

ACUTE CARE HOSPITAL
REQUIRED ORIENTATION & ONGOING EDUCATION AND TRAINING
(Updated February 2025)

*All Appendix A, Condition 482 references can be found [here](#).

Topic	DHSS, CMS, OSHA, JC	Regulation, Standard	Education Requirement	When	Required Personnel
Unlicensed Assistive Personnel	DHSS	19 CSR 30-20.125	as identified in rule	Safety and quality must be completed within 90 days of hire. All requirements must be completed within 180 days and ongoing	unlicensed assistive personnel
Infectious Waste Management	DHSS	19 CSR 30-20.114(1)(C)	hospital infectious waste management plan. Personnel who handle hazardous medications and/or medication waste shall be trained regarding collection, transportation, containment, segregation, manifest, and disposal.	orientation and ongoing	exposed staff
Alzheimer’s Disease or related dementias	DHSS	19 CSR 30-26.010 192.2000.1(15) , RSMo	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
Obstetrical Services	CMS	§482.59(c)	Including but not limited to facility-identified, evidence-based, best practices and protocols to improve the delivery of maternal care within the facility which reflects the scope and complexity of services offered. Additionally, the education should be related to QAPI findings.	New hire, with changes, and every two years ongoing Must be in compliance by January 1, 2027	Relevant staff identified by the governing body, including medical staff/providers

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Topic	DHSS, CMS, OSHA, JC	Regulation, Standard	Education Requirement	When	Required Personnel
Emergency Services Readiness	CMS	§482.55	Facility protocols and provisions for responding to emergency conditions. Protocols must address obstetrical emergencies, complications, and immediate post-delivery care, but are not limited to these conditions. Facilities may determine the protocols, provisions, and training resources that best align with their specific situation	Annual Must be in compliance by June 1, 2025	Relevant staff determined by the facility, including medical staff/providers
Transfer Protocols	CMS	§482.43	hospital policies and procedures for transferring patients under its care	Annual Must be in compliance by June 1, 2025	Relevant staff determined by the facility, including medical staff/providers
Patient Grievance	CMS	§482.13(a)(2)	hospital grievance process	orientation and ongoing	patient care staff
Advance Directives	CMS	§482.13(b)(3)	policies and procedures for advance directives	orientation and with P&P's change	all
Privacy and Safety	CMS	§482.13(c)(2)	identification of patients at risk of harm to self or others, identification of environmental patient safety risk factors and mitigation strategies	Orientation, with P&Ps change, ongoing every two years after initial training	All new staff, direct employees, contracted staff, volunteers, per diem others providing clinical care under arrangement
Abuse and Neglect	CMS	§482.13(c)(3)	abuse and neglect and related reporting requirements, including prevention, intervention, and detection	orientation and ongoing	all
	CMS	§482.13(c)(3)	Note: Consider including state mandated reporting requirements for the elderly disabled and children	orientation and ongoing	all

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Restraint and Seclusion (See R&S Crosswalk)	CMS	§482.13(f)	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 restraint or seclusion, including physicians and LPs
Patient Visitation	CMS, DHSS	§482.13(h)(3) & (4)	<p>assure appropriate implementation of visitation policies and procedures and avoidance of unnecessary restrictions or limitations on patients' visitation rights state</p> <p>While required staff training is not mentioned in the state visitation statute, hospital visitation policy must include requirements of Section 191.1400, RSMo Compassionate Care Visits. CMS and state requirements impacting policy and procedures should be educated on.</p> <p>Section 191.2290, RSMo Essential Caregiver Visit is applicable during a declared state of emergency. It may be included in the visitation policy or as a stand-alone policy. Staff education should be completed as applicable and appropriate.</p>	orientation and ongoing with changes	any staff controlling access to patients
Emergency Preparedness	CMS	§482.15	<p>all emergency preparedness policies and procedures, risk assessment and communication plan.</p> <p>Training and testing program must be reviewed and updated at least every two years.</p>	orientation and at least every two years and with significant updates	new and existing staff, those under contract arrangement, volunteers

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Blood Transfusions and IV Medications	CMS	§482.23(c)3 and (c)4	<ul style="list-style-type: none"> • administration of blood transfusions and intravenous medications • usage, access, care and maintenance of vascular-type access • early detection of and timely intervention for IV opioid-induced over-sedation and respiratory depression 	orientation and as needed	all nonphysician staff who administer blood transfusions or IV medications
Medication Administration	CMS	§482.23(c) §482.23(c)(2) §482.25(b)(1)	<ul style="list-style-type: none"> • all new policies and procedures • safe handling and preparation of authorized medications • indications, side effects, drug interactions, compatibility and dose limits of administered medications • equipment, devices, special procedures and/or techniques required for medication administration • what scheduled medications are considered time-critical and non-time-critical • what medications are not eligible for scheduled dosing times 	orientation and ongoing if determined necessary by the medical staff	all personnel preparing and administering drugs and biologicals

Topic	DHSS, CMS, OSHA, JC	Regulation, Standard	Education Requirement	When	Required Personnel
Medication Administration (cont.)	CMS	§482.23(c) §482.23(c)(2) §482.25(b)(1)	<ul style="list-style-type: none"> • requirements for the timing of administration of time critical and non-time critical medications in accordance with the hospital's policies • actions to be taken when medications with scheduled dosing times are not administered within their permitted window of time • administration and timing of new medications that are initiated between standardized dosing times • 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 • reporting medication errors to the attending physician that are the result of missed or late dose administration, in accordance with requirements • applicable pharmaceutical policies and procedures • competency assessment and evaluation of skills related to CSPs: aseptically preparing CSPs, using visual observations, as well as bacterial sampling 	orientation and ongoing if determined necessary by the medical staff	all personnel preparing and administering drugs and biologicals

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Medication Administration (cont.)	CMS	§482.23(c) §482.23(c)(2) §482.25(b)(1)	<ul style="list-style-type: none"> • identifying and measuring ingredients • cleansing and garbing • aseptic manipulation skills • environmental quality and disinfection • appropriate work practices within and adjacent to direct compounding area • environmental quality and disinfection • appropriate work practices within and adjacent to direct compounding area • verification and calibration of equipment • sterilization • post-production quality checks 	orientation and ongoing if determined necessary by the medical staff	all personnel preparing and administering drugs and biologicals
Nuclear Medicine	CMS	§482.53	<ul style="list-style-type: none"> • the hospital must specify in writing the qualifications, training, functions and responsibilities of each category of personnel used in nuclear services 	orientation and ongoing as defined by medical staff	all personnel designated as qualified or appropriate medical staff

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Standing Orders	CMS	§482.23(c)	<ul style="list-style-type: none"> • policies and procedures • conditions and criteria for using standing orders • staff members' responsibilities associated with their initiation and execution • educate physicians or other practitioner responsible for the care of the patient on the process for authenticating the initiation of all standing orders 	orientation and as needed	medical, nursing and other applicable professional staff
Radiologic Equipment and Procedures	CMS	482.26 (c)(2)	<ul style="list-style-type: none"> • policies and procedures • use of equipment; radiation exposure • anatomy, position, radiation protection, basic patient care 	orientation and as needed	only applies to personnel designated as qualified by medical staff
Infection Prevention and Control and Antibiotic Stewardship Programs	CMS	482.42	principles and practices for preventing transmission of infectious agents within the hospital; problems identified by quality assurance competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on the practical applications of infection prevention and control and antibiotic stewardship guidelines, policies, and procedures	orientation and as needed with updates	staff with contact with patients or medical equipment
Organ Donation	CMS	482.45(a)3 482.45(a)(4)	designated requestor course approved by the OPO and training addresses use of discretion	orientation	individual designated as a requestor

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Organ Donation (cont.)	CMS	482.45(a)5	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 changes or if QAPI identifies problems	all designated and appropriate staff
Ligature Risk Training	CMS	QSO-23-19 (pending CoP update at §482.13(c)(2))	identification of patients at risk of harm to self or others; identification of environmental risk factors and mitigation strategies	orientation, changes in policy or procedure, at least every two years	direct employees, volunteers, contractors, per diem staff, any staff providing clinical care under arrangement
Bloodborne Pathogens	OSHA	29 CFR 1910.1030(g)(2)	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	29 CFR 1910.1200(h)(1)	hazardous chemicals in the work area	orientation, initial assignment and whenever a new health hazard introduced into the work area	all

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Noise Exposure	OSHA	29 CFR 1910.95(k)	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	29 CFR 1910.147(c)	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	29 CFR 1910.146(g)	practices and procedures to protect employees working in permit required confined spaces	orientation and with changes	staff working in confined spaces
Fire Brigades	OSHA	29 CFR 1910.156(c)	duties and functions when fire brigades are established by employer	orientation and annually	all assigned staff
Portable Fire Extinguishers	OSHA	29 CFR 1919.157(g)	use of extinguishers	orientation and annually	all staff assigned to fire response team
Competency	JC	HR.01.05.03	training to maintain or increase competency and when staff responsibilities change	ongoing	all assigned staff
		HR.01.06.01 HR.01.07.01	competency is assessed and documented at orientation and at least every three years or more often per hospital policy or other applicable? regulation	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 LPs

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Changes in Patient Condition, Rapid Response	JC	HR.01.05.03	<ul style="list-style-type: none"> how to identify early warning signs how to respond how and when to contact clinicians 	according to hospital policy	staff and LPs 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"> key safety content related to ones job-specific role including those related to infection control 	orientation	staff and LPs
		EC.03.01.01	<ul style="list-style-type: none"> methods to eliminate or minimize physical risks actions to take in the event of an environment of care incident, including reporting how to identify and minimize risks maintenance, inspection, testing, use of medical equipment, utility systems, waste 	according to hospital policy	staff and LPs health care workers who process medical equipment, devices, and supplies
		NPSG.07.01.01	<ul style="list-style-type: none"> hand hygiene program 	according to hospital policy	staff and LPs
		IC.02.02.01	<ul style="list-style-type: none"> processing medical equipment, devices, and supplies 	training, and competency	health care workers who process medical equipment, devices, and supplies
Influenza Vaccination	JC	IC.02.04.01	<ul style="list-style-type: none"> influenza vaccination non-vaccine control and prevention measures diagnosis, transmission, and impact 	according to hospital policy	staff and LPs

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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
Security	JC	HR.01.04.01	<ul style="list-style-type: none"> • interaction with patients • procedures for responding to unusual clinical incidents • hospital channels of communication • distinctions between administrative and clinical seclusion and restraint 	according to hospital policy	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
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

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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 restraint or seclusion. Physicians who order restraint or seclusion also must be trained on the appropriate policies and procedures
Impaired Physicians and LPs	JC	MS.11.01.01	illness and impairment recognition issues specific to LPs	according to hospital policy	LPs and other relevant staff
LPs and Privileged Staff	JC	MS.12.01.01	information 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	LPs 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"> • use of firefighting equipment • awareness of building deficiencies, construction hazards and temporary measures implemented to maintain fire safety • compensating for impaired structural or compartmental fire safety features 	according to hospital policy	applicable staff
Fall Reduction	JC	PC.01.03.01	importance of fall reduction education to patients	according to hospital policy	all
Anticoagulant Therapy	JC	NPSG.03.05.01	anticoagulant therapy	according to hospital policy	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	reporting concerns about safety or the quality of care to JC without retaliatory action from the hospital	according to hospital policy	staff, LPs
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, LPs
Performance improvement and change management	JC	LD.03.05.01 PI.01.01.01 MS.05.01.03 MS.12.01.01	performance improvement and change management based on findings of PI activities	according to hospital policy	staff MS.12.01.01 pertains to physicians, LPs, and privileged staff
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
Computed Tomography (CT)	JC	HR.01.05.03	<ul style="list-style-type: none"> radiation dose optimization safe procedures for operating CT devices 	orientation and annually	individuals who perform CT
Magnetic Resonance Imaging (MRI)	JC	HR.01.05.03	patient screening, equipment, positioning, safety response procedures, system emergency shutdown procedures, environmental safety, patient safety	orientation and annually	

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Maternal Hemorrhage and Maternal Hypertension/Pre-eclampsia	JC	PC.06.01.01 and PC.06.03.01	role specific education to all staff and 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.
Workplace Violence	JC	HR.01.05.03	workplace violence prevention program. The hospital provides training, education, and resources to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows: <ul style="list-style-type: none"> • what constitutes workplace violence • education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement • training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents • the reporting process for workplace violence incidents (See also LD.03.01.01, EP 9) 	at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program	all