



October 11, 2022

To all OSH staff,

This Superintendent Directive replaces Superintendent Directive dated June 15, 2022 (as related to infection prevention). This Superintendent Directive modifies and adds to Oregon State Hospital (OSH) policy number 2.001, "Infection Prevention Program," and OSH Infection Prevention department protocol 1.010, "Infection Prevention Program."

On June 15, 2022, we announced changes to OSH Infection Control procedures to provide an environment free of infectious illness or disease for patients, staff, and visitors. It is my directive that, effective **October 31, 2022**, the following changes be made. Changes have been **highlighted** below.

- OSH policy 2.001 establishes the OSH Infection Control Program and associated procedures to assure compliance with accrediting agencies, laws, and other applicable regulations related to infection prevention.
- OSH Infection Control Program is maintained in the OSH Infection Control department manual as protocol 1.010. Measures described in Infection Control department protocol 1.010 apply to all staff.
- OSH staff are responsible to maintain the cleanliness and sanitation of patient care areas, including patient rooms. This means that OSH staff designated in this directive are authorized to:
 - Enter a patient's room to remove old food and fluids (excluding water), per OSH policy 6.047, "Patient Food."
 - Enter a patient's room to remove and dispose of garbage.
 - Check and remove soiled bedding to be laundered and ensure clean bedding is provided.
 - Remove dirty clothing and ensure these items are laundered. Clothes are to be returned to the patient after they are cleaned.



- Remove excessive amounts of state-issued clothing, bedding, and towels, which can pose a potential risk related to ligature creation.
- During rounding or other environmental monitoring, staff will dispose of patient hygiene items which are unlabeled or past the listed expiration date (if present). Labeling should clearly indicate the contents of the container, patient first name and last initial, and expiration date (if present).
- Designated staff include:
 - Nurses
 - Mental Health Technicians (MHT)
 - Interdisciplinary Team Members (IDT)
 - Clinical support staff that may have good rapport with/can assist a patient that may be having a difficult time with cleanliness and/or sanitation procedures, including Collaborative Problem Solving Coaches (CPS) or Spiritual Care
 - Environmental Services staff (EVS)
 - Clinical students
 - Clinical interns
 - Other staff as designated by the Superintendent
- Staff are encouraged to involve patients in maintaining cleanliness and sanitation of their rooms whenever possible to allow patients to maintain personal autonomy.
- If patients refuse to allow basic cleaning and sanitation of their room, staff must notify the patient's primary nurse so that Treatment Plan interventions can be put into place to address this safety and infection prevention issue.

Additionally,

- Laundry must be placed in covered storage containers and when Environmental Services department staff are not available. RNs, LPNs and MHTs must ensure that full garbage bags are removed from the unit common milieu areas.

OSH staff assist patients to maintain personal hygiene items in such a way that it is clear to whom the items belong and help to avoid sharing of items which could pose an infection risk or spreading of communicable diseases.

- Labeling to clearly indicate the contents of the container (if not already present) and expiration date (if known).
- To the fullest extent possible, all patient personal hygiene items will be labeled with the patient's first name and last initial.

- Each patient will be assigned a specific shelf in their bathroom which is designated for their personal care items, unless the physical layout of the room/unit prevents this.
- If desired, patients may use a hospital-provided shower caddy, labeled with their first name and last initial, to store personal hygiene items.

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,

Dolly Matteucci

Dolly Matteucci (she, her, hers)

Oregon State Hospital

Superintendent – CEO

Desk: 503-945-2850

Cell: 503-309-7287

DOLORES.MATTEUCCI@dhsosha.state.or.us