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| dcbs-oregon osha-logo | | | ***Health Care Assault Log***  **Recordable assaults —  hospitals and related settings** | | | | | | | | | | | | | | | | Hospitals and ambulatory surgical centers must record the details about each assault incident on an employee. Refer to OAR 437-001-0706, and to ORS 654.001 through 654.295. | | | | | | | | | | | | | | | | | | | | | | | | | **Attention:**  This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. | | | | | | | | | | | | |
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|  | | | |  | | | | |  | |  | | | | | | | | | |  | | | | | | | | | | | | ***Year:*** | | | ***20*** | |
|  | | |  | | | | | | | | | | | | |  | |  | | | |  | | | ***Employer ID number:*** | | | | | |  | | |  | | ***Employer Location:*** | | | | | | | | |  | | | | | | | | | | |  |
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|  | SETTING | | | | | | | | | | | | | EMPLOYEE | | | | | | | | | | | |  |  | | | | |  | | | INCIDENT | | | | | | | | | | |  | | |  |  | | |  | | |  |
|  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | | | | |  | | |  | | | |  | | **CHECK ONLY ONE** box for each case based on the most serious outcome for that case: | | | | | | | | | | |  | |  | | |  | | |  | | |
| (A) | | (B) | | (C) | | (D) | | (E) | | (F) | | (G) | | (H) | | | (I) | | | (J) | | | | | | (K) | | | (L) | | | | (M) | | (N) | | | | | | | | | | | (O) | | (P) | | | (Q) | | | (R ) | | |
|  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | | | | |  | | |  | | | |  | | Result of Assaultive Behavior | | | | | | | | | | |  | |  | | |  | | |  | | |
| Case number | | Location (include address) | | H/S/M  (H- hospital,  S- surgical center,  M - home setting) | | Date of incident | | Time of incident | | Specific location where incident occurred  (see list) | | Floor where incident occurred | | Name of employee assaulted | | | Job title of this employee (see list) | | | Department or ward assignment of employee  (see list) | | | | | | Status of assailant:  (P- patient,  BH- behavioral health patient,  V- visitor,  E- employee,  O- other) | | | Assailant action (see list) | | | | Possible cause  (see list) | | (1) | | (2) | | (3) | | | (4) | | | | Weapon (see list) | | Number of employees present  (in addition  to victim) | | | Response (see list) | | | Comments | | |
| Mild soreness, surface abrasions, scratches, or small bruises | | Major soreness, cuts, or large bruises | | Severe laceration, bone fracture, or head injury | | | Loss of limb or death | | | |
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