

**Acute Care Hospital  
Required Orientation & Ongoing Education and Training  
(Updated March 2016)**

Topic	DHSS, CMS, OSHA, JC	Regulation, Standard	Requirement	When	Required Personnel
Orientation and Continuing Education in Hospitals	DHSS	<a href="#">19 CSR 30-20.110</a>	<ul style="list-style-type: none"> <li>• problems and needs of specific age groups, chronically ill, acutely ill and disabled patients</li> <li>• prevention and control of infections, including universal precautions</li> <li>• reporting employee infections and injuries</li> <li>• interpersonal relationships and communication skills</li> <li>• fire prevention, safety and accident prevention</li> <li>• patient rights, dignity HIPAA and privacy issues</li> <li>• licensed nursing personnel training on basic cardiac life support and choking prevention and intervention</li> <li>• other educational needs identified through the quality improvement activities and those generated by advances made in health care science and technology</li> <li>• competency based on job description, necessary job skills and knowledge</li> <li>• tobacco free policy</li> <li>• prevention, identification, minimization, and reporting of patient and employee safety risks</li> </ul>	orientation, annually and as needed	all

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Orientation and Continuing Education in Hospitals (continued)			<ul style="list-style-type: none"> <li>other education need identified through quality improvement activities and those generated by advances made in health care science and technology.</li> </ul>		
Unlicensed Assistive Personnel	DHSS	<a href="#">19 CSR 30-20.125</a>	as identified in rule	orientation and ongoing	unlicensed assistive personnel
Infection Control in Hospitals	DHSS	<a href="#">19 CSR 30-20.116</a>	cause, effect, transmission, prevention and elimination of infections	orientation and ongoing	patient care staff and support staff
Nursing Services	DHSS	<a href="#">19 CSR 30-20.096</a>	be orientated to the hospital, nursing services, their position classification, the use of overtime, the nursing service regulations and their specified duties and responsibilities	orientation	all nursing staff
Safe Lifting	DHSS	<a href="#">19 CSR 30-20.097</a>	train and demonstrate competency on safe patient handling policies, equipment and devices	orientation, annually and as needed	patient care staff
Emergency Response	DHSS	<a href="#">19 CSR 30-20.082</a>	responsibilities during an emergency; quarterly internal drills	orientation and ongoing	all
Infectious Waste Management	DHSS	<a href="#">19 CSR 30-20.114(1)(C)</a>	hospital infectious waste management plan	orientation and ongoing	exposed staff
Alzheimer's Disease or related dementias	DHSS	<a href="#">19 CSR 30-26.010 RSMo 192.2000.1(15)</a>	dementia-specific training about Alzheimer's disease and related dementias	orientation, annually and as needed	SNF, ICF, RCF, in home staff, home health, and hospice staff
Psychiatric Hospitals	DHSS	<a href="#">19 CSR 30-24.020(1)(B)22</a>	one hour per week of in-service education	ongoing	all
Rehabilitation Hospitals	DHSS	<a href="#">19 CSR 30-22.020(1)(D)7</a>	educational program in rehab nursing	ongoing	nursing staff
Patient Grievance	CMS	<a href="#">482.13(a)(2)(i)</a>	hospital grievance process	orientation and ongoing	patient care staff
Advance Directives	CMS	<a href="#">482.13(b)3</a>	policies and procedures for advance directives	orientation and with P&P's change	all

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Abuse and Neglect	CMS	<a href="#">482.13(c)3</a>	abuse and neglect and related reporting requirements, including prevention, intervention and detection	orientation and ongoing	all
Restraint and Seclusion	CMS	<a href="#">482.13(e)10</a> <a href="#">482.13(e)11</a> <a href="#">482.13(f)</a>	application of restraints, implementation of seclusion, monitoring, assessment and providing care for a patient in restraint or seclusion. (See 482.13(f) for training details.)	orientation and ongoing per hospital policy	any staff involved with R & S, including physicians and LIPs
Patient Visitation	CMS	<a href="#">482.13(h)</a>	assure appropriate implementation of visitation policies and procedures and avoidance of unnecessary restrictions or limitations on patients' visitation rights.	ongoing	any staff controlling access to patients
Blood Transfusions and IV Medications	CMS	<a href="#">482.23(c)3</a>	administration of blood transfusions and intravenous medications	orientation	all nonphysician staff who administer blood transfusions or IV medications
Medication Administration	CMS	<a href="#">482.23(c)</a>	<ul style="list-style-type: none"> <li>all new policies and procedures</li> <li>safe handling and preparation of authorized medications</li> <li>indications, side effects, drug interactions, compatibility and dose limits of administered medications</li> <li>equipment, devices, special procedures and/or techniques required for medication administration</li> <li>what scheduled medications are considered time-critical and nontime-critical</li> <li>what medications are not eligible for scheduled dosing times</li> </ul>	orientation and ongoing if determined necessary by the medical staff	all personnel preparing and administering drugs and biologicals

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Medication Administration (continued)			<ul style="list-style-type: none"> <li>• requirements for the timing of administration of time critical and nontime critical medications in accordance with the hospital's policies</li> <li>• actions to be taken when medications with scheduled dosing times are not administered within their permitted window of time</li> <li>• administration and timing of new medications that are initiated between standardized dosing times</li> <li>• parameters for when nursing personnel can use their own judgment on the rescheduling of missed or late doses and when notification of the physician or other practitioner responsible for the care of the patient is required before doing so</li> <li>• reporting medication errors to the attending physician that are the result of missed or late dose administration, in accordance with requirements</li> </ul>		
Standing Orders	CMS	<a href="#">482.23(c)</a>	<ul style="list-style-type: none"> <li>• policies and procedures</li> <li>• conditions and criteria for using standing orders</li> <li>• staff members' responsibilities associated with their initiation and execution</li> </ul>	orientation and as needed	medical, nursing and other applicable professional staff

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Standing Orders (continued)			<ul style="list-style-type: none"> <li>educate physicians or other practitioner responsible for the care of the patient on the process for authenticating the initiation of all standing orders</li> </ul>		
Infection Control	CMS	<a href="#">482.42(b)</a>	principles and practices for preventing transmission of infectious agents within the hospital; problems identified by quality assurance	orientation	staff with contact with patients or medical equipment
Organ Donation	CMS	<a href="#">482.45(a)3</a>	designated requestor course approved by the OPO	orientation	individual designated as a requestor
Organ Donation	CMS	<a href="#">482.45(a)5</a>	organ donation issues and how to work with the OPO, tissue bank and eye bank	orientation and with P&Ps change or if QAPI identifies problems	all designated and appropriate staff
HIPAA	CFR	<a href="#">45 CFR 164.530(b)(1)</a>	security awareness and training program for all members of its workforce, train on policies and procedures related to protected health information, as necessary and appropriate for the members of the workforce.	orientation and with changes	all staff
Bloodborne Pathogens	OSHA	<a href="#">29 CFR 1910.1030(g)(2)</a>	hospital's exposure control plan and means to obtain a written copy	initial assignment where exposure may take place and annually	all staff with potential exposure
Hazard Communications	OSHA	<a href="#">29 CFR 1910.1200(h)(1)</a>	hazardous chemicals in the work area	initial assignment and whenever a new health hazard	all

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Hazard Communications (continued)				introduced into the work area	
Noise Exposure	OSHA	<a href="#">29 CFR 1910.95(k)</a>	noise exposures above an 8 hour time weighted average of 85 decibels	initial exposure, annually, or a change in noise level or hearing protectors	all
Lockout/Tagout	OSHA	<a href="#">29 CFR 1910.147(c)</a>	control of hazardous energy in machines and equipment	initial assignment to a machine or when a change in job or machine	all authorized and affected employees
Permit - Required Confined Spaces	OSHA	<a href="#">29 CFR 1910.146(g)</a>	practices and procedures to protect employees working in permit required confined spaces	orientation and with changes	staff working in confined spaces
Fire Brigades	OSHA	<a href="#">29 CFR 1910.156(c)</a>	duties and functions when fire brigades are established by employer	orientation and annually	all assigned staff
Portable Fire Extinguishers	OSHA	<a href="#">29 CFR 1919.157(g)</a>	use of extinguishers	orientation and annually	all staff assigned to fire response team
Competency	JC	HR.01.05.03  HR.01.06.01	<ul style="list-style-type: none"> <li>training to maintain or increase competency and when staff responsibilities change</li> <li>competency is assessed at orientation and at least every three years</li> </ul>		
Waived Testing	JC	TW.03.01.01	trained and competence assessed using two methods of testing for each waived test performed	orientation and annually	staff and LIPs

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Changes in Patient Condition, Rapid Response	JC	HR.01.05.03	<ul style="list-style-type: none"> <li>• how to identify early warning signs</li> <li>• how to respond</li> <li>• how and when to contact clinicians</li> </ul>	orientation	staff and LIPs who may request or respond to requests for assistance
Patient Safety and Infection Control	JC	HR.01.04.01	<ul style="list-style-type: none"> <li>• key safety content related to the provision of care, treatment and services, environment of care, infection control and prevention</li> </ul>	orientation	all
Patient Safety and Infection Control (continued)		EC.03.01.01	<ul style="list-style-type: none"> <li>• methods to eliminate or minimize physical risks</li> <li>• actions to take in the event of an environment of care incident, including reporting</li> <li>• how to identify and minimize risks</li> </ul>	ongoing	staff and LIPs
		LD.03.01.01	<ul style="list-style-type: none"> <li>• education that focuses on safety and quality for all</li> </ul>	orientation and annually	staff and LIPs
		NPSG.07.03.01	<ul style="list-style-type: none"> <li>• health care-associated infections, MDRO and prevention strategies</li> </ul>	orientation and annually	staff and LIPs
		NPSG.07.04.01	<ul style="list-style-type: none"> <li>• CLABSIs and prevention</li> </ul>	orientation and annually	staff and LIPs
		NPSG.07.05.01	<ul style="list-style-type: none"> <li>• SSIs and prevention</li> </ul>	orientation and annually	staff and LIPs
		IC.02.02.01	<ul style="list-style-type: none"> <li>• processing medical equipment, devices and supplies</li> </ul>	orientation, training, and competency	healthcare workers who process medical equipment, devices and supplies

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Influenza Vaccination	JC	IC.02.04.01	<ul style="list-style-type: none"> <li>influenza vaccination</li> <li>non-vaccine control and prevention measures</li> <li>diagnosis, transmission and impact</li> </ul>	ongoing	staff and LIPs
Blood Transfusion and IV Medication S&C Memo 2013 eliminated COP requirement	JC	HR.01.02.01 PC.02.01.01	administration of blood and IV medications	orientation and ongoing	all nonphysician staff administering blood or IV medications
Policies and Procedures	JC	HR.01.04.01	hospital-wide and unit-specific policies and procedures	orientation	all
Pain Management	JC	HR.01.04.01	assessing and managing pain	orientation	patient care staff
Cultural Diversity	JC	HR.01.04.01	sensitivity to cultural diversity based on job duties	orientation	all
Patient Rights and Ethics	JC	HR.01.04.01	patient rights, including ethical aspects of care and how to address them	orientation	all
Security	JC	HR.01.04.01	<ul style="list-style-type: none"> <li>interaction with patients</li> <li>procedures for responding to unusual clinical incidents</li> <li>hospital channels of communication</li> <li>distinctions between administrative and clinical seclusion and restraint</li> </ul>	orientation	external law enforcement and internal security personnel
Patient Needs	JC	HR.01.05.03	needs of the population served	ongoing	all
Teamwork	JC	HR.01.05.03	team communication, collaboration and coordination of care	ongoing	all
End-of-Life Care	JC	PC.02.02.13	unique needs of dying patients and their families	ongoing	patient care staff
Performance Improvement	JC	MS.12.01.01	continuing education based on the findings of PI activities	ongoing	physicians, LIPs and privileged staff
Adverse Events	JC	HR.01.05.03	the need and how to report unanticipated adverse events	orientation	all



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Abuse and Neglect	JC	PC.01.02.09	recognizing signs of possible abuse and neglect and follow-up roles	orientation and ongoing	all
Organ and Tissue Donation	JC	TS.01.01.01	use of discretion and sensitivity to the circumstances, beliefs and desires of families of potential organ, tissue or eye donors	orientation and ongoing	patient care staff
Mission, Vision, Values	JC	LD.02.01.01	mission, vision and values	orientation	all
Restraint and Seclusion	JC	PC.03.03.07 PC.03.05.17	recognizing behavior, interventions to minimize use, safe application, physical holding and take-down techniques, monitoring, evaluation, first aid and CPR	orientation and ongoing	staff who monitor patients or apply R & S. Physicians who order R&S also must be trained on R & S P & Ps
Impaired Physicians and LIPs	JC	MS.11.01.01	illness and impairment recognition issues specific to LIPs	ongoing	LIPs and other relevant staff
LIPs and Privileged Staff	JC	MS.12.01.01	education prioritized by the medical staff, based on type and nature of care, treatment and services offered and findings of PI activities	ongoing	LIPs and other staff privileged through the medical staff
Life Safety Codes during Construction	JC	HR.01.05.03 LS.01.02.01	When the hospital identifies LSC deficiencies that cannot be immediately corrected during periods of construction, the hospital provides education or training on the following. <ul style="list-style-type: none"> <li>• use of firefighting equipment</li> <li>• awareness of building deficiencies, construction hazards and temporary measures implemented to maintain fire safety</li> <li>• compensating for impaired structural or compartmental fire safety features</li> </ul>	if needed	applicable staff
Fall Reduction	JC	HR.01.05.03	fall reduction	ongoing	all
Anticoagulant Therapy	JC	NPSG.03.05.01	anticoagulant therapy	ongoing	prescribers, staff, patients and families

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Employees reporting safety concerns (to hospital management or to The Joint Commission without fear of retaliation)	JC	APR.09.02.01	communicate to staff that they can report concerns about safety or the quality of care to JC without retaliatory action from the hospital	orientation and ongoing	staff, LIPs
Alternative procedures to follow when electronic systems not available	JC	IM.01.01.03	alternative procedures to follow when electronic information systems are unavailable	ongoing	staff, LIPs
PI and change management	JC	LD.03.05.01	performance improvement and change management	ongoing	staff
CPR as required by hospital	JC	PC.02.01.11	defined staff evidenced-based trained in resuscitation services	ongoing, if required	hospital defines staff