



June 15, 2022

To all OSH staff,

This Superintendent Directive modifies and adds to Oregon State Hospital (OSH) policy number 6.016, "Sexual Activity Between Patients," and OSH policy number 8.019, "Staff Response to Alleged Criminal Acts and Contraband."

It is my directive that, **effective July 6, 2022:**

OSH policy 6.016 is amended as follows:

- Inappropriate sexual behaviors include:
  - Sexual contact, as defined in OSH policy 6.016
  - Intimate/inappropriate touching
  - Kissing
  - Extended hand holding
  - Full body hugs
  - Hugs from behind
  - Sexual conversations/statements
  - Going off alone with another patient to be more intimate
  - Other behaviors you would normally associate with sexual interactions or relationships, and/or
  - Any sexual or dating behavior the interdisciplinary treatment team (IDT) deems as contraindicated for recovery
- Appropriate touch includes, but is not limited to:
  - Handshakes
  - Fist bumps
  - Touching a person's shoulder
  - Side hugs
  - Any behavior normally associated with friendship or emotional support
- Staff and patients are authorized to use appropriate touch; however, staff and patients must receive permission before touching another



- person. Even if permission is received, the other party may change their mind at any time, and the appropriate touch must stop immediately.
- When a staff witnesses a patient engaging in inappropriate sexual behaviors with another person, they must:
    - Intervene to stop the sexual behaviors. Appropriate interventions include, but are not limited to:
      - Instructing the individuals to stop and separate
      - Call for additional staff for assistance
      - If authorized by a registered nurse (RN), use physical intervention to separate the patient(s)
      - If the situation occurs on a secure residential treatment facility (SRTF) unit, contact the PNM in lieu of an RN for assistance and direction.
    - Notify the lead RN of the incident after the individuals have discontinued engaging in inappropriate sexual behaviors and have been separated.
    - The RN may consult with the with the IDT and/or program nurse manager (PNM) to determine if room changes or other environmental interventions are needed to limit contact between the involved patients.
  - For each instance of sexual contact, staff must:
    - Report the incident per OSH policy 1.003, “Incident Reporting,” and document the incident and intervention in each patient’s electronic medical record, per OSH policy 6.045, “Clinical Documentation.”
    - The lead RN will notify:
      - The patient’s psychiatrist/psychiatric mental health nurse practitioner (PMHNP) or POD (Psychiatrist on Duty) if after hours,
      - The unit Nurse Manager or PNM if after hours,
      - OSH Security department
    - The patient’s IDT will meet no later than the next business day, excluding weekends and holidays, following an incident of patient sexual contact to review and address the incident.
      - Treatment care plan updates that may come as a result of the IDT meeting must be made per OSH policy 6.011, “Treatment Care Planning.”
      - IDT will meet with the patient to assess any further psychological or medical needs and coordinate any recommended follow-up services.
    - If sexual contact occurs between patients that the patients describe as consensual, Psychology or Psychiatry staff will assess each

involved patient for capacity to give consent and document that assessment in the medical record.

- If it is determined that a patient does not have capacity to consent or a suspected sexual assault has occurred, staff must follow OSH policy 8.019, “Staff Response to Alleged Criminal Acts and Contraband.”

OSH policy 8.019 procedures section III(a)(2) is amended to include the following language:

- Staff that received the report of a sexual assault must contact the patient’s Psychiatrist/Psychiatric Nurse Practitioner (NP) and/or Psychiatrist on Duty (POD) and medical physician (MOD).
- If the physician, NP or registered nurse (RN) (in consultation with the physician or NP) determines that there is reasonable medical probability to believe that a sexual assault has occurred based on history and findings, the patient must immediately be referred to an acute-care hospital for a complete medical evaluation or forensic examination and treatment, which may include emergency contraception.
  - If this step is determined to be appropriate, staff with a therapeutic relationship with the patient (if available) will be assigned to accompany the patient to acute care hospital to provide emotional support.

The definition of “staff” includes all employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at OSH.

This directive will remain in effect until OSH Policies and Procedures are updated or the directive is otherwise rescinded.

Sincerely,

*Dolores Matteucci*

Dolly Matteucci (she, her, hers)

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