

# OREGON STATE HOSPITAL

## GLOSSARY OF POLICY TERMS

This glossary is to be referenced with all Oregon State Hospital (OSH) policies, procedures, and protocols. Additional policy-specific definitions may be found in the policy documents. For any questions or concerns, please contact [osh.policiesandprocedures@odhsoha.oregon.gov](mailto:osh.policiesandprocedures@odhsoha.oregon.gov).

Term	Definition
<b>Abuse</b>	<p>“Abuse” means one or more of the following:</p> <ol style="list-style-type: none"><li>1. Abandonment, including desertion or willful forsaking of an adult or the withdrawal or neglect of duties and obligations owed to an adult by a caregiver or other person.</li><li>2. Any physical injury to an adult caused by other than accidental means, or that appears to be at variance with the explanation given of the injury.</li><li>3. Willful infliction of physical pain or injury upon an adult.</li><li>4. Sexual abuse.</li><li>5. Neglect.</li><li>6. Verbal abuse of an adult.</li><li>7. Financial exploitation of an adult.</li><li>8. Involuntary seclusion of an adult for the convenience of the caregiver or to discipline the adult.</li><li>9. A wrongful use of a physical or chemical restraint upon an adult, excluding an act of restraint prescribed by a physician licensed under ORS chapter 677, physician assistant licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390 and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.</li><li>10. An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465 or 163.467.</li><li>11. Any death of an adult caused by other than accidental or natural means.</li><li>12. The restraint or seclusion of an adult with a developmental disability in violation of ORS 339.288, 339.291 or 339.308.</li><li>13. The infliction of corporal punishment on an adult with a developmental disability in violation of ORS 339.250 (9).</li></ol>

<b>Active medical conditions</b>	Medical conditions that are new, in the process of being worked up, unstable, or that interfere with treatment, even if the condition is short-lived (such as with influenza or COVID-19 infection). Note: a TCP Addendum may be the best way to update the TCP for a new and short-lived medical condition.
<b>Active treatment</b>	A clinical process involving ongoing assessment, diagnosis, intervention, evaluation of care and treatment, and planning for discharge and aftercare. Active treatment occurs when the patient receives clinical interventions that are delivered under the direction of the attending psychiatrist or psychiatric mental health nurse practitioner (PMHNP), and which address specific patient strengths and conditions requiring clinical intervention as identified in the treatment plan.
<b>Acute care hospital</b>	An acute care hospital is a type of healthcare facility that provides short-term medical treatment for patients with severe, urgent, or rapidly progressing conditions. For OSH policies, "acute care hospital" refers to Salem Health Hospital in Salem or Sacred Heart Riverbend Hospital in Springfield.
<b>Acute Milieu Emergency (AME)</b>	"Acute milieu emergency (AME) status" is a designation indicating a critical large-scale emergency in a patient-care area where the behavior or threatened behavior of multiple people indicates imminent danger of significant harm for a group of people in the area.
<b>Adjacent unit/area</b>	Other units or areas in the same fire zone, as indicated in the fire zone map, as the affected unit/area.
<b>Administrative correction</b>	A minor correction to the final policy system document that does not change the meaning or intent or have any significant impact to the agency. Minor corrections include, but are not limited to, formatting, spelling, grammar, reference or citation updates, etc.
<b>Administrative Directive (AD)</b>	A document authorized and issued by the Superintendent or designee to immediately establish, supplement, augment, and/or clarify operating policies, procedures, and/or protocols during an urgent situation. Administrative directives may supersede policy system documents.
<b>Administrative review</b>	Also referred to as "administratively review," means a Risk Review Panel meeting discussing a patient's risk review that takes place when the patient is not present for any reason, or when a late request comes in that bypasses the risk review process (Procedures A) and goes directly to the Chief Medical Officer (CMO) or Superintendent.
<b>Adverse drug reaction</b>	An appreciably harmful or unpleasant reaction, resulting from an intervention related to the use of a medicinal product, which predicts hazard from future administration and warrants prevention or specific treatment, or alteration of the dosage regimen, or withdrawal of the product.

<b>Affected unit/area</b>	The primary location of a Code Red emergency or drill; this location is indicated by the announcements from Access Control or by information from Mobile 2 or the Code Red Drill Coordinator.
<b>Agreed-upon hours</b>	The ETMS users approved the schedule, including any allowable flexing as approved by management.
<b>Aid and assist commitment</b>	A patient who is committed to OSH under Oregon Revised Statute 161.370 for competency restoration.
<b>Ambulatory Restraints (ARs)</b>	Soft neoprene handcuffs attached to a lockable waist belt.
<b>Anesthesia</b>	Consists of general anesthesia and spinal or major regional anesthesia and does not include local anesthesia.
<b>Animal-Assisted Activities (AAA)</b>	Activities designed to provide opportunities for motivational, educational, recreational, or therapeutic benefits to enhance quality of life. AAAs are delivered by specially trained professionals, paraprofessionals, or volunteers in association with animals that have at a minimum, an American Kennel Club Canine Good Citizen (CGC) certification. Animal-Assisted Activities do not have specific treatment goals planned for each visit.
<b>Animal-Assisted Therapy (AAT)</b>	A goal-oriented, planned, structured, and documented therapeutic intervention directed by a qualified professional or therapist in conjunction with a therapy animal as part of that person's profession.
<b>Annunciator panel</b>	A display panel that indicates the location of an alarm activation.
<b>Appropriate touch</b>	Includes but is not limited to: <ol style="list-style-type: none"><li>1. Handshakes,</li><li>2. Fist bumps,</li><li>3. Touching a person's shoulder,</li><li>4. Side hugs, and</li><li>5. Any behavior normally associated with friendship or emotional support.</li></ol>
<b>Approved visitor list</b>	Refers to patient visitors whose OSH visitor application has been approved.
<b>Assault</b>	Intentionally, knowingly, or recklessly causing physical injury.
<b>Asset</b>	May refer to capital or non-capital assets
<b>Attorney's Agent</b>	Someone who works for or contracts with the attorney, such as, but not limited to, an investigator or case manager.
<b>Attrition</b>	Movement, reduction, or decrease in numbers to create a gender exclusive unit.
<b>Atypical seclusion or restraint event</b>	Atypical seclusion and/or restraint events include circumstances or outcomes of the event that are outside of policy or procedure, or where documentation presents possible use of excessive force. These events could include patient injury during the

	restraint, lack of proper orders, or activities outside of established policy and administrative rules.
<b>Authorized bilingual employee</b>	An OSH employee who is proficient in one or more languages in addition to English (including signing for the deaf and hard of hearing) and who has been approved in accordance with Oregon Health Authority (OHA) policy OHA-060-044, "Language Proficiency Pay Differential Policy", to receive compensation for translation or interpretation.
<b>Authorized driver</b>	Staff, employee, agent, or volunteer who is approved by OSH to drive on official state business.
<b>Authorized marriage official</b>	A person who is a marriage official who has a license to officiate a marriage at the Oregon State Hospital, and who has been cleared by Security. In this policy, the term "authorized marriage official" does not include Spiritual Department staff or contractors.
<b>Authorized Package</b>	a package with an outside ordering exception or medically indicated item/package received by OSH for a patient that OSH has provided prior authorization for under OAR 309-102.
<b>Authorized translator</b>	A contractor approved through the DHS/OHA contracting process to provide translation services for DHS/OHA written materials.
<b>Automated Dispensing Cabinet (ADC)</b>	A secure and computerized medication storage cabinet interfaced with the electronic health record and designed to control the distribution of medication.
<b>Behavioral emergency</b>	Means a situation in which: <ol style="list-style-type: none"> <li>1. the patient presents an imminent danger of harm to self or others (as defined in this policy), and</li> <li>2. Nonphysical interventions are not viable, and</li> <li>3. Safety concerns require an immediate physical response.</li> </ol>
<b>Belief system</b>	Includes spiritual or religious beliefs, practices, and traditions
<b>Belief system representative</b>	A recognized leader of a belief system, such as a priest, pastor, medicine man or woman, imam, or rabbi who has arranged with Spiritual Care to provide belief system services to patients.
<b>Broset Violence Checklist (BVC)</b>	An evaluative instrument used to assess and convey the short-term risk of violence.
<b>Capital asset</b>	Tangible or intangible property used in agency operations having an initial estimated useful life of more than one year and an initial cost (including ancillary charges) of \$5,000 or more.
<b>Cash</b>	Defined in OSH policy 4.010, "Patient Funds." Cash means printed currency or coins of the United States Treasury and checks written to a patient.
<b>Cash equivalents</b>	Instruments readily convertible to cash, such as endorsed checks, etc. This definition includes phone cards or first-class postage stamps for more than one book (20 stamps). This also

	includes the balance on a facility use only cash card and stored value cards.
<b>Cashless Card</b>	The AVRO card provided by Oregon State Hospital for patient use while at Oregon State Hospital replaces the use of cash
<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>	The federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, and the federally facilitated Marketplace
<b>Chain of custody</b>	An unbroken, documented trail of accountability that is initiated and maintained by staff that proves the physical security, including movement and location, of an item.
<b>Charter</b>	A document that defines roles, responsibilities, composition, and protocols of a team.
<b>Chemical restraint</b>	<p>Is the use of medication to restrict the patient's freedom of movement that is not a standard treatment for the patient's new or continuing medical or behavioral condition.</p> <ol style="list-style-type: none"> <li>1. The use of antipsychotic or psychoactive medications to manage potentially violent behavior is not considered a chemical restraint as long as the medications and doses are:           <ol style="list-style-type: none"> <li>a. consistent with the community standard,</li> <li>b. used to protect the patient or others by treating assessed symptoms of a medical or psychiatric illness or condition, and</li> <li>c. allows the patient to interact with their environment more effectively.</li> </ol> </li> </ol>
<b>Civil Commitment or Civil Patient</b>	Also see "non-PSRB patient". A patient who is civilly committed per Oregon Revised Statute (ORS) 426.130 by order of a judge or voluntarily admitted by a guardian. A non-PSRB patient is not the same as a patient civilly committed under the forensic jurisdiction of the Psychiatric Security Review Board (PSRB) per ORS 426.701.
<b>Civil or internal disturbance</b>	Large-scale events, such as riots, that jeopardize the immediate physical safety of patients, staff, or others, but do not include individual patient events able to be resolved internally.
<b>Civil rights violation grievance</b>	Includes, but is not limited to, grievances related to race, religion, national origin, gender identity, sexual orientation, tribal affiliation, cultural practices, immigration status, and limited English proficiency.
<b>Claimant</b>	An OSH employee, paid intern, or other state employee assigned to OSH who is attempting to file a claim for permanent damages to their personal property caused by an OSH patient.
<b>Clamshell</b>	A disposable, one-piece container consisting of a bottom half and a top half connected at a hinge, which, when closed and

	latched, provides a sanitary and secure means of transporting and serving hot or cold food items.
<b>Clergy</b>	Any member of the community who is recognized by a religious authority and who has been accepted, oriented, trained, and approved by the Oregon State Hospital Spiritual Care Department.
<b>Clinical Contractors</b>	Individuals and professional companies that provide clinical care or services to patients.
<b>Clinical Staff</b>	All direct patient care staff, including but not limited to physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, students and volunteers, trainees, and contractual staff not employed by the facility.
<b>Clinical practice guidelines</b>	A tool that describes a specific procedure or process found, through clinical trials or consensus opinion of experts, to be the most effective in evaluating or treating a patient who has a specific symptom, condition, or diagnosis.
<b>Clocking threshold</b>	The period staff may clock in before a shift starts or clock out after a shift ends, which affects the overall time rounding calculation in the ETMS.
<b>Clockings</b>	The method of recording the arrival and departure times of an ETMS user. This may be a result of an OSH-issued identification badge scanned at a badge reader or added manually into the ETMS.
<b>Close call</b>	A patient safety event that did not cause harm but posed a risk of harm to the patient. Also called a “near miss” or “good catch”.
<b>Closed without abuse determination</b>	After diligent efforts have been made, the investigator is unable to locate the accused person, the alleged victim, or another individual who might have information critical to the outcome of the investigation, or relevant records or documents are unavailable so that the investigation cannot be completed.
<b>Code Blue</b>	A request for immediate response to any apparent emergency medical condition that could be either potentially life-threatening or life-altering.
<b>Code Blue Drill</b>	Opportunities for OSH staff to practice their medical emergency response skills.
<b>Code Blue Team</b>	The RN's who are responsible for training medical emergency response, reviewing code blue events, and are tasked with overseeing the emergency medical equipment.
<b>Code Green</b>	Means bringing together a group of staff responders sufficient to respond to an immediate behavioral emergency. “Code Green” is called by Access Control for an immediate response.
<b>Code Green Drill</b>	Opportunities for OSH staff to practice their behavioral emergency response skills, including some de-escalation skills and hands-on techniques.
<b>Code Orange</b>	A hazardous material spill.

<b>Code Purple</b>	Means bringing together a group of designated staff responders sufficient to respond to a hard shield request. "Code Purple" is called by Access Control for an immediate response by staff designated in OSH policy 8.046, "Shields."
<b>Code Red</b>	A fire-related emergency.
<b>Code Red Drill</b>	A simulated fire scenario jointly conducted by the section or building in which all staff and other occupants of the building respond simultaneously.
<b>Code Red Drill Coordinator</b>	Personnel trained in fire coordinator duties to assist in the timely and organized relocation or evacuation of all staff and patients.
<b>Code Silver</b>	An armed intruder emergency.
<b>Code Yellow</b>	An internal or external emergent situation.
<b>Complementary Personnel Database (CPD) checklist</b>	A report was generated within the Complementary Personnel Database that includes attendees, the safety brief, and steps to follow for the tour guide.
<b>Complete Neurological Examination</b>	Includes a review of the patient's history, physical examination, and, for psychiatric patients, a review of the psychiatric evaluation.
<b>Computer legal resources program</b>	An extensive, up-to-date, web-based, searchable legal database purchased by OSH for use by patients. It includes Federal Law (U.S. Supreme Court Reports and Opinions, Federal Circuit Courts and District Court Opinions, U.S. Tax Court information, Administrative Decisions Under Immigration and Nationality Laws of the U.S, Federal Rules, U.S. Constitution, U.S. Code, Public Laws of the United States, Code of Federal Regulations, Federal Register, and U.S. Sentencing Commission Guidelines Manual) and State Law for all 50 States and Washington D.C. including: Case Law, Statutes and Acts, Administrative rules and regulations, Court rules, and Hyperlinks to all cited state and federal cases, statutes and other primary law.
<b>Computerized Maintenance Management System (CMMS)</b>	OSH work order system
<b>Conditions of Participation (CoPs)</b>	Health and safety standards to begin and continue participating in Medicare and Medicaid programs
<b>Consecutive schedule</b>	Means two schedules with no time gap between the end of one shift and the start of another shift.
<b>Continuous Rounds, Census, and Milieu</b>	The assignment of dedicated direct care Nursing or Treatment Services staff to continuously move through and monitor all patient care areas of a unit or treatment mall for the dual purposes of verifying patients' status and whereabouts and

<b>Management (RCM)</b>	ensuring a safe and therapeutic physical environment (ex, ensuring doors are secured and no potential ligatures are present in the environment). This is documented on a standardized form generated from the electronic health record to be specific to the patient unit or treatment area. Documentation is completed three times hourly, 24 hours a day, 7 days a week.
<b>Contraband</b>	As defined in OSH policy 8.044, "Contraband." Contraband" is as defined in 28 CFR § 500.1 and 28 CFR § 553.12. Contraband means material prohibited by law, regulation or policy that can reasonably be expected to cause physical injury or adversely affect the safety, security, or good order of the facility or the protection of the public. Items possessed by a patient ordinarily are not considered to be contraband if the patient was authorized to retain the item upon admission to the hospital, the item was issued by authorized staff, or the item was approved, purchased, and received for a patient through appropriate OSH-approved channels. Contraband includes, but is not limited to: <ol style="list-style-type: none"><li>1. Hard contraband,</li><li>2. Nuisance contraband, and</li><li>3. Any substance or article that violates facility infection control requirements. Such substances or articles may be classified as either hard contraband or nuisance contraband, depending on the circumstances.</li></ol>
<b>Contract administration</b>	All the functions related to a given contract, including amendments, between OSH and a contractor from the time the contract is signed by all parties until the work is completed and accepted or the contract is terminated, final payment has been made, and any disputes have been resolved.
<b>Contract administrator</b>	Means the OSH staff designated by OSH to conduct the contract administration of a contract or class of contracts.
<b>Contracted Interpreter</b>	A person certified or qualified in the State of Oregon as a conversational, court, or health care interpreter, or a person certified by the National Registry of the Interpreters of the Deaf who is under contract with OSH to provide interpreter services.
<b>Contractor</b>	Any external individual, agency, or organization providing credentialed patient care, non-credentialed patient care, or any other contracted service to OSH.
<b>Controlled substance</b>	Means a drug or its immediate precursor classified in Schedules I through V under the federal Controlled Substances Act, 21 U.S.C. 811 to 812, as modified under ORS 475.035. The use of the term "precursor" in this paragraph does not control and is

	<p>not controlled by the use of the term "precursor" in ORS 475.752 to 475.980.</p> <ol style="list-style-type: none"><li>1. Does not include:<ol style="list-style-type: none"><li>a. The plant Cannabis family Cannabaceae;</li><li>b. Any part of the plant Cannabis family Cannabaceae, whether growing or not;</li><li>c. Resin extracted from any part of the plant Cannabis family Cannabaceae;</li><li>d. The seeds of the plant Cannabis family Cannabaceae;</li><li>e. Any compound, manufacture, salt, derivative, mixture, or preparation of a plant, part of a plant, resin, or seed described in this paragraph; or</li><li>f. Psilocybin or psilocin, but only if and to the extent that a person manufactures, delivers, or possesses psilocybin, psilocin, or psilocybin products in accordance with the provisions of ORS 475A.210 to 475A.722 and rules adopted under ORS 475A.210 to 475A.722.</li></ol></li></ol>
<b>Court visitor</b>	An independent investigator appointed by the court to meet with the patient and talk with doctors, caregivers, family members, and others who may have relevant information about whether a guardian is needed.
<b>Credential</b>	A license, registration, or certification required by law, regulation, or by OSH for a staff member to provide care or services to patients at OSH.
<b>Credentialed Contractor</b>	Licensed or credentialed professionals providing direct patient care under contract. Refer to OAR 409-045-0025 (8)(a-aa).
<b>Credentialing</b>	A standardized process of inquiry undertaken by credentialing organizations to validate specific information that confirms a health care practitioner's identity, background, education, competency, and qualifications related to a specific set of established standards or criteria
<b>Criminal act, or alleged criminal act</b>	<p>"Criminal act" or "alleged criminal act" means an act or crime actually or allegedly committed by a person that violates a law and is punishable by the state or federal government. Such acts may include, but are not limited to, assault, vandalism, theft, threat to staff, supplying contraband into OSH, or suspicious activity on an OSH campus.</p> <ol style="list-style-type: none"><li>1. An "alleged criminal act" should be considered to have occurred if:<ol style="list-style-type: none"><li>a. a staff member has reasonable cause to believe a crime has been committed; or</li><li>b. Information has been reported to a staff member, which, if true, would constitute a crime.</li></ol></li></ol>

<b>Critical values/results</b>	A critical result, laboratory or other, outside the normal range to a degree that may constitute an immediate health risk to the individual or require immediate action on the part of the ordering physician.
<b>Currency</b>	Paper or coins issued by the United States Treasury. This term is interchangeable with “cash” or “money”.
<b>Data governance</b>	Strategic planning and decision-making on data-related issues. Data governance activities include but are not limited to: addressing policies and strategic initiatives on data-related topics; establishing data standards and protocols for collection, displaying, and storing data; and addressing data integrity issues by verifying that data is reported and presented within the appropriate context for which it was intended.
<b>Data sensitivity</b>	Refers to data or information that requires controls on disclosure. OSH-defined sensitive data elements are in the List of Governed Data Elements. Examples of sensitive data include, but are not limited to: patient identification number, patient name, admit date, diagnosis, or legal status.
<b>Declaration for mental health treatment</b>	A document making a declaration of preferences or instructions regarding mental health treatment. In OSH policies, this may also be referred to as a “mental health advance directive.”
<b>Direct Care Staff</b>	Staff whose primary job function is to work directly with patients. This includes staff from Nursing, Treatment Services, Psychiatry, Psychology, Social Work, Treatment Care Plan Specialists, and Peer Recovery Specialists.
<b>Directly consumable foods</b>	Foods that are ready to eat and are safe for consumption that have been removed from their original packaging or OSH-prepared container.
<b>Disbursement</b>	Cash withdrawals requested by and delivered to patients or used to reimburse a hospital expense incurred at the request of a patient, patient-to-patient transfers, or check requests by patients.
<b>Disbursement</b>	A cash withdrawal requested by and delivered to patients or used to reimburse a hospital expense incurred at the request of a patient, patient-to-patient transfers, or check requests by patients.
<b>Discharge</b>	The movement of a patient from OSH to either a community setting or other institutional setting, including but not limited to jail or Department of Corrections (DOC) custody.
<b>Discharge plan</b>	A written plan describing the patient’s needs upon release from OSH. The discharge plan includes identification of the patient’s continuing medical, psychiatric, and other recovery service or support needs; basic needs such as housing, finances, and employment; social needs such as natural supports, peer supports, and other needed social contact; and the safety

	needs of the patient and the community. OSH refers to this as a Continuing Care Discharge Plan (CCDP).
<b>Discharge planning</b>	A process that begins upon admission and that is based on the presumption that with sufficient supports and services, all individuals can live in an integrated community setting. Discharge planning is developed and implemented through a person-centered planning process in which the patient has a primary role. Legal jurisdiction can also play a role.
<b>Discipline representative (prev. discipline conduit)</b>	An individual responsible for reporting on assessments, recommendations, and services/treatments provided by their department/discipline.
<b>Discovery</b>	Refers to a continuous communication cycle of data governance at OSH that includes DA scheduling annual assessments of known information assets, and directors and department managers notifying DA when a new information asset is created.
<b>Donor</b>	For OSH policies, this is a person leaving funds for a patient. A donor may include, but is not limited to, a patient visitor, friend, or family member.
<b>Drug</b>	<ol style="list-style-type: none"><li>1. Substances recognized as drugs in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them;</li><li>2. Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;</li><li>3. Substances (other than food) intended to affect the structure or any function of the body of humans or animals, including but not limited to vitamins, supplements, dietary powders, synthetic cathinones, synthetic cannabinoids, or</li><li>4. Substances intended for use as a component of any article specified in paragraph (1), (2), or (3) of this subsection; however, the term does not include devices or their components, parts, or accessories.</li></ol>
<b>Drug paraphernalia</b>	All equipment, products and materials of any kind that are marketed for use or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body a controlled substance in violation of ORS 475.752 to 475.980.

<b>Drug screening</b>	The testing of blood, urine, or other types of testing for the presence of a drug, as deemed necessary to determine use or impairment.
<b>Dual relationship</b>	A staff member has both a therapeutic relationship with a patient and a personal relationship with that same patient involving satisfaction of mutual needs (e.g., providing treatment services to a family member or close friend, or developing a close personal relationship with a person after having a therapeutic relationship with them).
<b>Durable medical equipment</b>	Medical equipment that meets a patient's medical need, such as dentures or a leg brace, is owned by the patient and may be left with the patient at discharge. Durable medical equipment or goods in this policy do not refer to commonly shared items owned by OSH (e.g., a wheelchair used by several patients on a unit).
<b>Duress alarm</b>	A call for help in response to either a perception of danger or an emergency which appears likely to lead to injury or the rapid breakdown of order, safety, or security.
<b>Duress alarm system</b>	A non-medical emergency alarm system consisting of personal mobile transmitters, fixed position transmitters, annunciator panels, and a camera monitoring system.
<b>Electronic Health Record (EHR)</b>	An electronic version of a patient's medical history, which is maintained by the provider over time and may include all of the key administrative and clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.
<b>Electronic Time Management System (ETMS)</b>	The software application used at OSH to manage and verify hours worked, leave time, and work schedules. The ETMS system that OSH uses is called API.
<b>Electronic Time Management System (ETMS) Users</b>	OSH staff who are required to use the ETMS.
<b>Emergency Kit (E-Kit)</b>	A secure, portable container that stores specific medications that are used to treat patients in emergencies.
<b>Emergency medical condition</b>	<ol style="list-style-type: none"><li>1. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in –<ol style="list-style-type: none"><li>a. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;</li></ol></li></ol>

	<p>b. serious impairment to bodily functions; or</p> <p>c. serious dysfunction of any bodily organ or part; or,</p> <p>2. With respect to a pregnant woman who is having contractions –</p> <p>a. that there is inadequate time to effect a safe transfer to another hospital before delivery; or</p> <p>b. that transfer may pose a threat to the health or safety of the woman or the unborn child.</p>
<b>Emergency medical equipment</b>	Tools and supplies are designated to be used for an emergency medical condition.
<b>Emergency medication</b>	A medication that is authorized to be retrieved and administered to a patient before Pharmacy review and verification in an emergency.
<b>Enhanced supervision</b>	The careful monitoring of a patient who is at unusual risk of harm to self or others or is medically ill. Types and levels of enhanced supervision are detailed in OSH policy 6.010 Attachment A.
<b>Environment/Environmental check</b>	“Environment check” or “environmental check” means a check for the presence of environmental hazards, including, but not limited to, ligature risks; spoiled, expired, or unlabeled food; improperly stored food; unlabeled or expired sundry items; garbage; soiled bedding; dirty clothing; and other items or environmental factors that may contribute to a health risk or safety hazard for patients or staff. Environment checks are not considered searches of patient rooms, units, or treatment malls and are not subject to OSH policy 8.014, “Room, Unit, Treatment Mall Searches.”
<b>Environment of Care (EOC)</b>	The physical environment of each OSH campus.
<b>Environment of Care Cross-Functional Work Team (CFWT)</b>	A multidisciplinary work team that reviews standards and the Environment of Care and life safety element of performance monthly and reports to the EOC Committee.
<b>Environmental factors</b>	Factors that determine if the unit's environment can support the clinical needs of the patient. Examples may include, but are not limited to, mobility needs, fall risk supports, and barriers that prevent required patient observation.
<b>ERC</b>	“ERC” is an acronym that stands for OSH Employee Recognition Committee, LLC. OSH Employee Recognition Committee, LLC may also be referenced to as “OSH ERC” or “OSH Employee Recognition”.
<b>Everbridge system</b>	A mass communication system used to notify individuals or groups in the event of an emergency.

<b>Exceptional Circumstances</b>	Any transaction request that reasonably deviates from the prescribed policy parameters.
<b>Exceptions/Exceptional Transaction</b>	A cash or cash equivalent withdrawal from a patient trust account for the purchase of items from outside vendors or certain purchases from the Oregon State Hospital markets
<b>Excessive or Excess Property</b>	Property possessed by patients that is over the amount(s) allotted in policy, which cannot be stored in designated storage spaces on or off the unit.
<b>Face-to-face assessment</b>	An in-person evaluation of the patient's current condition.
<b>Fall</b>	A sudden, independent movement to the ground or lower surface that is unintentional, uncontrolled, or involuntary. It may be witnessed or not witnessed, with or without injury. A fall resulting from an aggressive interaction with another individual is not included in this definition. (NOTE: although fall monitoring processes would apply, such falls are reported separately.)
<b>Fire drill</b>	A simulated fire scenario jointly conducted by the section or building in which all staff and other occupants of the building respond simultaneously.
<b>Fire Drill Coordinator</b>	Refers to personnel trained in fire coordinator duties to assist in the timely and organized relocation or evacuation of all staff and patients.
<b>Fixed position transmitter (FPT)</b>	A stationary "push button" alarm which transmits an emergency signal and location to hospital annunciators and the Security Department.
<b>Flexible work schedule</b>	The ETMS user's scheduled hours may vary daily as approved by management. This means they may work various hours during the week to meet their position or department needs. <ol style="list-style-type: none"> <li>1. "Weekly Flex" Flexing time from day to day within a 40-hour work week</li> <li>2. "Monthly Flex" means due to extenuating or unusual circumstances, it may be a requirement to work more hours than a normal work schedule during a typical work week. It may be necessary to flex time into the following week. When it cannot, for operational needs, be completed within the same work week, the flex time must be completed within the same month and cannot carry forward into the following month.</li> </ol>
<b>FLSA exempt</b>	Managers and Supervisors at OSH are considered Exempt Employees under the Fair Labor Standards Act (FLSA) and Oregon Bureau of Labor and Industries standards (BOLI). Being an exempt employee means that you are either an Executive, Administrative, or Professional employee under the law. Most of the exempt employees at OSH fall under the Executive exemption, which means you manage a department or

	<p>subdivision of the Agency, you direct the work of at least two full-time employees that report to you, and you can make effective suggestions and recommendations about hiring and dismissing staff, evaluating their performance, and other customary supervisory/managerial responsibilities. Being an exempt employee also means that you are exempt from overtime pay provisions and most working conditions, such as breaks and meal periods. “Flexible work schedule” A work schedule in which an ETMS user’s hours may vary by day, as approved by management, to meet departmental or position-specific needs.</p>
<b>Food environments</b>	Locations where patients may access OSH-provided food, such as the dining hall, café, cafeteria, market, and unit kitchenettes. “Food environment” also refers to the patient’s experience with food at OSH.
<b>Forensic Commitment</b>	A Forensic Patient or PSRB Patient. means a patient committed to OSH under the following forensic jurisdictions: <ol style="list-style-type: none"><li>1. Psychiatric Security Review Board (PSRB), which includes Guilty Except for Insanity (GEI) under Oregon Revised Statute (ORS) 161.327 and civil commitment under ORS 426.701;</li><li>a. “Forensic commitment” or “forensic patient” does not include civil commitment under ORS 426.130.</li><li>2. GEI-misdemeanor under ORS 161.328; or</li><li>3. Dual Department of Corrections (DOC) jurisdiction (see ORS 179.473).</li></ol>
<b>Full-Time Equivalent (FTE)</b>	Refers to full-time equivalent hours (e.g., a part-time ETMS user working 20 hours per week is considered 0.5 FTE).
<b>Funds</b>	Includes, but is not limited to, all government-issued currency, cashier’s checks, money orders, traveler’s checks, checks drawn on the Treasurer of the United States, personal checks, debit or credit cards, phone cards, virtual or electronic payment methods, or other negotiable instruments. Funds are also defined in Oregon Revised Statutes 179.510.
<b>Furniture</b>	Refers to office furniture (desks, sit-to-stand stations, office chairs, etc.), and other furniture used in general hospital or patient care areas (beds, chairs, conference tables, etc.).
<b>Gender affirming supports</b>	Any item(s) or behaviors relating to respecting and affirming the gender identity of a person. Gender-affirming supports include, but are not limited to, clothing, access to facilities like gender-neutral restrooms, hygiene items, respectful use of chosen pronouns, access to identification cards and name tags consistent with gender identity, access to standards of care identified as best practice, and other needs to affirm a patient’s gender identity and gender expression.

<b>Gender affirming treatments</b>	Interventions that recognize or affirm a person's gender identity and include access to gender-affirming supports.
<b>Gender diverse</b>	A person whose gender identity and/or expression is different from social and cultural expectations attributed to their sex assigned at birth. This may include, among many other cultural identities, someone who identifies as nonbinary, gender expansive, gender nonconforming, or otherwise not cisgender.
<b>Gender dysphoria</b>	A marked incongruence between a person's experienced or expressed gender and sex assigned at birth, as diagnosed per criteria in the current Diagnostic and Statistical Manual of Mental Disorders (DSM).
<b>Gender expression</b>	The way an individual's gender identity is expressed, including, but not limited to, clothing, appearance, manner, or speech.
<b>Gender identity</b>	An individual's gender-related identity, which may be different from the identity that is traditionally associated with the individual's sex assigned at birth.
<b>General supplies</b>	Non-medical equipment supplies or goods used in the regular operation of the business. General supplies include, but are not limited to, office supplies (pens, pencils, paper, packaging materials, etc.), janitorial supplies, etc.
<b>Governing body</b>	Means the Director of the Oregon Health Authority or designee.
<b>Grievance</b>	A patient's or their representative's complaint regarding: <ol style="list-style-type: none"><li>1. The substance or application of any rule or OSH policy that adversely affects the patient;</li><li>2. The lack of a rule or OSH policy concerning a matter that adversely affects the patient; or</li><li>3. Any decision or action by OSH staff that adversely affects the patient.</li></ol>
<b>Grievance Committee</b>	A committee at OSH, delegated by the Director of the Oregon Health Authority, has the responsibility of reviewing and resolving all patient grievances, and is made up of more than one OSH or OHA staff member.
<b>Grievant</b>	A patient or their representative who submits a grievance.
<b>Guardian</b>	An adult appointed by a court to make important decisions for a patient for his or her care and well-being.
<b>Guardianship Determination Team (GDT)</b>	A person or persons who consult with IDT members, review referrals, and determine whether OSH will pursue guardianship, including whether or not OSH will pay for initial court costs for guardianship.
<b>Guest</b>	Any person who is a non-patient visitor and does not receive any type of compensation (e.g., payment, meal voucher, stipend) from the Oregon State Hospital.
<b>Handler</b>	A person responsible for the animal during the time they are on an Oregon State Hospital (OSH) campus.

	<ol style="list-style-type: none"><li>1. "Visiting animal handler" refers to the owner or individual who takes responsibility for a visiting animal while on OSH property.</li><li>2. "Volunteer animal handler" means approved OSH volunteers handling animals</li><li>3. "Therapy handler" means a person handling a therapy animal.</li></ol>
<b>Hard Contraband</b>	<p>Defined per OSH policy 8.044, "Contraband." Hard contraband is defined per 28 CFR 553.12, and is considered any item that threatens the safety, security, or good order of the facility or protection of the public, which is not ordinarily approved for possession by a patient or allowed at the hospital. Examples of hard contraband include, but are not limited to:</p> <ol style="list-style-type: none"><li>1. Weapons,</li><li>2. Intoxicants, controlled substances (per ORS 475.005), cannabis and products containing cannabis, drug paraphernalia (per ORS 475.525),</li><li>3. Drugs not prescribed to the patient, drugs not authorized by OSH (refer to OSH policy 6.055, "Medication Management"),</li><li>4. Illegal substances or articles,</li><li>5. Lighters or incendiary devices,<ol style="list-style-type: none"><li>i. OSH has determined lighters will not be considered hard contraband if securely possessed and used within the provisions of policy 8.044, "Contraband."</li></ol></li><li>6. Explosives,</li><li>7. Unauthorized currency. Contraband does not include authorized currency possessed by a patient,</li><li>8. Any substance or article that is likely to cause harm to patients or others,</li><li>9. Any substance or article that OSH personnel have reasonable cause to believe is evidence of a crime, and</li><li>10. Escape devices.</li></ol>
<b>Hard shield</b>	A hard and thick transparent polycarbonate plastic with hand grips.
<b>Harassment</b>	<p>A person commits the crime of harassment if the person intentionally:</p> <ol style="list-style-type: none"><li>1. Harasses or annoys another person by:<ol style="list-style-type: none"><li>a. Subjecting such other person to offensive physical contact; or</li><li>b. Publicly insulting such other person by abusive words or gestures in a manner intended and likely to provoke a violent response;</li></ol></li></ol>

	<p>2. Subjects another to alarm by conveying a false report, known by the conveyor to be false, concerning death or serious physical injury to a person, which report reasonably would be expected to cause alarm; or</p> <p>3. Subjects another to alarm by conveying a telephonic, electronic (electronic mail, internet, text message, etc.), or written threat to inflict serious physical injury on that person or to commit a felony involving the person or property of that person or any member of that person's family, which threat reasonably would be expected to cause alarm.</p>
<b>Hazardous condition</b>	A circumstance (other than a patient's own disease process or condition) that increases the probability of an adverse event. Also called "unsafe condition."
<b>Health Care Representative (HCR)</b>	<p>1. A competent adult appointed to be a health care representative or an alternate health care representative under ORS 127.510.</p> <p>2. A person who has authority to make health care decisions for a principal under the provisions of ORS 127.635 (2) or (3).</p> <p>3. A guardian or other person appointed by a court to make health care decisions for a principal.</p>
<b>High risk</b>	For suicide risk assessments, "high risk" means risk factors for suicide in either the short-term or lifetime significantly outweigh the presence of protective factors.
<b>High-risk, high-alert medications</b>	Includes those medications involved in a high percentage of errors or sentinel events, or carry a higher risk for abuse, error, or other adverse outcomes. OSH identifies the following medications as High Risk, High Alert: insulin, anticoagulants, clozapine, lithium, oxcarbazepine, and metformin.
<b>Hospital Level of Care (HLOC)</b>	<p>An inpatient psychiatric setting that provides medical, behavioral, and nursing services not available in residential or other outpatient settings. At Oregon State Hospital, HLOC units are:</p> <ul style="list-style-type: none"> <li>• Junction City Campus: Mountain 1, Mountain 2, and Mountain 3 <ul style="list-style-type: none"> <li>◦ Meadows 1 is currently under a temporary license waiver granted by the OHA Public Health Division. This previous administrative space has been modified for temporary use to meet urgent critical needs as a non-certified/deemed temporary space serving a single patient with exceptional needs. The use of this temporary space for HLOC allows staff to use evasion to address the patient's aggression rather than seclusion and restraint, which would be necessary if the patient were</li> </ul> </li> </ul>

	<p>placed on a traditional unit. OSH is working on a long-term transition plan for this patient.</p> <ul style="list-style-type: none"><li>• Salem Campus: Anchor 1, Anchor 2, Anchor 3, Bird 1, Bird 2, Bird 3, Butterfly 1, Butterfly 2, Butterfly 3, Flower 1, Flower 2, Flower 3, Leaf 1, Leaf 2, Leaf 3, Lighthouse 1, Lighthouse 2, Lighthouse 3, Tree 1, Tree 2, and Tree 3</li></ul>
<b>Incapacitated</b>	A condition in which a person's ability to receive and evaluate information effectively or to communicate decisions is impaired to such an extent that the person presently lacks the capacity to meet the essential requirements for the person's physical health or safety. "Meeting the essential requirements for physical health and safety" means those actions necessary to provide the health care, food, shelter, clothing, personal hygiene, and other care without which serious physical injury or illness is likely to occur. (ORS 125.005)
<b>Incident Reporting</b>	A process by which OSH must conduct thorough investigations, prepare reports showing the tracking and trending of data, and implement and monitor corrective or preventative actions. Every staff member who witnesses a reportable incident, as defined in policy, must promptly report the incident in the OSH incident reporting systems when possible.
<b>Incident Response and System Investigation (IRSI) Department</b>	A department within Quality Assurance. IRSI Department reviews and investigates incidents that occur at OSH.
<b>Incident Review Form (IRF)</b>	The form is completed to record a written response to an Incident Report. This form is submitted to the Program Executive Team or Department Manager for further review.
<b>Indigent person</b>	A deceased person who does not have a death or final expense benefit or insurance policy that pays for the disposition of the deceased person's body, or other means to pay for the disposition of the deceased person's body, and: <ol style="list-style-type: none"><li>1. Who does not have a relative or other person with the legal right to direct and the means to pay for the disposition of the deceased person's body;</li><li>2. Whose relative, or other person, with the legal right to direct the disposition of the deceased person's body, does not pay or arrange to pay for, or refuses to direct, the disposition of the deceased person's body within 10 days of being notified of the death; or</li><li>3. For whom no person other than a person described in paragraph 1 or 2 of this subsection wishes to direct and pay for the disposition of the deceased person's body.</li></ol>

<b>Infectious disease</b>	Disorders caused by organisms such as bacteria, viruses, fungi, or parasites.
<b>Information asset</b>	A compilation of data where context can be applied and includes, but is not limited to, reports, spreadsheets, databases, directories, repositories of images, audio recordings, the electronic health record, or any combination of the above.
<b>Initial Plan of Care (IPoC)</b>	An individualized plan of active treatment for the first ten days of hospital stay, developed with input from the patient and based on the assessments of the admitting nurse and psychiatrist/PMHNP.
<b>Injury Levels</b>	
<b>Minor</b>	- First aid only. No prescription meds, no days away, no restrictions. Fully resolved with minimal/no medical intervention
<b>Moderate</b>	- Medical treatment beyond first aid, restricted work, or lost time. Short-term health impact (<180 days)
<b>Severe/Serious</b>	- Fatality or long-term health impact (>180 days of treatment or restriction) or permanent impairment/disability. Any injury resulting in a sentinel event.
<b>Institutional Review Board (IRB)</b>	A committee that has been formally designated to approve, monitor, and review research involving humans to protect the rights and welfare of the research subjects.
<b>Interdisciplinary Team (IDT)</b>	A group that includes the patient, their guardian or representative, and other persons important to the patient, if applicable, treatment care plan specialist (TCPS), and other clinicians responsible for specialized active treatment, as appropriate. The IDT is responsible for coordinating planning and oversight of a patient's care and treatment.
<b>Interim Life Safety Measures (ILSM)</b>	A set of standard practices is temporarily put into effect when a normal process of life safety functioning is blocked, out of commission, or unavailable. Examples of ILSM include, but are not limited to: implementing a detour when a path of egress is under construction, initiating fire watch, etc.
<b>Intern</b>	For OSH policies, it means an individual providing paid or unpaid program services to complete a credentialed or accredited educational program recognized by the State of Oregon and that meets criteria established by the Bureau of Labor and Industries in Oregon Administrative Rule 839-005-0000. "Intern" refers to both interns and students.
<b>Internal Search</b>	A visual or digital inspection of body cavities for the purpose of detecting concealed contraband or prohibited items. An internal examination or search does not include the visual, non-invasive inspection of an individual's nostrils, ears, or mouth.
<b>Interpretation</b>	For OSH policies, means the transfer of an oral communication from one language to another, including sign language for the deaf and hard of hearing.

<b>Intervention Card</b>	A document that assists staff working with any patient on supervision. The Intervention Card includes the supervision order, the behavior(s) of concern, the hypothesis about the underlying reason for the behavior(s), and recommended interventions.
<b>Initial Plan of Care (IPoC)</b>	An individualized plan of active treatment for the first ten (10) days of hospital stay, developed with input from the patient and based on the assessments of the admitting nurse and psychiatrist/PMHNP
<b>Journalist Mail</b>	Any mail sent by a patient to a news media organization or sent to a patient from a news media organization, except for periodicals
<b>Law Enforcement Data System (LEDS)</b>	A system that contains statewide criminal offender information.
<b>Leadership Governance Team</b>	A team was developed to oversee, manage, and coordinate cross-functional processes, projects, and initiatives for OSH. This will be accomplished by oversight of committees, system investigations and root cause analysis reviews, and regulatory readiness reviews.
<b>Leave without pay (LWOP)</b>	Any leave time that is not compensated and may be categorized as “leave without pay, unauthorized (LU),” or “approved leave without pay (LO).”
<b>Legal assistance</b>	<ol style="list-style-type: none"><li>1. legal research;</li><li>2. training regarding how to conduct legal research;</li><li>3. clarification of legal issues and legal procedures;</li><li>4. drafting of complaints or other pleadings; or</li><li>5. filling out legal forms.</li></ol> <p>The contracted law office may provide additional legal services to OSH patients at the law office’s discretion, but OSH will not pay for any additional services beyond this definition of “legal assistance”.</p>
<b>Legal Mail</b>	Any mail received from or addressed to an attorney, court, disability rights organizations or the protection and advocacy system identified in ORS 192.517, or court official which is clearly labeled as “legal mail” on the addressee side of the envelope, set apart from the return and mailing addresses for ease of recognition, where the sender or receiver is verifiable as a licensed attorney, court, or court official. This includes medical records.
<b>Leggings</b>	For OSH policies, it includes but is not limited to any tight-fitting stretch pants such as exercise pants, leggings, or tights.
<b>Level of Care (LOC)</b>	The range of available services provided from the most integrated setting to the most restrictive and most intensive in an inpatient setting.

<b>Licensed independent practitioner</b>	Any professional staff member who is permitted by law and by the hospital to provide patient care services without direction or supervision within the scope of his or her license and in accordance with individually granted clinical privileges.
<b>Lifetime risk</b>	For suicide risk assessments, “lifetime risk” is defined as the risk for suicide across the lifespan and does not include the risk for suicide in the near future.
<b>Limit Privileges</b>	A temporary suspension or decrease in patient privileges as determined by the IDT.
<b>Limited Access Item</b>	An item that could pose a safety or security risk in the possession of a patient but is permitted for a set duration of time with the prior authorization of OSH staff and, if applicable, with the direct supervision of OSH staff. A limited-access item becomes a prohibited item if the patient possesses or uses the item outside of the scope of the authorization or without OSH staff supervision if required.
<b>Long-term Storage</b>	An area designated by the OSH Security department for items that can be stored in a patient room, in a patient belongings room, or in short-term storage.
<b>Low risk</b>	For suicide risk assessments, “low risk” means that risk factors for suicide are low or moderate, but protective factors substantially mitigate this risk in either the short-term or lifetime.
<b>Mail</b>	<p>Any paper documents sent by or received by a patient in a standard-sized, legal-sized, or special handling envelope with a weight of 16 ounces or less, and a thickness of no more than <math>\frac{1}{2}</math> inch. Mail does not include any item other than paper. Legal, Official, and journalist mail are not subject to the envelope and weight restrictions.</p> <ol style="list-style-type: none"><li>1. “Certified mail” means a service that provides the sender with a mailing receipt and is sent as first-class or priority mail, according to USPS definitions.</li><li>2. “Flat-size mail” means a flexible rectangular mail piece that exceeds one of the dimensions for letter-size mail (11-1/2 inches long, 6-1/8 inches high, 1/4 inch thick), but that does not exceed the maximum dimension for the mail processing category (15 inches long, 12 inches high, 3/4 inch thick). Flat-size mail may be unwrapped, sleeved, wrapped, or enveloped.</li><li>3. “Letter-size mail” means a mail processing category of mail pieces, including cards, that do not exceed any of the dimensions for letter-size</li></ol>

	<p>mail (that is, 11-1/2 inches long, 6-1/8 inches high, 1/4 inch thick).</p> <p>4. “Parcel” means mail that does not meet the mail processing category of letter-size mail or flat-size mail. It is usually enclosed in a mailing container such as a box. For this policy, a parcel also refers to a “package.”</p> <p>5. “Periodicals” means a class of mail consisting of magazines, newspapers, or other publications formed of printed sheets that are issued at least four times a year at regular, specified intervals (frequency) from a known office of publication. Periodicals usually must have a legitimate list of subscribers and requesters.</p> <p>6. “Registered mail” means secure mail offered by the USPS. The sender receives a receipt at the time of mailing, and a delivery record is maintained by the USPS. This service also provides optional indemnity in case of loss or damage.</p> <p>7. “Standard mail” means a class of mail that weighs less than 16 ounces. It comprises the subclasses of Regular Standard Mail, Nonprofit Standard Mail, Carrier Route Standard Mail, and Nonprofit Carrier Route Standard Mail. These subclasses include circulars, printed matter, pamphlets, catalogs, newsletters, direct mail, and merchandise. Standard Mail may be sent at Carrier Route, automation, non-automation, and Not Flat-Machinable prices.</p>
<b>Manual assistance</b>	Physically holding or guiding a patient’s movement in order to provide routine medical care, or to provide care for activities of daily living (ADL), or when the patient agrees to be held or can easily gain release from the hold.
<b>Media</b>	Visual or audio content or material and communication channels through which news, entertainment, education, data, or other messages are distributed. Media includes but is not limited to photos, newspapers, magazines, videos, television, music, and radio.
<b>Medical and Allied Health Professional Staff (MAHPS)</b>	The formal organization of all licensed independent practitioners who are privileged to attend patients in the hospital. They include physicians, nurse practitioners, licensed psychologists, licensed social workers, dietitians, dentists, podiatrists, and optometrists.
<b>Medical equipment</b>	A device that assists in the diagnosis, monitoring, or treatment of a medical condition.

<b>Mental Health Security Technician (MHST)</b>	A position that provides and enforces fire, safety, security, and other support services for OSH campuses. All secure transports off the Junction City campus are provided by MHSTs and TMHAs.
<b>Monthly Flex</b>	Due to extenuating or unusual circumstances, it may be necessary to flex hours into a different workweek. If hours cannot be flexed within the same week, they must be flexed within the same calendar month and cannot carry forward to the following month. "Full-time equivalent (FTE)" full-time equivalent hours (e.g., a part-time ETMS user working 20 hours per week is considered 0.5 FTE).
<b>Native or Tribal Artifacts</b>	An object with cultural, historical, or ceremonial importance. Native artifacts are often used in ceremonies, customs, and traditions in Tribal communities. Native artifacts are often considered sacred and require specific care and respectful handling.
<b>Non-Credentialed Contractor Patient Care Services (Non Credentialed)</b>	Unlicensed or non-credentialed individuals providing direct patient support services.
<b>Non-OSH ETMS User</b>	Designated volunteers, unpaid interns, agency staff, and contracted staff who are not required to use the OSH ETMS.
<b>Non-patient care area</b>	Any portion of the facility not primarily intended for patient examination or treatment.
<b>Non-Patient Visitor</b>	Any person who is not a staff member or a visitor to a patient.
<b>Non-PSRB Patient</b>	Also see "Civil Commitment". A patient who is civilly committed per Oregon Revised Statute (ORS) 426.130 by order of a judge or voluntarily admitted by a guardian. A non-PSRB patient is not the same as a patient civilly committed under the forensic jurisdiction of the Psychiatric Security Review Board (PSRB) per ORS 426.701.
<b>Non-Significant Attempt of Unauthorized Leave</b>	A person tried an unauthorized leave but did not have the means, capability, or opportunity to be successful. Examples include, but are not limited to: <ol style="list-style-type: none"><li>1. A patient evades observation of staff while inside the secure perimeter, but did not make it inside a sally port.</li><li>2. A patient walks away from a group on an on-grounds outing, and staff redirect the patient without physical intervention and never leave OSH property.</li><li>3. A patient is physically restrained while attempting to leave the OSH property boundary when inside the secure perimeter. (NOTE: A patient physically restrained while attempting to leave the OSH property boundary that has made it inside of a sally port</li></ol>

	qualifies as a significant attempt of unauthorized leave).
<b>Nuisance Contraband</b>	<p>Per 28 CFR 553.12, and includes any item other than hard contraband which has never been authorized, or which may be, or which previously has been authorized for possession by a patient, but whose possession is prohibited when it presents a threat to safety, security, or good order of the facility or protection of the public, or its condition or excessive quantities of it present a health, fire, or housekeeping hazard. Examples of nuisance contraband include, but are not limited to:</p> <ol style="list-style-type: none"><li>1. Prohibited items, as defined in OSH policy 8.037, "Patient Property and Valuables: Handling and Storage," if possessed by a patient,</li><li>2. Certain items, as indicated on Attachment A of this policy, if possessed by a patient,</li><li>3. Personal property no longer permitted for admission into the hospital or permitted for sale at the hospital,</li><li>4. Altered personal property,</li><li>5. Excessive accumulation of items, newspapers, letters, or magazines that cannot be stored neatly and safely in the designated area;</li><li>6. Food items that are spoiled or retained beyond the point of safe consumption; and</li><li>7. Government-issued items that have been altered, or other items made from government property without staff authorization.<ol style="list-style-type: none"><li>a. If such items may be defined as a weapon per this policy, those items are considered hard contraband.</li></ol></li></ol>
<b>Nurse Staffing Law</b>	Oregon's House Bill 2697 was signed into law on August 11, 2023, and includes mandatory nurse staffing ratios and provides for wall-to-wall staffing committees, investigations, and enforcement when hospitals fail to follow the law. Oregon's nurse staffing laws are found in Oregon Revised Statutes 441.152- 441.192.
<b>Off-grounds</b>	Off-grounds means any area outside the boundaries of the Salem and Junction City campus grounds.
<b>Official Mail</b>	Any mail sent by a patient or sent to a patient from an elected official, appointed official, employee or agent of a federal, state, or tribal government, where the designation of the government official, employee or agent is clearly labeled on the addressee side of the envelope, set apart from the return and mailing addresses for ease of recognition, and whose status is verifiable.

<b>On-grounds</b>	On-grounds means any area outside the secure perimeter (e.g., outside a sallyport), while still on the OSH grounds (Salem or Junction City). <ol style="list-style-type: none"><li>1. On-grounds areas on the Salem campus include the Empowerment Center; Kirkbride building floors 2, 3, and 4; the OSH Museum; Cottages; tennis court parking lots and roadways; and the OSH disc golf courses.</li><li>2. On-grounds areas on the Junction City campus include the Education and Development Department classrooms, National Alliance on Mental Illness (NAMI) office, administration second-floor areas, community gardens, NAMI memorial garden, challenge course (outside obstacle course), disc golf course, fruit orchard, parking lots and roadways, and the access road.</li></ol>
<b>OSH CMS Compliance Team</b>	A team was developed to ensure the Plan of Correction developed in response to the CMS survey is effective and sustainable on both campuses. This will be accomplished by reviewing audit compliance & assigning follow-up actions (as needed).
<b>OSH ETMS User and Manager Deadlines</b>	The specific deadlines for entering and finalizing time worked, leave requests, and schedules within the ETMS before payroll submission.
<b>OSH Property</b>	Includes OSH buildings, surrounding grounds, and parking lots. Personally owned vehicles parked on OSH property are not considered part of OSH property.
<b>Outing</b>	Any time a patient is under staff supervision while outside the secure perimeter or off an OSH campus.
<b>Overtime</b>	Hours worked more than a daily scheduled shift and/or in excess of the staff's full-time or part-time equivalent hours per work week.
<b>Package</b>	Any item sent by or received by a patient that does not meet the definition of mail, journalist mail, legal mail, or official mail
<b>Paid leave time</b>	Refers to any leave time that is compensated, including, but not limited to, accrued vacation, sick time, personal business, and any other forms of accrued and approved paid leave.
<b>PASS</b>	In reference to a fire extinguisher, PASS means: <b>P</b> ull, <b>A</b> im, <b>SS</b> weep.
<b>Pat down</b>	A search procedure in which security staff or direct care staff run their hands over a clothed individual's body and inspect their clothing (including but not limited to their pockets, cuffs, socks, and outerwear) for the purpose of detecting contraband. Pat-downs may include searching the patient's extra clothing, items in the patient's possession, and the service animal.

<b>Patient Belongings Room</b>	A designated unit storage room.
<b>Patient care area</b>	Any place at OSH where a patient may be examined or treated may have unrestricted or supervised access, or may spend time, which includes, but is not limited to, units, treatment malls, quads, ballfields, etc.
<b>Patient Care Environment</b>	“Patient care environment” means patient care areas, as well as environments where patients are on outings (cottages, etc.) outside the secure perimeter.
<b>Patient Environment and Safety Surveillance (PESS)</b>	A unit and treatment mall process that includes a checklist to ensure the environment is being surveyed for patient safety.
<b>Patient Visitor</b>	Any person approved to visit a patient for social or therapeutic reasons.
<b>Personal mobile transmitter (PMT)</b>	A device that, upon activation for a non-medical emergency, transmits a signal to hospital annunciators and the Security Department.
<b>Personal search</b>	Search procedures where staff physically search an individual's body and clothing for contraband that go beyond a security screening, which includes a pat-down, skin search, or internal search. Personal searches may include searching the patient's extra clothing, items in the patient's possession, and the service animal.
<b>Pooling</b>	To aggregate or group funds from multiple patients.
<b>Pornographic Material</b>	Media that displays sexually-explicit behavior or activities.
<b>Practitioner</b>	A physician or (as allowed by state law) other licensed independent practitioner or advanced practice professional with Medical Staff privileges.
<b>Preceptor</b>	A person who is responsible for supervising and guiding the student or intern and serves as a liaison between OSH and the college, university, or technical or vocational school.
<b>Primary source</b>	The original source of a specific credential, or an approved designee of the original source, which can verify the legitimacy of a claimed credential. Examples of primary sources include, but are not limited to: state licensing boards, graduate education programs, universities, and colleges.
<b>Primary source verification</b>	The process of contacting a primary source via in-person telephone communication or researching the credentials on an approved secure electronic system.
<b>Privileges</b>	Permissions for patients within OSH that are not constitutionally protected can be offered and retracted by OSH, and may be offered to some patients and not others. 1. Privileges are not a patient's right.

	<ol style="list-style-type: none"><li>2. Privileges in this policy refer to:<ol style="list-style-type: none"><li>a. Conditional release readiness and initiate discharge planning – jurisdiction or sentence ending per OSH policy 6.013, “Discharge and Conditional Release Planning,” and</li><li>b. Other specific privileges, including, but not limited to:<ol style="list-style-type: none"><li>i. Permissions for on-grounds and off-grounds movement (see OSH policy 6.006, “On-Grounds and Off-Grounds Movement”), and</li><li>ii. “Community Mental Health Placement Supervised.”</li></ol></li></ol></li></ol>
<b>Product Risk Assessment (PRA)</b>	A method of evaluating a product or product features that may cause or contribute to physical harm, injury, or death of a patient. Providing a level of risk and mitigation recommendations.
<b>Professional Work Week</b>	In the state environment, this refers to a workweek of at least 40 hours per week. Because managers and supervisors are considered FLSA-Exempt, time worked beyond 40 hours per week is not considered overtime and does not result in comp time accrued. Additional hours may be necessary to meet operational or patient care needs
<b>Program Director</b>	An individual with appropriate professional qualifications and experience who is designated to manage the operation of a program.
<b>Program Executive Team (PET)</b>	A program team that is responsible for ensuring the effective and efficient functioning of the clinical processes within the program.
<b>Prohibited item</b>	“Prohibited item” means: <ol style="list-style-type: none"><li>1. Alcohol;</li><li>2. Possession of drugs in the patient's room without authorization by OSH;</li><li>3. Any item that reasonably could be used to escape or leave the hospital without authorization;</li><li>4. Food stored in the patient room or in the patient's storage in the patient property room;</li><li>5. Any item in the possession of a patient who is prohibited from possessing or using that item in their treatment care plan because it is considered detrimental to their treatment;</li><li>6. Excess personal property;</li><li>7. Any limited access item in the possession of a patient that exceeds the scope of the authorization or is not being supervised by OSH staff as required; or,</li></ol>

	8. Any item that could pose a safety or security risk for the hospital.
<b>Proper Configuration</b>	The correct PMT position and settings as trained by the duress coordinator.
<b>Property Disposition Request (PDR)</b>	The form must be completed when an asset is no longer needed or usable for any reason, and removal from the property inventory record is necessary.
<b>Protected Health Information (PHI)</b>	Any individually identifiable health information, whether oral, or recorded in any form or medium, that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Any data transmitted or maintained in any other form or medium by covered entities, including paper records, fax documents, and all oral communications, or any other form, such as screen prints of eligibility information, printed e-mails containing an identified individual's health information, claim or billing information, hard copy birth or death certificate, is included. PHI does not include school records that are subject to the Family Educational Rights and Privacy Act, or employment records held in the Department's role as an employer.
<b>Public record</b>	A document, book, paper, file, sound recording, machine-readable electronic record, or other material, regardless of form or characteristic, technology, or medium, prepared, owned, used, or retained by OSH in connection with the transaction of the public's business.
<b>RACER</b>	“RACER” in reference to fire safety means: <ol style="list-style-type: none"><li>1. <b>Rescue:</b> assist patients and others who are closest to immediate danger</li><li>2. <b>Alarm:</b> sound the alarm and alert others to fire</li><li>3. <b>Confine:</b> close doors and windows to help prevent smoke and fire from spreading</li><li>4. <b>Extinguish:</b> put out small fires only with a fire extinguisher</li><li>5. <b>Relocate:</b> remove patients and others away from immediate danger</li></ol>
<b>Range order</b>	A medication order with a range of either dose or frequency to allow for flexibility in patient symptom management.
<b>Reasonable amount</b>	Property that fits into the storage areas assigned to patients: the storage area in the patient's room and one clear plastic bin in the Patient Property room; food items need to fit within the snack bin.

<b>Reasonable cause, or reasonable suspicion</b>	“Reasonable cause” or “reasonable suspicion” may be used interchangeably and means an OSH staff member has knowledge or notice of facts or circumstances and the rational inferences drawn therefrom that would lead a reasonable and experienced OSH staff member to conclude.
<b>Reasonable grounds</b>	Defined in OSH policy 8.044, “Contraband.” Reasonable grounds are as defined in OAR 137-090-0050 and mean reasonable suspicion.
<b>Regular Business Hours</b>	This means Monday through Friday, 7:30 a.m. to 4 p.m., excluding holidays.
<b>Relocation</b>	An organized and supervised movement of people from an interior area of the hospital to an adjacent area.
<b>Research</b>	A systematic investigation including research development, testing, and evaluation designed to develop or contribute to generalizable knowledge based on data collected from OSH staff or patients. For the purposes of OSH, research does not include activities such as program evaluation or quality improvement data collection and analysis, unless the expressed purpose of that activity is to contribute to generalizable knowledge through publication or other means.
<b>Residential Treatment Facility (RTF)</b>	A facility that provides, for six or more individuals with mental, emotional, or behavioral disturbances or alcohol or drug dependence, residential care and treatment in one or more buildings on contiguous properties.
<b>Restraint</b>	Defined by Centers for Medicare and Medicaid (CMS) in 42 CFR § 482.13(e) as any manual method (including a physical escort), physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.
<b>Restrictive Event</b>	An event that uses seclusion or another type of restraint.
<b>Risk Assessment</b>	A formal, documented evaluation of risk, which may include, but is not limited to: <ol style="list-style-type: none"><li>1. Violence risk assessment (including, but not limited to, those completed per OSH policy 8.036, “Forensic Evaluation Service Violence Mitigation Plan,” and Psychology department protocols 4.022, “Risk Assessment Guidelines,” and 4.023, “Risk Assessment Referral Guidelines”),</li><li>2. Suicide Risk Assessment per OSH policy 6.056, “Suicide Risk Screening and Assessment,”</li></ol>

	<ol style="list-style-type: none"><li>3. Fall Risk Assessment per OSH policy 6.046, "Fall Prevention Program," and Nursing department protocol 2.200,</li><li>4. Behavioral Risk Assessment per Nursing protocol 3.008, "Behavioral Risk Assessment,"</li><li>5. Dysphagia risk assessment per OSH policy 6.031, "Dysphagia Screening,"</li><li>6. Short-Term Assessment of Risk and Treatability (START) per OSH policy 6.042, "Short-Term Risk of Assessment and Treatability (START),"</li><li>7. Sexual offense, fire-setting, and stalking risk assessments, and</li><li>8. Other individualized risk assessments.</li></ol> <p>NOTE: Not all OSH risk assessments may be reviewed by the RR Panel when considering patient privileges.</p>
<b>Risk Management</b>	The practice of identifying potential risks in advance, analyzing them, and taking precautionary steps to reduce or curb the risk.
<b>Risk Management Strategies</b>	Refers to planned clinical interventions or responses designed to eliminate or minimize the potential impact of risks identified by the patient, their IDT, or FRR.
<b>Sacred Item</b>	A sacred item is an object with significant spiritual, cultural, or religious meaning valued for its connection to a deity, a tradition, or a group's identity. These items are set apart and may be used in rituals or ceremonies, may serve as symbols of faith, and/or may be seen as embodiments of the divine or the holy. An item may be sacred to an individual even if it is not held sacred by others in that person's religious, cultural, or spiritual communities.
<b>Safe Together Training</b>	OSH's training for response to behavioral crisis. Includes relationship-building, verbal de-escalation, assault prevention, and procedures for manual and mechanical restraint to minimize injury.
<b>Sample Size</b>	The actual number of events that will be sampled is calculated each month by a Data Analyst based on the number of incidents occurring, specifically for each audit plan. If the number of events is 50 or less, the total being audited will be 100%. If the number of events is more than 50, the number of events needed to be audited in each random sample will be calculated based on the statistical standard of a 95% confidence interval with a +/-5% margin of error.
<b>Scan</b>	Passing an item through x-ray equipment.
<b>Seclusion</b>	Defined by CMS in 42 CFR § 482.13(e) as the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be

	used only for the management of violent or self-destructive behavior in a behavioral emergency.
<b>Secure perimeter</b>	All restricted high-security buildings, areas, and quads within the sally port entrances and exits at the state hospital.
<b>Secure possession</b>	“Secure possession” means an item is transported in the staff’s possession to a locked area, such as a locker or a locked staff area, and includes the time when the item is secured in the locked area.
<b>Secure Residential Treatment Facility (SRTF)</b>	Defined as a program licensed by OHA to provide services on a 24-hour basis for six to sixteen individuals with mental, emotional, or behavioral disturbances or alcohol or drug dependence. An SRTF is approved by OHA to restrict an individual's exit from the setting using approved locking devices on individual exit doors, gates, or other closures.
<b>Secure Storage Area</b>	A locked room or storage cabinet.
<b>Secure Transport</b>	Occurs when a physician or nurse practitioner determines a medical need requires patient transport to an outside medical facility and the patient: 1) Lacks off-grounds privileges and is committed under Oregon Revised Statute 161.327 or 161.328 (Guilty Except for Insanity) or ORS 426.701 and 426.702 (Extremely Dangerous Persons), or is committed under ORS 161.365 or 161.370 (Aid and Assist Patients); and 2) represents a significant risk of elopement or a significant safety risk to the general public. There are exceptions to these categories for pregnant patients in active labor or where STRs are medically contraindicated, as described in OSH CMO's Directive, dated August 11, 2022.
<b>Secure Transport Restraints (STRs)</b>	Metal wrist restraints are attached to a waistband and may include ankle cuffs connected by an additional band in conjunction with waist restraints. For this policy, ambulatory restraints are not considered to be STRs.
<b>Secure Transport Staff</b>	OSH staff who perform Secure Transports. Secure Transport Staff must be an MHST or TMHA
<b>Secure Transport Vehicle (STV)</b>	A vehicle modified to have a secure barrier between the patient seating area between the front seats and the rear passenger area of the vehicle. This secure protective barrier is like those used in law enforcement vehicles, which are made of acrylic, metal, or other materials resistant to breakage. With this barrier in place, a patient will be unable to access the driver and front passenger areas of the vehicle from the seats in the rear of the vehicle.
<b>Security Clearance Level for Visitors and Guests</b>	A visitor or guest entering the Oregon State Hospital. 1. Level 1 means a guest who is escorted 100% while on campus.

	<ol style="list-style-type: none"><li>2. Level 2 means a non-patient visitor who is escorted 100% while on campus.</li><li>3. Level 3 means a non-patient visitor who is not escorted and who is on campus less than 60 days in one year.</li><li>4. Level 4 means a non-patient visitor who is not escorted, and who is on campus 60 days or more in one year.</li></ol>
<b>SEED</b>	"Staff Education, Engagement and Development (SEED)" is OSH's department that includes Learning and Development (Education and Development Department and Nursing Education and Training), Code Blue nurses Training and Support Department (Safe Together, CPS, and Staff Support and Engagement teams-which includes HEART).
<b>Serious, highly infectious disease</b>	A communicable disease that is widely considered highly contagious and may lead to serious consequences for a person, including death.
<b>Service Animal (American with Disabilities Act [ADA] animal)</b>	Any guide dog, signal dog, or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding an individual with impaired vision, alerting an individual with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items. When an animal meets this definition, the animal is considered a service animal under the ADA, regardless of whether the animal has been licensed or certified by a state or local government.
<b>Service Animal in Training</b>	An animal that is in the developmental process of a structured Vocational Services training program that provides a service for an individual with specific identified needs.
<b>Shadow Board</b>	A secure area that houses tools or sharps and provides visual verification via red paint, ink, cut-out, or other similar means to identify whether a tool or sharp is accounted for.
<b>Sharps</b>	Any sharp or pointed instrument (e.g., scissors, knives, razors, saws) that has a high probability of being used as a weapon, as defined in OSH policy 8.027, against self or others as an escape device.
<b>Shift Work</b>	Scheduled work in a 24-hour operational environment, typically in departments that provide direct patient care, such as Nursing, Security, Food and Nutrition Services, and Environmental Services.
<b>Short-term Storage</b>	The area designated by the OSH Security department for items that may not or should not be stored on the unit.
<b>Significant attempt of unauthorized leave</b>	A patient tried an unauthorized leave and had the means and capability to be successful, but was not successful. Examples of

	<p>a significant attempt at unauthorized leave include, but are not limited to:</p> <ol style="list-style-type: none"><li>1. A patient attempts to depart the secure perimeter and makes it inside a sally port, but does not depart the OSH secure perimeter.</li><li>2. A patient is physically restrained while attempting to leave the OSH property boundary when outside the secure perimeter.</li><li>3. A patient attempts to scale a secure perimeter wall but does not exit the secure perimeter.</li></ol>
<b>Skin search</b>	A personal search procedure where the patient being searched removes all of their clothing and is visually examined, and the removed clothing is inspected for contraband.
<b>Staff</b>	Includes employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at OSH.
<b>Standard Work</b>	A performance improvement tool used to provide a detailed representation and documentation of the most efficient process as it is known today. It breaks down the current state work into the elements and characteristics needed to understand and perform a process repeatedly.
<b>Subject Individual (SI)</b>	Defined in OAR 407-007-0000 to 407-007-0100, and 407-007-0400 to 407-007-0460, means an individual on whom the Department may conduct a criminal records check and from whom the Department may require fingerprints for the purpose of conducting a national criminal records check.
<b>Sundry Item</b>	For OSH's nursing protocol means those personal care and hygiene products, whether medicated or non-medicated, which OSH has determined do not require a practitioner order to administer, which are not required to be stored in the automatic dispensing cabinet or medication room, and which nursing staff may independently provide to patients in single-use amounts. Sundry items include, but are not limited to, anti-dandruff shampoos, moisturizing lotions, and sunscreen. (Although it may be used by a patient more than once, a bar of soap is a single-use amount for this definition.)
<b>Suspended or Suspension of Privileges</b>	A privilege or all privileges may not be used by the patient until the privilege or privileges are reinstated.
<b>Therapeutic relationship</b>	A collaborative, trusting, and empathetic bond between a provider, such as a therapist or nurse, and a client, built on mutual respect and clear communication, with the shared goal of achieving the client's health.
<b>Threats and threatening behavior</b>	Verbal or physical actions that cause a reasonable person to fear for their own or another's safety.

<b>Therapy Animal</b>	An animal that is, at minimum, certified (e.g., American Kennel Club CGC), but may also be registered by one of the national or international animal therapy programs (e.g., Pet Partners), and which is accompanied by a handler.
<b>Tier</b>	A system of categorizing items appearing on the patient item access list.
<b>Time sheet correction</b>	A correction to time or leave data submitted for a pay period that has already been processed and closed.
<b>Time worked</b>	All time during which an ETMS user is required to be on duty or at a designated work location.
<b>Tool</b>	Any instrument designed for repair, cleaning, handicrafts, or culinary use that has a high probability of being used as a weapon, as defined in OSH policy 8.027, against self or others, or as an escape device.
<b>Tools and Sharps Accountability</b>	A system that tracks and monitors patient use of tools and sharps. The system includes documentation of issuance and return.
<b>Transfer Tracker</b>	A tool that notes important clinical and risk information as it applies to patient placement.
<b>Transporting Mental Health Aide (TMHA)</b>	A staff member who provides transportation to patients for the following services: patient medical transports on or off campus; transport to visit community homes to prepare for transitioning; transportation for patients who are being discharged within Oregon; after-hours or on-call medical transport, or patient discharges from a community medical facility.
<b>Treatment Care Plan (TCP)</b>	An individualized treatment plan of care for patients.
<b>Treatment Care Plan Checklist</b>	A reference document for teams to use, which clearly describes all required elements of a patient treatment care plan.
<b>Trip Slip</b>	The form is completed anytime a patient leaves the secure perimeter. It includes details around the location of the trip, which patients are attending, which staff are supervising patients, assessment of patients, and the approval process for the trip.
<b>Trust Account Numbers</b>	This means the patient's electronic health record number was assigned to the patient at admission to OSH
<b>Unattended or Wandering</b>	A patient was found by staff unescorted in an area off the patient's assigned unit where they are not supposed to or expected to be in and/or where staff supervision is typically required, and the patient does not appear to be intentionally trying to leave OSH. Examples of unattended/wandering include, but are not limited to: 1. A patient gets left out of a staff count and is unintentionally left behind.

	<p>2. A patient leaves or attempts to leave supervision of staff while on the grounds of OSH without the intent of leaving OSH (i.e., exits the unit through an open door without authorization but stops in the hallway).</p>
<b>Unauthorized currency</b>	Paper money and coins in the possession of a patient in an amount or in a location not authorized by OSH
<b>Unauthorized funds</b>	Funds in patient possession that are contrary to OSH financial parameters, including amount or value, storage, and use parameters. Examples include, but are not limited to: <ol style="list-style-type: none"><li>1. Paper money and coins in the possession of a patient in an amount or in a location not authorized by OSH.</li><li>2. Virtual or electronic payment methods in the possession of a patient that are not approved by OSH or are valued more than approved amounts.</li></ol>
<b>Unauthorized Leave</b>	Unauthorized leave means a patient intentionally: <ol style="list-style-type: none"><li>1. Leaves or attempts to leave the confines of the assigned unit or secure perimeter without authorization,</li><li>2. Leaves or attempts to leave the supervision of staff while on the grounds of OSH with the intent of leaving OSH,</li><li>3. Leaves or attempts to leave the supervision of staff during unauthorized supervised travel in the community,</li><li>4. Walks away from their responsible party with the intent of leaving OSH, and/or</li><li>5. Overstays an off-ground pass.</li><li>6. During unauthorized leave, the patient does appear to be trying to leave OSH supervision.</li><li>7. "Attempted unauthorized leave" or "significant attempt of unauthorized leave" means a patient intentionally tried one or more of these things but was not successful.<ol style="list-style-type: none"><li>a. Examples of unauthorized leave include, but are not limited to:<ol style="list-style-type: none"><li>i. In the case of patients on grounds:<ol style="list-style-type: none"><li>a. The patient makes it to a sally port with the intent to depart the secure perimeter,</li><li>b. The patient leaves State grounds during an on-grounds walk against the direction of staff,</li><li>c. The patient evades staff observation, or</li></ol></li></ol></li></ol></li></ol>

	<p>d. The patient is physically restrained while attempting to leave state property when outside the secure perimeter.</p> <p>ii. In the case of patients off grounds:</p> <p>a. The patient, without the intent to return to OSH, purposely evades the supervision of their escorting staff.</p>
<b>Unauthorized Package</b>	Any package that is not authorized.
<b>Unit Staff</b>	Nursing Services staff assigned to a unit.
<b>Unrestricted item</b>	Any item that is not contraband that OSH authorized for the patient's use or possession.
<b>Valuables</b>	Negotiable and non-negotiable items (other than cash and endorsed checks); valuable papers and cards; personal effects such as bonds, jewelry, watches, rings, "keepsake" coins, foreign coins and currency; cameras; and electronic equipment or devices.
<b>Violent Behavior</b>	Violent or self-destructive behavior that jeopardizes the immediate safety of the patient or others or conduct that reliably predicts risk to the safety of the patient or others.
<b>Virtual or Electronic Payment Method</b>	This may include, but is not limited to, virtual or electronic debit cards, virtual or electronic credit cards, virtual or electronic gift cards, virtual or electronic tradable goods or services, and cryptocurrency.
<b>Visitor</b>	An individual who is not an OSH staff member or another patient and who OSH has authorized to enter a designated visiting area in the hospital to meet with a patient.
<b>Visitor-handled Animal</b>	An animal accompanied by an approved visiting animal handler attending visitation(s) with OSH patients.
<b>Wanding</b>	A type of security inspection where a portable electronic or mechanical device, designed to detect the presence of metal or other substances, is passed near an individual's body, clothing, possessions, or service animal for the purpose of detecting contraband.
<b>Weapon</b>	Any item that can be used or modified to be used to harm the patient or others, including but not limited to guns, knives, improvised pointed or bladed instruments, and pepper spray.
<b>Weekly Flex</b>	Flexing time across different days within a single 40-hour work week, Sunday to Saturday.
<b>Workday</b>	Software used by OSH that provides unified finance and human resources applications. All training courses are tracked through Workday.
<b>Workday Attestation</b>	The acknowledgement of a training, policy, protocol, etc., within the Workday system.

<b>Workplace violence</b>	Behavior that, to a reasonable person, is intimidating, hostile, threatening, violent, or abusive. Such behavior may include: <ol style="list-style-type: none"><li>1. Threats and threatening behavior such as physical, verbal, or written acts that express or are reasonably perceived to imply intent to cause physical or psychological harm against a person or persons, or cause property damage.</li><li>2. Statements, gestures, or expressions that communicate a direct or indirect threat of physical or psychological harm.</li><li>3. Violent behavior, such as carrying out threats or exhibiting threatening behavior.</li></ol>
<b>Work week</b>	Sunday through Saturday in alignment with applicable collective bargaining agreements.

- I. 9/22/2025
- II. 11/26/2025