

Required Orientation and Education Crosswalk — *Critical Access Hospitals*

Critical Access Hospital
Required Orientation & Ongoing Education and Training
(Updated January 2020)

Topic	DHSS, CMS, OSHA, JC	Regulation, Standard	Requirement	When	Required Personnel
Unlicensed Assistive Personnel	DHSS	19 CSR 30-20.125	as identified in rule	orientation and ongoing	unlicensed assistive personnel
Infectious Waste Management	DHSS	19 CSR 30-20.114(1)(C)	hospital infectious waste management plan	orientation and ongoing	exposed staff
Alzheimer's Disease	DHSS	19 CSR 30-26.010 RSMo 660.050	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-CAH Swing Bed	483.10(b)(8)	policies and procedures for advance directives	orientation and with P&P's change	all
Non-medical Emergencies	CMS-CAH	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
Infection Control	CMS-CAH	485.635(a)	problems identified through quality assurance; infection control policies and practices pertinent to staff responsibilities	ongoing	staff with contact with patients or medical equipment
Patient Visitation	CMS	485.635(f)	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
Organ Donation	CMS-CAH	485.643(c)	designated requestor course approved by the OPO	orientation	individual designated as a requestor

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Organ Donation	CMS-CAH	485.643(e)	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
Medication Administration	CMS	485.618(b)	all hospital policy and procedure (may include but not limited to: <ul style="list-style-type: none"> • 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	all personnel prepared and administering drugs and biologicals
Emergency Preparedness	CMS	485.625	all emergency preparedness policies and procedures including prompt report and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighters a disaster authorities	orientation and every two years and significant updates not specified	new and existing staff, those under contract arrangement, volunteers
Communication Systems	CMS	485.616(a)	related to communication systems as part of a rural health network		
Nursing Services	CMS	485.635(d)	nursing policies and procedures	orientation and P&P change	all nursing staff including contracted nursing staff

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HIPAA	CFR	45 CFR164.530(b)(1)	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	29 CFR 1910.1030(g)(2)	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	29 CFR 1910.1200(h)(1)	hazardous chemicals in the work area	initial assignment and whenever a new health hazard introduced into the work area	all
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
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

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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)	working in confined space	orientation and with changes	all assigned staff
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 HR.01.06.01	<ul style="list-style-type: none"> training to maintain or increase competency and when staff responsibilities change competency is assessed and documented at orientation and at least every three years or more often per hospital policy or other applicable regulations 	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	<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 LIPs who may request or respond to requests for assistance
Influenza Vaccination	JC	IC.02.04.01	<ul style="list-style-type: none"> influenza vaccination nonvaccine control and prevention measures 	according to hospital policy	staff and LIPs

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Influenza Vaccination (continued)	JC	IC.02.04.01	diagnosis, transmission and impact	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"> • 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	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

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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.03.03.07 PC.03.05.17	recognizing behavior, interventions to minimize use, safe application, physical holding and take-down techniques, monitoring, evaluation, first aid and CPR	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.11.01.01	illness and impairment recognition issues specific to LIPs	according to hospital policy	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	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"> • use of firefighting equipment 	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"> 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	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
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	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"> • 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, emergency procedures, environmental safety, patient safety	Orientation and annually	

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