

OREGON STATE HOSPITAL

POLICY

SECTION 9: Training and Development **POLICY: 8.046**

SUBJECT: Shields

POINT PERSON: Staff Education, Engagement,
Development (SEED) Director

APPROVED: Sara Walker, MD **DATE: NOVEMBER 15, 2024**

Interim Superintendent

SELECT ONE: New policy Minor/technical revision of existing policy
 Reaffirmation of existing policy Major revision of existing policy

I. PURPOSE AND APPLICABILITY

- A. Oregon State Hospital (OSH) patients have the right to receive treatment in the least restrictive setting possible, administered safely and humanely. OSH recognizes that to maintain a safe setting, restrictive interventions must at times be used for the protection of patients, staff, and others. This policy outlines the criteria for using hard and soft shields, and the certification requirements for staff applying them.
- B. In the case of soft shield use, this policy applies to all direct care staff, including Trainings and Support Department (TSD) and Security Department staff.
- C. In the case of hard shield use, this policy applies only to staff in TSD, Mental Health Technician/Therapist (MHT/T) series and the Security Department that must be trained for hard shield use as outlined in Procedures B and C.

II. POLICY

- A. For Use of Either Hard or Soft Shield
 - 1. As with all behavioral crisis interventions that could lead to a restraint or seclusion, staff must actively attempt less restrictive interventions including, but not limited to, de-escalation techniques such as calm and respectful communication, and decreasing environmental stimuli.
 - 2. The patient's chronological and developmental age, size, gender identity, physical, medical, psychiatric condition, and trauma history, including any

history of physical or sexual abuse, must be considered in the decision-making process.

3. Shields are stored in the following locations:
 - a. Soft shields are stored in nurses' stations at both Salem and Junction City campuses.
 - b. Hard shields are stored in the following locations:
 - i. On the OSH Salem campus, hard shields are in the vestibules between units except in Harbors. Hard shields are located on each harbor's unit in the nurse's station.
 - ii. On the OSH Junction City campus, hard shields are in the butterfly rooms on each unit.

B. Requirements for Use of Hard Shield

1. The hard shield is a safety device for high-risk situations. To minimize the risk of potential harm, a hard shield may only be used for reasons delineated in this policy, OSH policy 6.003 "Seclusion and Restraints", Safe Containment shield training, and other relevant regulations.
2. A hard shield may only be used when dangerous behavior and an item are present that can cause more harm than a person could cause with their body.
3. The following must occur before a hard shield may be used:
 - a. One of the following, a physician, psychiatric mental health nurse practitioner (PMHNP), or registered nurse (RN) must collaborate in-person with a staff member trained in the use of the hard shield (Shield Lead) to determine whether the situation poses sufficient imminent danger of serious injury to necessitate the use of the hard shield.
 - b. A hard shield may only be used as an intervention of last resort where all other reasonable and less restrictive interventions have been attempted and there continues to be a significant risk of imminent danger of serious injury.

C. Requirements for Use of Soft Shields

1. The soft shields may be used in any behavioral emergency where there are conditions of dangerous behavior and means of harm.
2. For soft shield use:

- a. The staff who will be capturing the arms in a manual restraint event when a team and plan are made may use the soft shields after assessing the situation in person to determine that the behavioral emergency poses a risk of harm.
 - b. Both arm staff must agree to use the shields as outlined in training.
- D. If all criteria for shield use are met, as outlined in the attached procedures, a shield may only be retrieved and employed by an eligible, trained staff member deemed competent in Safe Containment shield use techniques for the shield type.
 1. Staff must meet and maintain eligibility and certification requirements for shield use as outlined in Procedures C.
- E. Staff must attend new employee and annual Safe Containment trainings, which includes shield competency skills verification. Staff must also attend regular Code Green Drills, as outlined in OSH Policy 9.002 (Training for Staff, Attachment A, Annual Mandatory Training), to practice shield skills as taught in training.
 1. Shields may only be used to block a patient's physical assault in a manner consistent with approved Safe Containment training techniques.
 2. Shields must be removed if the patient de-escalates, the unsafe situation resolves, or the patient has been manually restrained.
 3. Shields must not be used in any manner inconsistent with approved Safe Containment training.
 4. TSD must provide and track staff training and certification.
 5. TSD must regularly send staff training compliance reports to Nursing Services and Security departments.
- F. Only OSH-issued shields may be used at OSH. Staff may not purchase or use shields from any other source.
- G. TSD is responsible for issuing, inspecting, and maintaining shields and associated equipment.
- H. Any time a hard shield is retrieved for use by a trained staff, regardless of whether the shield is deployed, staff must immediately inform Security and complete all after-action debriefing and documentation per procedures B attached to this policy.

- I. OSH follows all applicable regulations, including federal and state statutes and rules; Oregon Department of Administrative Services (DAS), Shared Services, and Oregon Health Authority (OHA) policies; and relevant accreditation standards. Such regulations supersede the provisions of this policy unless this policy is more restrictive.
- J. Staff who fail to comply with this policy or related policy attachments or protocols may be subject to disciplinary action, up to and including dismissal.

III. DEFINITIONS

- A. "Code Green" 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 Purple" 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".
- C. "Gender identity" means an individual's gender-related identity, whether or not that identity is different from that traditionally associated with the individual's assigned sex at birth.
- D. "Hard shield" is a rigid and thick transparent polycarbonate plastic with hand grips.
- E. "Serious injury" in this policy includes loss of limb, major permanent loss of function, or severe temporary harm.
- F. "Severe temporary harm" means critical, potentially life-threatening harm lasting for a limited time with no permanent residual but requiring transfer to a higher level of care/monitoring for a prolonged period of time, transfer to a higher level of care for a life-threatening condition, or additional major surgery, procedure, or treatment to resolve the condition.
- G. "Shield lead" is a person trained and eligible to use the hard shield and is responsible for doing so during a hard shield event.
- H. "Soft shield" is a lightweight, padded foam insert enclosed by a durable outer shell with handles.
- I. "Staff" includes employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at Oregon State Hospital (OSH).

IV. PROCEDURES

- Procedures A Soft Shield After-Action Requirements
- Procedures B Hard Shield After-Action Requirements
- Procedures C Shield Use Training and Staff Certification

V. ATTACHMENTS

- Attachment A Shield Use After-Action Review Form
- Attachment B Shields Use Executive Review Form

VI. RELATED OSH POLICIES AND PROTOCOLS

- 1.003 Incident Reporting
- 2.012 Sentinel Events
- 5.024 HEART Trauma Response Program
- 6.003 Seclusion and Restraint
- 6.061 Gender Affirming Treatment for Transgender and Gender Diverse Patients
- 8.001 Video Surveillance
- 8.027 Weapons on Campus
- 9.002 Training for Staff
- Safety and Security protocol 3.012 OSH Notifications and Critical Incident Process
- Safety and Security protocol 5.001 Security Response to Emergencies

VII. REFERENCES

- 42 CFR § 482.13e
- Joint Commission Resources, Inc. (2024). The joint commission comprehensive accreditation manual for hospitals, PC.01.03.05-PC.03.05.15 Oakbrook Terrace, IL
- Oregon Administrative Rule § 839-005-0003