

**2022 Staff & Licensed Independent Practitioner Education
Based on The Joint Commission (TJC) Requirements**

*Applicable to the following Accreditation Programs: (X) Hospital () Critical Access Hospital () Behavioral Health
() Ambulatory Care () Office Based Surgery () Disease Specific Certification () Staffing Certification*

Chapter	Standard	Topic Requiring Staff/LIP Education
Accreditation Participation Requirements (APR)	APR .09.02.01, EP 1	<ul style="list-style-type: none"> Educate staff and LIPs of reporting quality and safety concerns to TJC
Environment of Care (EC)	EC.02.01.01, EP 16	<ul style="list-style-type: none"> Restricting access to MRI to only staff trained in MRI safety
	EC.02.03.01, EP 9	<ul style="list-style-type: none"> Staff and LIP roles in managing fire risks
	EC.02.04.03 EP 20-25	<ul style="list-style-type: none"> Annual performance evaluation of CT, MRI and Nuclear Medicine equipment by qualified individual. Medical physicists may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist
	EC.02.05.09 EP 7	<ul style="list-style-type: none"> Critical components of piped medical gas and vacuum systems; waste anesthetic gas disposal. Persons maintaining the systems are qualified by training and certification to the requirements of the American Society of Sanitary Engineers (ASSE) 6030 or 6040.
	EC.03.01.01 EP 1	<ul style="list-style-type: none"> Staff responsible for the maintenance, inspection, testing, and use of medical equipment, utility systems and equipment, fire safety systems and equipment, and safe handling of hazardous materials and waste competent and receive continuing education and training
Emergency Management (EM)	EM.15.01.01 EP 1	<ul style="list-style-type: none"> Emergency preparedness training is provided based on prioritized risks as identified from the hazard vulnerability analysis, emergency operations plan, communications plan and policies and procedures.
	EM.15.01.01 EP 2	<ul style="list-style-type: none"> The hospital provides initial education and training in emergency management to all new and existing staff, individuals providing services under arrangement, volunteers, physicians, and other licensed practitioners that is consistent with their roles and responsibilities in an emergency. The initial education and training include the following: <ul style="list-style-type: none"> Activation and deactivation of the emergency operations plan Communications plan Emergency response policies and procedures Evacuation, shelter-in-place, lockdown, and surge procedures Where and how to obtain resources and supplies for emergencies (such as procedures manuals or equipment) Documentation is required.

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	EM.15.01.01 EP 3	<ul style="list-style-type: none"> Hospital provides ongoing emergency preparedness training to staff, volunteers, and individuals providing on-site services under arrangement at the following intervals: <ul style="list-style-type: none"> At least every two years When roles or responsibilities change When policies and procedures are significantly updated
		<ul style="list-style-type: none"> The hospital requires that incident command staff participate in education and training specific to their duties and responsibilities in the incident command structure.
Human Resources (HR)	HR.01.01.01 EP 1	<ul style="list-style-type: none"> Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).
	HR.01.01.01 EP 1	<ul style="list-style-type: none"> Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience.
	HR.01.01.01 EP 1	<ul style="list-style-type: none"> For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The director of psychiatric nursing is a registered nurse who has a master's degree in psychiatric or mental health nursing, or its equivalent, from a school of nursing accredited by the National League for Nursing or is qualified by education and experience in the care of the mentally ill.
	HR.01.01.01 EP 1	<ul style="list-style-type: none"> For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The director of the social work department or service has a master's degree from an accredited school of social work or is qualified by education and experience in the social services needs of the mentally ill. (Note: If the director does not hold a master's degree in social work, at least one staff member has this qualification.)
	HR.01.01.01 EP 32	<ul style="list-style-type: none"> Technologists who perform diagnostic computed tomography (CT) exams have advanced-level certification by the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB) in computed tomography or have one of the following qualifications: <ul style="list-style-type: none"> State licensure that permits them to perform diagnostic CT exams and documented training on the provision of diagnostic CT exams Registration and certification in radiography by ARRT and documented training on the provision of diagnostic CT exams

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		<ul style="list-style-type: none"> ○ Certification in nuclear medicine technology by ARRT or NMTCB and documented training on the provision of diagnostic CT exams
	HR.01.01.01 EP 33	<ul style="list-style-type: none"> ● The hospital verifies and documents that diagnostic medical physicists who support computed tomography (CT) services have board certification in diagnostic radiologic physics or radiologic physics by the American Board of Radiology, or in Diagnostic Imaging Physics by the American Board of Medical Physics, or in Diagnostic Radiological Physics by the Canadian College of Physicists in Medicine, or meet all of the following requirements: <ul style="list-style-type: none"> ○ A graduate degree in physics, medical physics, biophysics, radiologic physics, medical health physics, or a closely related science or engineering discipline from an accredited college or university ○ College coursework in the biological sciences with at least one course in biology or radiation biology and one course in anatomy, physiology, or a similar topic related to the practice of medical physics ○ Documented experience in a clinical CT environment conducting at least 10 CT performance evaluations under the direct supervision of a board-certified medical physicist
	HR.01.04.01 (all)	<ul style="list-style-type: none"> ● New Hire required orientation topics for staff including: ● Key safety content ● Hospital-wide & unit-specific policy & procedures ● Job-specific duties, including infection prevention, pain assessment/management ● Cultural diversity ● Patient rights/ethical treatment

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	HR.01.05.03 (all)	<ul style="list-style-type: none"> • Provision of ongoing training and education for staff including: <ul style="list-style-type: none"> ○ To maintain/increase competency ○ When responsibilities change • Required annual education for radiological techs who perform CT <ul style="list-style-type: none"> ○ Radiation dose optimization techniques and tools for pediatric and adult patients addressed in the Image Gently® and Image Wisely® campaigns ○ Safe procedures for operation of the types of CT equipment they will use • Required annual education for radiological techs who perform MRI <ul style="list-style-type: none"> ○ Patient screening criteria that address ferromagnetic items, electrically conductive items, medical implants and devices, and risk for nephrogenic systemic fibrosis (NSF) ○ Proper patient and equipment positioning activities to avoid thermal injuries ○ Equipment and supplies that have been determined to be acceptable for use in the MRI environment (MR safe or MR conditional) * ○ MRI safety response procedures for patients who require urgent or emergent medical care ○ MRI system emergency shutdown procedures, such as MRI system quench and cryogen safety procedures ○ Patient hearing protection ○ Management of patients with claustrophobia, anxiety, or emotional distress • Workplace violence prevention program: The hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the program) 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

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Infection Control (IC)	IC.01.01.01, EP 4, 6	<ul style="list-style-type: none"> For hospitals that use Joint Commission accreditation for deemed status purposes: The individual with clinical authority over the infection prevention and control program is responsible for training and educating staff, including medical staff, on the practical applications of infection prevention and control guidelines, policies, and procedures
	IC.01.05.01, EP 6 IC.02.01.01, EP 7	<ul style="list-style-type: none"> Infection prevention and control education to staff & LIP
	IC.02.02.01	<ul style="list-style-type: none"> Reducing risk of infection – staff who process/clean medical equipment, devices & supplies
	IC.02.04.01, EP2	<ul style="list-style-type: none"> The hospital educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza
Information Management (IM)	IM.01.01.03, EP 2	<ul style="list-style-type: none"> Staff & LIP – processes for managing when systems are down
Leadership (LD)	LD.01.03.01, EP 27	<ul style="list-style-type: none"> A qualified individual(s) with expertise in infection prevention and control and in antibiotic stewardship has been designated at the hospital as responsible for communicating with the unified infection prevention and control and antibiotic stewardship programs, implementing and maintaining the policies and procedures governing infection prevention and control and antibiotic stewardship (as directed by the unified infection prevention and control and antibiotic stewardship programs), and providing education and training on the practical applications of infection prevention and control and antibiotic stewardship to hospital staff
	LD.04.01.06, EP 1	<ul style="list-style-type: none"> For hospitals that elect The Joint Commission Primary Care Medical Home option: Primary care clinicians have the educational background and broad-based knowledge and experience necessary to handle most medical and other health care needs of the patients who selected them. This includes resolving conflicting recommendations for

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	LD.04.04.13, EP 3	<ul style="list-style-type: none"> The hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population.
	LD.02.01.01, EP 3	<ul style="list-style-type: none"> Communicate mission, vision and goals to all individuals (staff & LIP)
	LD.03.04.01 (all)	<ul style="list-style-type: none"> Educate & communicate information on safety & quality to all individuals (Code of Conduct and Culture of Safety)
	LD.03.09.01, EP 4	<ul style="list-style-type: none"> Communicate sentinel event definition throughout organization
Life Safety (LS)	LS.01.02.01, EP 10, 13-14	<ul style="list-style-type: none"> When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Provides additional training to those who work in the hospital on the use of firefighting equipment. The need for additional training is based on criteria in the hospital's interim life safety measure (ILSM) policy. The hospital conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the hospital's interim life safety measure (ILSM) policy. The hospital trains those who work in the hospital to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measure (ILSM) policy.
	LS.01.02.01, EP 14	<ul style="list-style-type: none"> The hospital trains those who work in the hospital to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measures (ILSM) policy.
Medication Management (MM)	MM.02.01.01, EP 14	<ul style="list-style-type: none"> Communicate to LIPs and appropriate staff about protocols for medication substitutions
	MM.05.01.01, EP 1	<ul style="list-style-type: none"> Medications ordered by a licensed independent practitioner to be administered by staff who are permitted to do so by virtue of education, training, and organization policy (such as a registered nurse) and in accordance with law and regulation.
	MM.09.01.01 EP 2,5	<ul style="list-style-type: none"> The hospital educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing,

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		administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need.
Medical Staff (MS)	MS.04.01.01 (All)	<ul style="list-style-type: none"> Graduate Medical Education requirements
	MS.11.01.01, EP1	<ul style="list-style-type: none"> Identification of Medical Staff impairment & health issues for LIPs
	MS.12.01.01 (All)	<ul style="list-style-type: none"> Hospital-sponsored educational activities are prioritized by the organized medical staff and relate, at least in part, to the type and nature of care, treatment, and services offered by the hospital. Education is based on the findings of performance improvement activities. Staff participation in continuing education is documented. Participation in continuing education is considered in decisions about reappointment to membership on the medical staff or renewal or revision of individual clinical privileges.
National Patient Safety Goals (NPSG)	NPSG.03.03.01 EP 6	<ul style="list-style-type: none"> Staff and LIPs providing anticoagulant education to patients are trained
	NPSG.06.01.01 EP 4	<ul style="list-style-type: none"> Staff and licensed independent practitioners about the purpose and proper operation of alarm systems
	NPSG.15.01.01 EP 1, 5	<ul style="list-style-type: none"> Training and competence assessment of staff who care for patients at risk for suicide including recognizing ligature risk
Nursing (NR)	NR.01.02.01	<ul style="list-style-type: none"> The nurse executive is a licensed professional registered nurse qualified by advanced education and management experience.
Provision of Care (PC)	PC.01.01.01 EP 24	<ul style="list-style-type: none"> Clinical and non-clinical staff caring for boarded BH patients are trained in effective and safe care, treatment, and services (for example, medication protocols, de-escalation techniques)
	PC.01.02.09, EP3	<ul style="list-style-type: none"> Staff are trained how to recognize signs of possible abuse, neglect, and about their role in follow-up
	PC.02.01.11, EP4	<ul style="list-style-type: none"> The hospital provides education and training to staff involved in the provision of resuscitative services. Education and training is based upon job responsibilities and hospital policies and procedures and provided at the following intervals: <ul style="list-style-type: none"> At orientation A periodic basis, thereafter, as determined by the hospital When staff responsibilities change

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	PC.02.02.13, EP2	<ul style="list-style-type: none"> Staff training on needs of the dying patient
	PC.06.01.01, EP4	<ul style="list-style-type: none"> Provide role specific education to all staff and providers who treat pregnant and postpartum patients about the hospital's hemorrhage procedure upon hire, change in procedure or every two years.
	PC.06.03.01, EP3	<ul style="list-style-type: none"> Provide role-specific education to all staff and providers who treat pregnant/postpartum patients about the hospital's evidence-based severe hypertension/preeclampsia procedure upon hire, change in procedure or every two years. Note: The emergency department is often where patients with symptoms or signs of severe hypertension present for care after delivery. For this reason, education should be provided to staff and providers in emergency departments regardless of the hospital's ability to provide labor and delivery services
Provision of Care (PC) – Restraint & Seclusion	PC.03.05.07, EP1 PC.03.05.09, EP2 PC.03.05.11, EP1	<ul style="list-style-type: none"> Involved LIPs/Staff re monitoring of patients in restraint/seclusion Training on 42 CFR 482.13(f) for LIPs who monitor condition of patients in restraint Involved LIPs have working knowledge of hospital policy on restraint and seclusion RNs or PAs doing in person evaluation one hour post restraint application must have training
	PC.03.05.13, EP1	<ul style="list-style-type: none"> Patient who is simultaneously restrained and secluded is continually monitored by trained staff
Patient Rights (RI)	RI.01.01.03, EP 2	<ul style="list-style-type: none"> Language interpreting options may include hospital-employed language interpreters, contract interpreting services, or trained bilingual staff
Transplant Safety (TS)	TS.01.01.01, EP 5	<ul style="list-style-type: none"> Staff training on sensitivity of organ procurement and issues surrounding organ procurement. Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors.
Waived Tests (WT)	WT.03.01.01, EP1,2	<ul style="list-style-type: none"> Staff & LIPs receive orientation for waived tests
	WT.03.01.01, EP3	<ul style="list-style-type: none"> Staff & LIP training on each waived test they perform
	WT.03.01.01, EP4	<ul style="list-style-type: none"> Staff & LIP training on use and maintenance of instruments
	WT.03.01.01, EP5	<ul style="list-style-type: none"> Staff & LIP competence by two methods (annually)
	WT.03.01.01, EP6	<ul style="list-style-type: none"> Staff and LIPs are trained on waived tests annually

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Source: The Joint Commission's 2022 *Comprehensive Accreditation Manual for Hospitals (CAMH): The Official Handbook* and www.jointcommission.org
This resource is intended to be a guideline – please refer to TJC CAMH for complete text of Standards and Elements of Performance.