes prior to the end of scheduled class time. Tardy arrivals or early exits above this limit will be cause for expulsion from the program with any reimbursement provided in accordance with TRG scheduled refund policy.

During the clinical phase of a program, tardiness without prior notification to the educator or preceptor in charge is not acceptable and is cause for dismissal from the program.

Make-up Work:

Students who miss assignments, exams, or any other work due to absences, tardiness, or early exits must make-up any missed assignments. Missed exams must be taken before the next day class can be attended.

During the clinical phase of a program, make up sessions or shifts are at the discretion of the educator or preceptor in charge.

Inclement Weather:

During inclement weather, TRG will hold class according to the Vancouver School District weather condition policy. Students should use added discretion when traveling from more rural areas. If class is in session, and the student deems it unsafe to travel to class, the Program Director should be contacted immediately.

Cell Phones and Pagers:

All cell phones, pagers, or other such electronic communication devices will be turned to vibrate during class and will not be utilized except for emergency or clinical contact during class.

Dress Code:

During didactic and laboratory sessions, students may wear any form of clothing they feel is appropriate, keeping in mind that The Resuscitation Group does not, under any circumstances, take responsibility for clothing which becomes soiled, stained, torn, or ruined during didactic or laboratory sessions.

During clinical placements, students will conform to the clothing or uniform requirements for the location their clinical placement is taking place. Please be aware that at some international sites, the dress code for providers is business formal.

Clinical Phase Behavior

In this phase of training, the student will be spending a minimum of 120 hours in clinical rotation with a healthcare agency or hospital. All students are expected to follow the instructions of his or her educator/preceptor exactly and present a professional attitude/presence at all times.

CONFIDENTIALITY OF STUDENT RECORDS (FERPA)

Student records are released only for legitimate educational reasons or pursuant to a student's express written consent. Students may provide written consent to the TRG staff by filling out and submitting the **Consent to Release Student Information** form.

A copy of this document is available at the back of this handbook, the form may not be sent electronically.

TRG adheres to the guidelines set forth in the federal Family Educational Rights and Privacy Act (FERPA).

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S Department of Education.

For additional information or technical assistance, you may call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339.

Or you may contact the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington D.C. 20202-5920

STUDENT EVALUATIONS

Students will be evaluated relative to the cognitive, psychomotor, and affective educational domains. Evaluation of students shall be conducted on a recurring basis and with sufficient frequency to provide both the student and program faculty with valid and timely indicators of the student's progress toward and achievement of entry level competencies stated in the curriculum.

STUDENT CONDUCT

Representation of the TRG Education Program:

Through their professional conduct, students represent TRG. The quality of medical care, abilities to explain and/or justify the care provided and even personal appearance all reflects the educational and professional philosophies of TRG.

We have an excellent reputation in the healthcare community because our faculty and students take pride in the TRG Education Program. Students should not make statements on behalf of TRG, or represent TRG in administrative, financial, educational, or policy matters without the express written authorization of TRG staff.

Honor Code:

Students are responsible for conducting themselves in a manner that is above reproach at all times. The TRG staff maintains that above all, ethical conduct, especially honesty, is one of the most important attributes of a competent healthcare professional. Having adopted the high ethical standard of the healthcare profession, the student is charged with the responsibility for the behavior of his or her colleagues as well as his/her own.

Violations of this honor code can be cause for dismissal from the program. Students with knowledge of an infraction of this honor code are obligated to provide this information to the TRG staff immediately. If a student fails to notify TRG staff immediately, the student could face disciplinary action up to and including expulsion.

Prohibited Conduct:

The following is a list of prohibited conduct. This list is not meant to be exhaustive, nor should it be inferred that items not expressly listed are acceptable. Students are required to abide by all rules, policies, and procedures dictated by TRG staff, whether indicated herein or communicated at a later date.

- Submitting material in assignments, examinations, or other academic work which is based upon sources prohibited by the instructor or the furnishing of materials to another person for the purposes of aiding another person to cheat
- Submitting material in assignments, examinations, and other academic work which is not the work of the student in question
- Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one's own behavior related to educational or professional matters
- Falsification or misuse of TRG records, permits, or documents.
- Exhibiting behavior which is disruptive to the learning process or to the academic or community environment.
- Conviction of a crime, either:
 - Before becoming a student under circumstances bearing on the suitability of a student to practice a health or related profession, or
 - While a student at the program.
- Disregard for the ethical standards appropriate to the practice of a health or related profession while a student
- Attending any TRG Program while under the influence of alcohol, drugs, or medication that may impair one's ability to perform required functions is prohibited. It is inappropriate to be under the influence or have consumed within the last eight (8) hours any substance that would alter your state of mind, or jeopardize patient care (e.g. alcohol, drugs, or medications). Students should be aware that tolerances may vary and the eight (8) hour minimum may not be sufficient time for some individuals.
- If a student is suspected of being under the influence of alcohol, drugs, or impairing medication, he/she will be dismissed immediately from class, lab, or clinical placement. In such an instance, the student will fall under the procedures outlined in the Academic Discipline/Dismissal Procedure.
- Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other institutional activities including the TRG public service functions or other authorized activities on institutionally owned or controlled property.
- Obstruction, disruption, and/or interfering with freedom of movement, either pedestrian or vehicular, on TRG owned or controlled property.
- Possession or use of firearms, explosives, dangerous chemicals, or other dangerous weapons or instruments on institutionally owned, TRG controlled property, or Clinical placement, unless the student is a law enforcement officer or active duty military personnel on specific assignment requiring armed capability.
- Detention or physical abuse of any person or conduct intended to threaten imminent bodily harm or endanger the health of any person on any TRG owned, TRG controlled property, or Clinical site.

- Malicious damage, misuse, or theft of TRG property, or the property of any other person where such property is located on TRG owned or controlled property or regardless of location, is in the care, custody, or control of TRG or a clinical site.
- Refusal by any person while on TRG owned or controlled property (or clinical site) to comply with TRG staff orders or an appropriate authorized official to leave such premises because of conduct proscribed by this rule when such conduct constitutes a danger to personal safety, property, or educational or other appropriate institutional activities on such premises.
- Unauthorized entry to or use of TRG facilities, including buildings and grounds.
- Use of TRG or clinical site computers for any activities involving (a) buying or selling of items not required for program use, (b) downloading programs off the Internet, including music or video files, (c) accessing Internet sites containing pornography or gambling.
- Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct which calls upon a person or persons addressed for imminent action, and is coupled with a reasonable apprehension of imminent danger to the functions and purposes of the TRG including the safety of persons and the protection of its property.

Knowledge of Misconduct:

Any person who witnesses or has firsthand knowledge of misconduct as described in the section above is obligated to send a written report of the infraction to TRG Staff. Failure to do so may result in disciplinary action up to and including dismissal from the program.

DRUG AND ALCOHOL AWARENESS

TRG recognizes the obligation of the administration, faculty, staff, and students to support and maintain a community atmosphere that emphasizes the development of healthy lifestyles and the making of responsible, informed decisions concerning drug and alcohol use. Efforts to provide this atmosphere will include: education through curriculum infusion, intervention, treatment referral, and especially the support of healthy lifestyle alternatives.

The goal of these efforts is to provide factual information about use and abuse and to increase awareness of indicators of harmful involvement; to educate students, faculty, and staff concerning options for dealing with excessive consumption by self and/or others; and to educate concerning possible interventions to prevent further abuse.

Whenever a person is concerned about another's abuse of chemicals. The concerned individual is encouraged to speak privately with the abuser. Students needing assistance should consult with TRG staff for counseling and/or referral.

DISCIPLINE PROCEDURE

Academic Discipline/Dismissal Procedure:

Any student for whom a recommendation for discipline/dismissal is considered will have received ample notification of unsatisfactory work. The student will be notified in writing, either by email, personal delivery or posted letter, of the following:

1. Factors the TRG Program intends to consider in the discipline/dismissal proceedings.
2. The time and place for a meeting with members of the program staff.

From the time of written notification to the time in which the proceeding is held and a final decision rendered, the student loses all attendance privileges. This time period will not exceed three (3) business days.

A meeting will be convened, attended by members of the program staff and the student. During this meeting, the following will be reviewed:

- Policies and Procedures relevant to the disciplinary proceeding.
- Student's signed statement, agreeing to be bound by the TRG EMT Education Program policies.
- TRG EMT Education Program documentation regarding student's deficient performance.
- Student rebuttal.

Within five (5) business days of this meeting TRG Staff shall provide the student with a written decision. The student has the right to appeal the Instructors decision based on the Appeal Process outlined below.

APPEAL PROCESS

A student who has been dismissed from TRG program or disciplined in any way that the student feels is unfair may appeal the decision of the staff.

- **Step 1:**
Within five (5) working days of receiving the Instructor's decision, the student shall provide to the Director staff (or his or her designee) a written request for an appeals hearing. The request should outline the alleged behavior that led to discipline and why the student does not believe this is a fair outcome.
- **Step 2:**
Within five (5) working days of receiving the request for an appeals hearing, the Director staff (or his or her designee) shall meet with the student. During this meeting the student will present his or her case as to why he or she believes the discipline to be unfair.
- **Step 3:**
Within five (5) working days of this meeting, the Director staff (or his or her designee) shall provide a written response to the student regarding this matter. The decision of the Director staff (or his or her designee) is final and may not be appealed.

DISCRIMINATION AND HARASSMENT

In addition to the prohibited behaviors listed above, TRG prohibits any type of discrimination or harassment against any person based on the following:

- Race
- National Origin
- Sex
- Age
- Creed
- Presence of physical, sensory, or mental disability
- Religion
- Color
- Disabled veteran status
- Sexual Orientation
- Affectional Preference
- U.S. Military Veteran status
- Marital Status

The responsibility for, and the protection of this commitment extends to students, faculty, administration, staff, contractors, and those who develop or participate in TRG programs. It encompasses every aspect of employment and every student and community.

Trainees are seeking to assume a vital position of trust in the community and taking on the responsibility of serving everyone in need of their services, regardless of gender, race, age, national origin, sexual orientation, economic or educational background, religion, or any other factor. This is the responsibility that goes with having access to people's private homes and lives in times of their great stress. It is your obligation to treat every patient and their families with equal respect. Everyone in the community must be approached and served with equal respect, care, and professionalism.

Persons who believe they have been discriminated against or harassed by TRG or its employee(s) or agent(s) on the basis of any status listed above, may request informal assistance and/or lodge a formal complaint.

COMPLAINT PROCESS

The process for filing a complaint for alleged discrimination or harassment is as follows:

- **Step 1:**
The student shall provide TRG with a written summary of the alleged behavior which led to the complaint. If the complaint involves the Instructor, the student shall provide the complaint to the Director staff.
- **Step 2:**
Having received the complaint, TRG shall review the facts with the Director staff and determine the appropriate course of action. Many situations can be resolved by the Instructor mediating a meeting between the complainant and the alleged offender. If that is not a viable option, or if it is not successful in resolving the matter, TRG shall initiate an investigation.
- **Step 3:**
The investigation shall include interviews with the complainant and the alleged offender(s). This investigation may be conducted by TRG staff or outside investigators. This investigation will be completed within 45 days of the original complaint. Once the investigation is complete, the Instructor shall provide the complainant with a written summary of the findings and the action to be taken by TRG
 - No one shall be singled out, penalized, or retaliated against in any way by a member of the EMT, Inc. agency for initiating or participating in the complaint process. Retaliation may be grounds for disciplinary action.

If desired, inquiries or appeals beyond TRG level may be directed to:

Equal Employment Opportunity Commission

909 First Avenue, Suite 400
Seattle, WA 98104
(206) 220-6883

Washington State Human Rights Commission

711 South Capitol Way, Suite 402
PO BOX 42490
Olympia, WA 98504
(360) 753-6770

Workforce Training and Education Coordinating Board

128 10th Avenue, SW
PO BOX 43105
Olympia, WA 98504-3105
(360) 753-5673

BLOODBORNE/AIRBORNE PRECAUTIONS

In the laboratory and clinical settings students are at risk for exposure to blood borne pathogens and infectious diseases. All bodily substances should be considered potentially infectious. Personal protective equipment (PPE) is readily available in the laboratory, clinical, and field internship settings and should be used at any time where there is a possibility of exposure to blood borne pathogens.

The minimum recommended PPE includes:

- **Gloves:** Disposable gloves should be worn BEFORE initiating patient care when there is any risk of exposure to bodily substances.
- **Masks and Protective Eyewear:** Masks and protective eyewear should be worn when there is any risk of blood or other bodily fluids splashing or spattering.
- **Gowns:** Gowns should be worn when there is any risk of blood or other bodily fluids splashing or spattering.
- **Hand Washing:** Hand washing is mandatory before and after any patient contact. All students must wash their hands after eating or using the restroom facilities.
- Any student who is exposed to a patient's bodily fluids should immediately decontaminate themselves and report the incident to their instructor or preceptor. Failure to adhere to precautions will result in disciplinary action.

PATIENT CARE & CONFIDENTIALITY

Students should expect to participate in the care of patients with infectious diseases during their educational activities. Students will follow Bloodborne/Airborne Precautions to avoid transmission of or infection from infectious diseases. The procedures deemed necessary should be those recommended by the Centers for Disease Control (CDC).

- 1) It shall be the responsibility of TRG or clinical placement site to provide adequate protective materials (e.g. disposable gloves, masks, eye protection), or to ensure that the student is not put in a position where unprotected exposure is likely. Some facilities may require the student to supply his/her own HEPA-filter masks as protection against airborne pathogens.
- 2) It shall be the responsibility of TRG or clinical site to instruct the student about accepted infection control procedures applicable to the student's activities.
- 3) It shall be the responsibility of the student to use the protective barriers provided, and to follow the instructions given, to minimize the risk of being infected by or transmitting any infectious diseases.

Student Illness or Injury:

Students are expected to exercise prudence in attending mandatory class or clinical sessions when ill. Healthcare professionals at clinical sites are empowered to restrict the activities of, or prohibit a student from completing a clinical shift.

Patient Confidentiality:

The following guidelines should be followed to protect the patient's right to privacy:

1. Students, staff, and faculty of TRG will comply with the patient confidentiality guidelines established in the Health Insurance Portability & Accountability Act (HIPAA) of 1996.
2. TRG Patient Charting Forms and the clinical logs submitted for review should not have patients name, social security number, address, phone number, hospital identification number, or any other uniquely distinguishing information noted on them.
3. Patient condition and/or therapy will not be discussed with anyone not directly involved in that patient's care. Cases may be discussed as part of the educational process of the TRG Program. During these case presentations, every effort will be made to protect the patient's confidentiality. Any discussion regarding patient condition or care will be undertaken in an area and under circumstances which prevent dissemination of information to others not directly involved in the patient care conference.
4. If patient care assessment or management problems are perceived, or questions arise regarding the care, the case may be discussed in private with the Program Director.

Students should understand that when at international clinical placements, the standards of patient confidentiality and behavioral values may differ from the United States. Students must show respect for and compliance with local customs and regulations.

RECORD KEEPING

The TRG maintains all training records in electronic format. All records will be made available to students and to authorized agencies upon request. All hard copy format student files, during the program instruction, are maintained in a locked office within TRG, only the Instructor, Executive Assistant, and the Director staff are permitted access to these records. Each student shall be permitted to review their file upon request. In addition, TRG conforms with all laws under the Family Education Rights and Privacy Act (FERPA) regarding any records released to outside sources. Student records will be maintained for a minimum of ten (10) years.

TRG Program Files:

TRG Program files will contain for each course: summary of student attendance, summary of all written exams and all practical exams, copies of all written exams with answer keys, copy of practical exam plan to include evaluators utilized. Also included for each course is a detailed syllabus, copy of applicable handbook(s), and records pertaining to clinical and field internship experiences.

Student Files:

Student files will contain the student application and any applicable documentation for prerequisites, waivers, signed code of conduct agreements, attendance record, skill competency record, exams, counseling forms, clinical evaluations, incident reports (as needed), clinical and field internship records, and copies of certifications earned.

Access to Student Files:

Any student shall have access to their personal class records upon request. This request should be made to the Instructor or the Director staff. The Instructor and student issuing the request will then review the student's file.

GRADING

The program is a preparatory program for exam process, such as the BCCTPC, BCEN, AREMT, HSI, and PHECC, as well as preparation to care for patients. It is important for all students to know at least 85% of the course content to successfully complete the program. This is ensured through homework, skills competency examination, authentic assessment, and exams.

Self-Paced Student Assignments:

Assignments are graded as pass/fail; and are due according to the course syllabus. Any assignments not turned in on time will be entered into the grade book as failed and successful completion of the course will not occur.

Exams:

Each student must pass exams to successfully complete the program. A minimum score of 85% on all exams is required. If an exam is failed, the student will be allowed one retest, after meeting with the director of the program. The exam must be retested within five (5) days of failing the exam. If the exam is not tested within five (5) days the student will be dismissed from the program.

If the student fails, the retest they will be dismissed from the program. If a second exam is failed, the student will meet with the director to discuss continuing in the program. It is the responsibility of the student to arrange to meet with the director and schedule a retest.

If a student misses an exam due to an absence, they must take the exam before their next class day.

If a retest is passed the maximum score the student will receive for that exam will be 85%.

Exam Grading Scale:

Grades during the didactic phase will be determined on the basis of the following:

A	95% - 100%	Exceeds Expectations
B	86% - 94%	Exceeds Standard
C	85%	Satisfactory
F	0% - 84%	Failing

Method to report Student Grades:

Student's grades will be posted and accessible via electronic record.

Academic Probation / Remediation:

Failure of a student to meet academic or skill performance standards will result in remedial action to address educational strategies. Such corrective action may include additional course work in the form of oral presentations, written assignments, additional examinations, and/or one-on-one coaching by peers or staff. Remediation may be initiated by the student or the Director staff. All remedial sessions will be documented and recorded in the student's personal file. Inability to resolve academic or skill performance deficiencies with remedial course work is grounds for dismissal. A student may discuss academic or skill performance difficulties at any time by making an appointment directly with the Director staff.

GRADUATION

REQUIREMENTS

1. Payment in full of all TRG Program tuition and fees.
2. Meet minimum attendance requirements.
3. Satisfactory completion of all didactic requirements with grade scores of at least 85%.
4. Satisfactory completion of all skills competency examinations with a “meets standard” rating.
5. Satisfactory completion of clinical placement and submission of supporting documentation.
6. Submission of all assigned writing assignments

CERTIFICATE AND PERMANENT RECORD

Students successfully completing the program will receive a certificate in Advanced Paramedic Refresher. An example of the certificate is below:



The Resuscitation Group
7815 Highway 99
Vancouver, Washington USA
+1-855-739-2257
<http://resuscitationgroup.com>

After (INSERT HOURS) hours of program study

(INSERT NAME)

Has successful completed the required course of study, authorized by the Washington State Dental Commission and the Oregon Dental Board, delivered by The Resuscitation Group (Vocational/Technical School licensed under Chapter 28C.10RCW.), and is therefore awarded this

(INSERT PROGRAM NAME)

_____	_____
Medical Director	Course Director
_____	_____
CAPCE Manager	Date

The student’s academic records will be kept on file at TRG for a minimum of fifty (50) +1 years using secured cloud capabilities as required per state law WAC 490-105-200.

PLACEMENT SERVICES

The Resuscitation Group offers specialized programs for assisting with placement services

EDUCATIONAL CREDENTIAL UPON GRADUATING

Upon graduation from the program student will be prepared to potentially successfully complete national or international exams.

The Resuscitation Group



Consent to Release Student Information

The TRG philosophy regarding student information is that students are adults and we generally will not share their academic and/or financial records with third parties, including parents, without consent. At the same time, we will share a student's education records where the student has given consent and in other cases permitted by federal law. The Family Educational Rights and Privacy Act of 1974 (FERPA) and the TRG policy on the confidentiality of student records protect the privacy of student education records and generally limit access to the information contained in those records by third parties. FERPA and TRG policy, however, do provide for situations in which TRG may, at its discretion, and sometimes must, disclose information without a student's consent. For example, we may disclose education records to a parent without the consent of the student if the student is listed as a financial dependent on the parent's federal tax submission (financial aid applicants) when we determine such disclosure is merited. **You may choose to grant TRG the right to disclose education records to certain individuals in accordance with FERPA and TRG policy by filling out and signing this consent form.** You have the right to revoke the permissions granted here at any time by submitting your written revocation to the office maintaining this consent form. Such revocation will not affect disclosure made by the TRG relying on your consent prior to receipt of such notice of revocation. **Note: this form does not pertain to Medical inquiries.**

Student's Name: _____

Last four digits of your SSN: _____

I have listed below the individual(s) to whom TRG may release information from my education records:

Name: _____

Relationship to Student: _____

Address & Telephone #: _____

Name: _____

Relationship to Student: _____

Address & Telephone #: _____

The above named individual(s) may have access to the following information (examples: all academic information, all financial information):

Student Signature _____ Date _____

ACADEMIC GUIDELINES

1. Reading assignments are to be completed prior to class.
2. Attendance is required for all classes. Excused absences will be granted for emergency situations only.
3. You will be responsible and accountable for all equipment assigned to you during skill stations and patient care scenarios. You are expected to assist in the cleaning and proper storage of equipment after each class.
4. Tests will include the material from the resource texts, online resources, and classroom work.
5. Any student may withdraw from the program at any time; refunds will be made according to the policy.
6. Any student may be dismissed if they do not meet the course standards; this will include skills, clinical rotation, and written grades (after review by the Director staff and the individual).
7. Passing score for this program is 85% or greater on exams and “meets standard” on skills competencies and clinical evaluations.
8. If the student does not successfully pass any practical portion of the class, they will not receive a passing grade or a course completion certificate.



GENERAL RELEASE

I understand that the education and work of a critical care provider, including lab work and clinical rotations within hospitals or other healthcare facilities with which I may be associated, are inherently dangerous and could expose me to accident and injury, including but not limited to blood borne and airborne pathogens, needle sticks, and many other dangerous and hazardous situations and environments, and I hereby release and hold harmless The Resuscitation Group and any other their employees, instructors and volunteers from any liability associated with these risks.

All students have the understanding that taking and successfully completing the required written and practical material does not guarantee the student will obtain certification and/or practice as a critical care provider in the state of Washington or any other state.

I, (Print Student Name) _____, understand the Student Code of Conduct from this handbook and agree to follow these policies and procedures of TRG.

I, (Print Student Name) _____, understand this activity will fundamentally place me in an environment that has risks, dangerous situations, and exposure to potentially deadly diseases and accept this potential risk as my own, holding all organizations and staff associated with this program harmless from liability.

Student Signature

Date

NOTICE OF LICENSURE

This school is licensed under Chapter 28C.10RCW.

Inquiries or complaints regarding this private vocational school may be made to the:

Workforce Board, 128 – 10th Ave., SW, Box 43105, Olympia, Washington 98504

Web: wtb.wa.gov

Phone: (360) 709-4600

E-Mail Address: pvsa@wtb.wa.gov

APPENDIX 1

Advanced Paramedic Refresher Curriculum

2024 Advanced Paramedic Refresher Course

As you may be aware, there are a number of changes to NREMT Paramedic Renewal, which shifted to a 60 hour format in 2022.

The Resuscitation Group CAPCE accredited, Paramedic Refresher is 32 hours in length and is designed to accomplish the NREMT Paramedic National Continued Competency Program (NCCP) National Content and update the Advanced Provider with the newest research and techniques being applied in the global environment. Upon completion of this course, participants will be awarded a 30 Hour National Component Paramedic Refresher Certificate attesting to completion of all national component hours and two hours of individual component hours.

As a review, completion of the new Paramedic National Continued Competency Program (NCCP) requires a total of 60 hours of continuing education to recertify. The complete model requires continuing education in three components:

1. 30 hours of National component content per the NREMT,
2. 15 hours of local/state component content, and,
3. 15 hours of individual component content.

Courses that cannot be applied towards recertification requirements include duplicate courses, clinical rotations, instructor courses, management/leadership courses, performance of duty, preceptor hours, serving as a skill examiner, and volunteer time with agencies.

National Component (30hr):

The National Component requires Paramedics to complete 30 hours of approved continuing education as per the following:

Airway/Resp/Ventilation (3.5hrs): Ventilation (2hrs), Capnography (1hr), Oxygenation (0.5hr)

Cardiovascular (9.5hrs): Post-Resuscitation Care (0.5hr), Ventricular Assist Devices (0.5hrs), Stroke (1.5hrs), Cardiac Arrest (2hrs), Pediatric Cardiac Arrest (2.5hrs), Congestive Heart Failure (0.5hrs), Acute Coronary Syndrome (1.5hrs).

Trauma (3hrs): Trauma Triage (1hr), Central Nervous System (CNS) Injury (1hr), Hemorrhage Control (0.5hr), Fluid Resuscitation (0.5hr)

Medical (8.5hr): Special Healthcare Needs (2hr), OB Emergencies (0.5hr), Infectious Diseases (0.5hr), Medication Delivery (1hr), Pain Management (1hr), Psychiatric and Behavioral Emergencies (1hr), Toxicological Emergencies with Opioids (0.5hr), Neurological Emergencies with Seizures (0.5hr), Endocrine Emergencies with Diabetes (1hr), Immunological Emergencies (1hr).

Operations (6.5hrs): At-Risk Populations (1hr), Ambulance Safety (0.5hr), Field Triage for Disasters/MCIs (1hr), EMS Provider Hygiene, Safety, and Vaccinations (0.5hr), EMS Culture of Safety (0.5hr), Pediatric Transport (0.5hr), Crew Resource Management (1hr), EMS Research (1hr), Evidence Based Guidelines (0,5hr)

State Component (15hr):

If specific local and/or state are not specified, these required hours are considered flexible content. You may use any state or Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) approved EMS–related education to fulfill these requirements. A maximum of 10 hours of distributive education may be used to meet the 15-hour requirement.

Individual Component (15hr):

The individual hours are considered flexible content. You may use any state or Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) approved EMS–related education to fulfill these requirements. A maximum of 15 hours of distributive education may be used to meet the 15 hour requirement.

Preparing for the Course:

1. Please review this email and ask any questions you may have.
2. Prior to the course, you will receive an email inviting you to take the Advanced Trauma Course (ATC) Exam, please complete this exam prior to the first day of class. Failure to complete the exam with a score of 85% or more, will make you ineligible to receive a course completion certificate for the CAPCE accredited Paramedic Refresher. This exam is open resource and queued to the pre-course reading and viewing sent out with this email.
3. Attached to this email, you will find the Advanced Trauma Course (ATC) pre-course materials sheet; please review all of the materials prior to attempting the exam!
4. Prior to the course, you will receive an email inviting you to take the Pre-Course Exam for the Paramedic Refresher, please complete this exam prior to the first day of class. Failure to complete the exam with a score of 85% or more, will make you ineligible to receive a course completion certificate for the CAPCE accredited Paramedic Refresher
5. Prior to the course, you will receive an email inviting you to take the Pre-Course Exam for the ACLS EP Course, please complete this exam prior to the first day of class. Failure to complete the exam with a score of 85% or more, will make you ineligible to receive a course completion certificate for the CAPCE accredited Paramedic Refresher. This exam is open resource.

Course Outline: Resuscitation Group – CAPCE Accredited 32 Hour National Component

<u>DAY 1:</u>	1.5hrs Cardiovascular, 6.5hrs Medical
0800-0930	Critical 12 Leads and Acute Coronary Syndrome
0930-1000	Simulation: Toxicological Emergencies with Opioids
1000-1015	Break
1015-1045	Simulation: OB Emergencies
1045-1200	Psychiatric, Behavioral Emergencies, and Special Healthcare Needs of The Mental Health Patient
1145-1245	Lunch
1245-1400	Current Science in Pain Management
1400-1515	Simulation: Immunological Emergencies
1515-1530	Break
1530-1600	Simulation: Neurological Emergency and Seizure
1600-1700	Endocrine Emergencies and Diabetes
-	
<u>DAY 2:</u>	8hrs Cardiovascular (<i>ACLS EP</i>)

0900-1200 CPR Challenge, and, Overview of the current ILCOR Adult Cardiovascular Science (Stroke and Neurological Emergency, Cardiac Arrest, Post Arrest Care)
1200-1300 Lunch
1300-1800 Cardiac Simulation Cases (Arrhythmia, ACS, VF, PEA, One Hour, VAD, Heart Failure) with Debrief

DAY 3: 3.5 hrs - Airway/Respiration/Ventilation, 3hrs Trauma, 1.5hrs Medical (*ATC Course*)
0745-0800 Welcome
0800-0930 Infectious Disease Considerations and large-scale infectious disease events (Infectious Disease, EMS Culture of Safety, Current Science in Disasters, MCI, and Field Triage)
0930-1100 Considerations in Airway Management - Trauma Airway Management (Oxygenation, Ventilation, Capnography, Ventilators, Advanced Airways, and Difficult Airways)
1100-1200 Chest Trauma Skills – Needle Chest Decompression and Simple Thoracostomy
1200-1300 Lunch on your own
1300-1700 Advanced Trauma Simulation (Trauma Triage/Assessment, Central Nervous System (CNS) Injury, Hemorrhage Control, Traumatic Cardiac Arrest, Fluid Resuscitation and Blood Use)
- Case Simulation #1 – Chest trauma w/ hypotension and hypoxia (interventions include: oxygenation, airway management, decompression, chest tube placement, and vascular access/fluid resuscitation)
- Case Simulation #2 – Extremity trauma w/ Hypotension (interventions include: tourniquet placement, oxygenation, vascular access, fluid resuscitation, splinting)
- Case Simulation #3 – Head trauma (interventions include: oxygenation, airway management, vascular access, fluid resuscitation, mannitol use)
- Case Simulation #4 – Poly Trauma w/ Hypotension (interventions include: oxygenation, airway management, spinal immobilization, vascular access, fluid resuscitation, TXA, blood administration)
- Case Simulation #5 – Trauma Arrest (interventions include: oxygenation, compressions, airway management, chest tube, pericardiocentesis, vascular access, fluid resuscitation, Blood administration, TXA)

DAY 4: 1.5hr Medical, 6.5hrs Operations
0800-1000 Special Healthcare Needs for At Risk Populations
1000-1200 Simulation Cases - Pediatric Transport Consideration
1200-1300 Lunch
1300-1400 Crew Resource Management - Introduction to TeamSTEPPS (AHRQ)
1400-1500 EMS Provider Hygiene, Safety, and Vaccinations
1500-1700 EMS Research and Evidence Based Guidelines

Course Outline: Resuscitation Group – CAPCE Accredited 60 Hour Refresher

DAY 1: 1.5hrs Cardiovascular, 6.5hrs Medical
0800-0930 Critical 12 Leads and Acute Coronary Syndrome
0930-1000 Simulation: Toxicological Emergencies with Opioids
1000-1015 Break
1015-1045 Simulation: OB Emergencies

1045-1200 Psychiatric, Behavioral Emergencies, and Special Healthcare Needs of The Mental Health Patient
 1145-1245 Lunch
 1245-1400 Current Science in Pain Management
 1400-1515 Simulation: Immunological Emergencies
 1515-1530 Break
 1530-1600 Simulation: Neurological Emergency and Seizure
 1600-1700 Endocrine Emergencies and Diabetes

DAY 2:

8hrs Cardiovascular (*ACLS EP*)
 0900-1200 CPR Challenge, and, Overview of the current ILCOR Adult Cardiovascular Science (Stroke and Neurological Emergency, Cardiac Arrest, Post Arrest Care)
 1200-1300 Lunch
 1300-1800 Cardiac Simulation Cases (Arrhythmia, ACS, VF, PEA, One Hour, VAD, Heart Failure) with Debrief

DAY 3:

3.5 hrs - Airway/Respiration/Ventilation, 3hrs Trauma, 1.5hrs Medical (*ATC Course*)
 0745-0800 Welcome
 0800-0930 Infectious Disease Considerations and large-scale infectious disease events (Infectious Disease, EMS Culture of Safety, Current Science in Disasters, MCI, and Field Triage)
 0930-1100 Considerations in Airway Management - Trauma Airway Management (Oxygenation, Ventilation, Capnography, Ventilators, Advanced Airways, and Difficult Airways)
 1100-1200 Chest Trauma Skills – Needle Chest Decompression and Simple Thoracostomy
 1200-1300 Lunch on your own
 1300-1700 Advanced Trauma Simulation (Trauma Triage/Assessment, Central Nervous System (CNS) Injury, Hemorrhage Control, Traumatic Cardiac Arrest, Fluid Resuscitation and Blood Use)
 - Case Simulation #1 – Chest trauma w/ hypotension and hypoxia (interventions include: oxygenation, airway management, decompression, chest tube placement, and vascular access/fluid resuscitation)
 - Case Simulation #2 – Extremity trauma w/ Hypotension (interventions include: tourniquet placement, oxygenation, vascular access, fluid resuscitation, splinting)
 - Case Simulation #3 – Head trauma (interventions include: oxygenation, airway management, vascular access, fluid resuscitation, mannitol use)
 - Case Simulation #4 – Poly Trauma w/ Hypotension (interventions include: oxygenation, airway management, spinal immobilization, vascular access, fluid resuscitation, TXA, blood administration)
 - Case Simulation #5 – Trauma Arrest (interventions include: oxygenation, compressions, airway management, chest tube, pericardiocentesis, vascular access, fluid resuscitation, Blood administration, TXA)

DAY 4:

1.5hr Medical, 6.5hrs Operations
 0800-1000 Special Healthcare Needs for At Risk Populations
 1000-1200 Simulation Cases - Pediatric Transport Consideration
 1200-1300 Lunch
 1300-1400 Crew Resource Management - Introduction to TeamSTEPPS (AHRQ)

1400-1500 EMS Provider Hygiene, Safety, and Vaccinations
1500-1700 EMS Research and Evidence Based Guidelines

DAY 5: 8hr State or Medical Director Content (Resuscitation Group Medical Director content)
0800-1700 Pediatric Advanced Life Support (PALS)

DAY 6: 8hr State or Medical Director Content (Resuscitation Group Medical Director content)
0800-1700 Critical Patient Immersive Simulation Cases with Debrief and Follow up content delivery

DAY 7: 8hr Individual Content
0800-1700 Basic Ultrasound Course – Day 1

DAY 8: 8hr Individual Content
0800-1700 Basic Ultrasound Course – Day 2