

# OREGON STATE HOSPITAL

## POLICY ATTACHMENT

<b>PROCEDURES A:</b>	Persons Under Investigation (PUI) Lite	<b>POLICY: 2.001</b>
<b>POINT PERSON:</b>	Chief Medical Officer	
<b>APPROVED:</b>	Superintendent	<b>DATE: MAY 9, 2023</b>
<b>SELECT ONE:</b>	<input checked="" type="radio"/> New policy attachment	<input type="radio"/> Minor/technical revision of existing policy attachment
	<input type="radio"/> Reaffirmation of existing policy attachment	<input type="radio"/> Major revision of existing policy attachment

### I. PUI LITE

- A. When a unit has been designated as Persons Under Investigation (PUI) Lite by the Chief Medical Officer (CMO) or designee:
1. Staff personal protective equipment (PPE):
    - a. Appropriate masks and other relevant PPE as directed by OSH leadership must be worn at all times.
  2. Patient PPE:
    - a. Staff should strongly encourage patients to wear a surgical mask approved for patient use when outside of their room. Staff must provide as many replacement masks as needed and remind patients who are not wearing masks outside of their room of the importance.
    - b. Staff should not remove mask nose wires. The importance of a well-fitted mask outweighs the risk of the nose wire being removed by the patient.
  3. Medical Isolation:
    - a. Patients are restricted to the unit, with two exceptions:
      - i. Daily quad use (no comingling) – No plaza use is permitted
      - ii. Emergent medical transport
    - b. Staff should encourage patients to remain in their room for the first five days of the unit being designated as PUI Lite, particularly if they are known to be positive for a serious, highly infectious disease or are having symptoms).
    - c. Locked medical isolation is ***not*** used when a unit has been designated as PUI Lite.

- d. Patients shall eat meals in their rooms. Meals are ordered per OSH policy 6.047, "Patient Food."
4. Staff shall not engage in physical interventions if a patient will not wear a mask or remain in their room. OSH will not use restrictive interventions, such as seclusion or restraint, if a patient is unable or unwilling to follow these procedures. Instead, staff should document the patient's behavior and the interventions which were tried to encourage the patient to follow these procedures in the patient's electronic medical record.
5. Documentation Requirements:
  - a. Vital signs must be checked for each patient twice daily, no closer than 6 hours apart, unless a change in patient presentation warrants more frequent checks. Staff must document each vitals check in the patient's electronic medical record.
  - b. Staff must document every shift for each patient using appropriate note templates available in the electronic health record.
6. Treatment:
  - a. Treatment care planning (TCP) meetings and other patient assessment/treatment by interdisciplinary team (IDT) members should continue as normal on the unit.
  - b. Treatment Services staff may come to the unit and offer treatment opportunities, staffing permitting.
7. Duration of PUI Lite monitoring:
  - a. 10 full days after the first identified case of serious, highly infectious disease (extended if new patients become symptomatic during the monitoring period); or
  - b. May vary depending on the identified infectious disease.
8. Staff floating and code response expectations will be determined based on the identified infectious disease.
9. Transfers on or off PUI Lite units and transfers between campuses for patients on a PUI Lite unit require CMO or Chief of Medicine's approval.