

**Acute Care Hospital  
Required Orientation & Ongoing Education and Training  
(Updated April 2021)**

Topic	DHSS, CMS, OSHA, JC	Regulation, Standard	Requirement	When	Required Personnel
Unlicensed Assistive Personnel	DHSS	<a href="#">19 CSR 30-20.125</a>	as identified in rule	orientation and ongoing	unlicensed assistive personnel
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
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
Privacy and Safety	CMS	<a href="#">482.13(c)2</a>	identification of patients at risk of harm to self or others, identification of environmental safety risk factors and mitigation strategies	orientation and with P&Ps change or every two years	direct employees, contracted staff, volunteers, per diem others providing clinical care under arrangement
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

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Patient Visitation	CMS	<a href="#">482.13(h)(3) &amp; (4)</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
Emergency Preparedness	CMS	<a href="#">482.15</a>	all emergency preparedness policies and procedures	orientation and at least every two years and with significant updates	new and existing staff, those under contract arrangement, volunteers
Blood Transfusions and IV Medications	CMS	<a href="#">482.23(c)3</a>  <a href="#">482.23(c)4</a>	<ul style="list-style-type: none"> <li>• administration of blood transfusions and intravenous medications</li> <li>• usage, access, care and maintenance of vascular-type access</li> <li>• early detection of and timely intervention for IV opioid-induced over-sedation and respiratory depression</li> </ul>	orientation and as needed	all nonphysician staff who administer blood transfusions or IV medications
Medication Administration	CMS	<a href="#">482.23(c)</a> <a href="#">482.23(c)(2)</a> <a href="#">482.25(b)(1)</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> </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)	CMS	<a href="#">482.23(c)</a> <a href="#">482.23(c)(2)</a> <a href="#">482.25(b)(1)</a>	<ul style="list-style-type: none"> <li>• what medications are not eligible for scheduled dosing times</li> <li>• requirements for the timing of administration of time critical and non time 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> <li>• applicable pharmaceutical policies and procedures</li> <li>• competency assessment and evaluation of skills related to CSPs: aseptically preparing CSPs, using visual observations, as well as bacterial sampling</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>• identifying and measuring ingredients</li> <li>• cleansing and garbing</li> <li>• aseptic manipulation skills</li> <li>• environmental quality and disinfection</li> <li>• appropriate work practices within and adjacent to direct compounding area</li> <li>• environmental quality and disinfection</li> <li>• appropriate work practices within and adjacent to direct compounding area</li> <li>• verification and calibration of equipment</li> <li>• sterilization</li> <li>• post-production quality checks</li> </ul>		
Nuclear Medicine	CMS	<a href="#">482.53</a>	<ul style="list-style-type: none"> <li>• the hospital must specify in writing the qualifications, training, functions and responsibilities of each category of personnel used in nuclear services</li> </ul>	orientation and ongoing as defined by medical staff	
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)	CMS	<a href="#">482.23(c)</a>	<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>	orientation and as needed	medical, nursing and other applicable professional staff
Radiologic Equipment and Procedures	CMS	<a href="#">482.26 (c)(2)</a>	<ul style="list-style-type: none"> <li>policies and procedures</li> <li>use of equipment; radiation exposure</li> <li>anatomy, position, radiation protection, basic patient care</li> </ul>	orientation and as needed	only applies to personnel designated as qualified by medical staff
Infection Control	CMS	<a href="#">482.42</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> <a href="#">482.45(a)4</a>	designated requestor course approved by the OPO and training addresses use of discretion	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 to include: consent process, discretion and sensitivity, role, transplantation and donation, quality improvement, role of OPO	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

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Bloodborne Pathogens	OSHA	<a href="#">29 CFR 1910.1030(g)(2)</a>	hospital's exposure control plan and means to obtain a written copy	orientation, 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	orientation, initial assignment and whenever a new health hazard introduced into the work area	all
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

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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 HR.01.07.01	<ul style="list-style-type: none"> <li>training to maintain or increase competency and when staff responsibilities change</li> <li>competency is assessed and documented at orientation and at least every three years or more often per hospital policy or other applicable ? regulation</li> </ul>	ongoing	all assigned staff
Waived Testing	JC	WT.03.01.01	trained and competence assessed using two methods of testing for each waived test performed	according to hospital	staff and LIPs
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>	according to hospital policy	staff and LIPs who may request or respond to requests for assistance
Patient Safety and Infection Control	JC	HR.01.04.01  EC.03.01.01	<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> <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>	according to hospital policy  ongoing	all staff and LIPs

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Patient Safety and Infection Control (continued)	JC	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
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>	according to hospital policy	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	according to hospital policy	all nonphysician staff administering blood or IV medications
Policies and Procedures	JC	HR.01.04.01	hospital-wide and unit-specific policies and procedures	according to hospital policy	all
Pain Management	JC	HR.01.04.01	assessing and managing pain	according to hospital policy	patient care staff
Cultural Diversity	JC	HR.01.04.01	sensitivity to cultural diversity based on job duties	according to hospital policy	all
Patient Rights and Ethics	JC	HR.01.04.01	patient rights, including ethical aspects of care and how to address them	according to hospital policy	all



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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>	according to hospital policy	external law enforcement and internal security personnel
Patient Needs	JC	HR.01.05.03	needs of the population served	according to hospital policy	all
Teamwork	JC	HR.01.05.03	team communication, collaboration and coordination of care	according to hospital policy	all
End-of-Life Care	JC	PC.02.02.13	unique needs of dying patients and their families	according to hospital policy	patient care staff
Performance Improvement	JC	MS.12.01.01	continuing education based on the findings of PI activities	according to hospital policy	physicians, LIPs and privileged staff
Adverse Events	JC	HR.01.05.03	the need and how to report unanticipated adverse events	according to hospital policy	all
Abuse and Neglect	JC	PC.01.02.09	recognizing signs of possible abuse and neglect and follow-up roles	according to hospital policy	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	according to hospital policy	patient care staff
Mission, Vision, Values	JC	LD.02.01.01	mission, vision and values	according to hospital policy	all
Restraint and Seclusion	JC	PC.03.05.17	recognizing behavior, interventions to minimize use, safe application, physical holding and take-down techniques, monitoring, evaluation, first aid and CPR	according to hospital policy	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	according to hospital policy	LIPs and other relevant staff

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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	according to hospital policy	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>	according to hospital policy	applicable staff
Fall Reduction	JC	HR.01.05.03	fall reduction	according to hospital policy	all
Anticoagulant Therapy	JC	NPSG.03.05.01	anticoagulant therapy	according to hospital policy	prescribers, staff, patients and families
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	according to hospital policy	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	according to hospital policy	staff, LIPs
PI and change management	JC	LD.03.05.01	performance improvement and change management	according to hospital policy	staff

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CPR as required by hospital	JC	PC.02.01.11	defined staff evidenced-based trained in resuscitation services	according to hospital policy	hospital defines staff
	JC	HR.01.05.03	hospital provides orientation to staff		
		HR.01.05.03	staff participate in ongoing education and training		
		HR.01.06.01	staff are competent to perform their responsibilities		
Computed Tomography (CT)	JC	HR.01.05/03	<ul style="list-style-type: none"> <li>Radiation dose optimization</li> <li>Safe procedures for operating CT devices</li> </ul>	orientation and annually	individuals who perform CT
Magnetic Resonance Imaging (MRI)	JC	HR.01.05.03	patient screening, equipment, positioning, safety response procedures, emergency procedures, environmental safety, patient safety	orientation and annually	
Maternal Hemorrhage and Maternal Hypertension/Pre-eclampsia	JC	PC.06.01.01 and PC.06.01.03	role specific education to all staff providers caring for pregnant/post-partum patients at orientation, with policy changes and every two years. Conduct response procedure drills annually.	education at orientation, with policy changes and every two years and drills annually	staff and providers providing care to pregnant and post-partum patients.