

**Critical Access Hospital**  
**Required Orientation & Ongoing Education and Training**  
**(Updated February 2025)**

All Appendix W, Section 485 Conditions can be found [here](#).

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	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	<a href="#">19 CSR 30-20.114(1)(C)</a>	hospital infectious waste management plan	orientation and ongoing	exposed staff
Alzheimer’s Disease	DHSS	<a href="#">19 CSR 30-26.010</a> <a href="#">RSMo 660.050</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
Advance Directives	CMS	<a href="#">483.10(b)(8)</a>	policies and procedures for advance directives	orientation and with P&P’s change	all
Non-medical Emergencies	CMS	485.623(c)	handling of emergencies, including prompt reporting of fires, extinguishing fires, protection; and, where necessary, evacuation of patients, personnel, and guests	orientation	all
Obstetrical Services	CMS	§485.649(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.	New hire, with changes, and every two years ongoing	Relevant staff identified by the governing body, including medical staff/providers

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			Additionally, the education should be related to QAPI findings.	Must be in compliance by January 1, 2027	
Emergency Services Readiness	CMS	§485.618(e)(2)	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
Infection Control	CMS	485.640(c)(2)(iv)	competency based training of personnel and staff, including medical staff, on the practical application of infection prevention and control guidelines, policies and procedures	orientation and ongoing	personnel, staff (including medical staff) involved in care delivery
Antibiotic Stewardship	CMS	485.640(c)(3)	competency based training of personnel and staff, including medical staff, on the practical application of antibiotic stewardship guidelines, policies and procedures	orientation and ongoing	personnel, staff (including medical staff) involved in care delivery
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Patient Visitation	CMS, DHSS	485.635(f)	assure appropriate implementation of visitation policies and procedures and avoidance of unnecessary restrictions or limitations on patients' visitation rights state: While required staff training is not mentioned in the	ongoing	any staff controlling access to patients

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			state visitation statute, hospital visitation policy must include requirements of Section <a href="#">191.1400</a> , RSMo Compassionate Care Visits. CMS and state requirements impacting policy and procedures should be educated on. Section <a href="#">191.2290</a> , 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.		
Restraint and Seclusion (See CAH R&S Crosswalk)	CMS	485.614(e)	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 P&Ps
Organ Donation	CMS	485.643(c)	designated requestor course approved by the OPO	orientation, annually, and with P&Ps change or if QAPI identifies problems	individual designated as a requestor
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Organ Donation	CMS	485.643(e)	organ donation issues and how to work with the OPO, tissue bank and eye bank	orientation, annually, and with P&Ps change or if QAPI identifies problems	all designated and appropriate staff

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Sterile Compounding Practices	CMS	485.635(a)(3)(iv)	training and competency assessment on policies and procedures related to the safe administration of drugs and biologicals; accuracy and precision in identification and measurement, cleansing and garbing, aseptic manipulation skills, environmental quality and disinfection, work practices within and adjacent to the direct compounding area, verification and calibration, sterilization, post-product quality monitoring	orientation and ongoing	all personnel participating in sterile compounding practices
Medication Administration	CMS	485.635(d)(3)	may include but not limited to: safe handling and preparation of drugs, biologicals and IV medications and dose limits of administered medications equipment special devices, special procedures, and/or techniques required for medication administration)	orientation and ongoing	nursing staff and other authorized personnel
Emergency Preparedness	CMS	485.625	all emergency preparedness policies and procedures including prompt report and extinguishing of fires, protection, and where	orientation and every two years and significant updates not	new and existing staff, those under contract arrangement, volunteers
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Emergency Preparedness (cont.)	CMS	485.625	necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighters and disaster authorities	specified	new and existing staff, those under contract arrangement, volunteers

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Communication Systems	CMS	485.616(a)	related to communication systems as part of a rural health network	according to policy	according to policy
Nursing Services	CMS	485.635(d) and (d)(1)	nursing policies and procedures	orientation and P&P change	all nursing staff including contracted nursing staff
Adverse drug reaction and errors in drug administration	CMS	485.635(a)(3)	medication administration errors and ADR including criteria for errors, ADRs to be reported, and the process for reporting	according to policy	staff involved in medication administration
COVID-19 Vaccination	CMS	485.640	staff education on the hospital policy and procedure regarding unvaccinated individuals	orientation	all (CAH employees; Licensed practitioners; Students, trainees, and volunteers; and Individuals who provide care, treatment, or other services for the CAH and/or its patients, under contract or by other arrangement
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 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>	working in confined space	orientation and with changes	all assigned staff
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 and documented at orientation and at least every three years or more often per hospital policy or other applicable regulations</li> </ul>	orientation and at least every three years	all
Waived Testing	JC	WT.03.01.01	trained and competence assessed using two methods of testing for each waived test performed	according to hospital policy	staff and LIPs
Changes in Patient Condition, Rapid Response	JC	HR.01.05.03 PC.02.01.19	<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

Influenza Vaccination	JC	IC.02.04.01	<ul style="list-style-type: none"> <li>influenza vaccination</li> <li>nonvaccine 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
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

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Adverse Events	JC	HR.01.05.03 LD.03.09.01	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.03.05.07 PC.03.05.17	recognizing behavior, interventions to minimize use, safe application, physical holding and take-down techniques, monitoring, evaluation, first aid and CPR	according to hospital policy	staff who monitor patients or apply R&S. Physicians who order R&S also must be trained on P&Ps
Impaired Physicians and LIPs	JC	MS.06.01.05	illness and impairment recognition issues specific to LIPs	according to hospital policy	LIPs and other relevant staff
LIPs and Privileged Staff	JC	LD.03.07.01 MS.05.01.03	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> </ul>	according to hospital policy	applicable staff

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Life Safety Codes during Construction (continued)	JC	HR.01.05.03 LS.01.02.01	<ul style="list-style-type: none"> <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 PC.01.02.08 PC.02.03.01	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
Performance Improvement and change management	JC	LD.03.05.01 PI.02.01.01 PI.04.01.01	performance improvement and change management	according to hospital policy	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
		HR.01.05.03	the 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		

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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	