



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.

Year: 20

Employer ID number: _____

Employer Location: _____

| SETTING | | | | EMPLOYEE | | | | INCIDENT | | | | | | | | | | | | |
|--------------------|-----------------------------------|--|-------------------------|-------------------------|---|--------------------------------------|-----------------------------------|--|---|--|------------------------------------|----------------------------------|--|---|---|------------------------------|--------------------------|--|----------------------------|-----------------|
| (A) Case number | (B) Location (include address) | (C) H/S/M (H-hospital, S-surgical center, M-home setting) | (D) Date of incident | (E) Time of incident | (F) Specific location where incident occurred (see list) | (G) Floor where incident occurred | (H) Name of employee assaulted | (I) Job title of this employee (see list) | (J) Department or ward assignment of employee (see list) | (K) Status of assailant: (P- patient, BH- behavioral health patient, V- visitor, E- employee, O- other) | (L) Assailant action (see list) | (M) Possible cause (see list) | (N) Result of Assaultive Behavior | | | | (O) Weapon (see list) | (P) Number of employees present (in addition to victim) | (Q) Response (see list) | (R) Comments |
| | | | | | | | | | | | | | (1) Mild soreness, surface abrasions, scratches, or small bruises | (2) Major soreness, cuts, or large bruises | (3) Severe laceration, bone fracture, or head injury | (4) Loss of limb or death | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |