



Publication Date: October 21, 2026

Summary of Comments and Agency Decisions - Explanation of Rulemaking

Title: Adopted Workplace Violence Prevention Rules for Health Care Employers

Department of Consumer & Business Services
Oregon Occupational Safety & Health Division

Anticipated Administrative Order Number: OSHA 3-2026

Anticipated Adopted Date: October 21, 2026

Anticipated Effective Date: January 1, 2027

1. Executive Summary

Oregon OSHA is adopting changes to the general administrative and general occupational safety and health standards in response to Senate Bill 537 (SB 537) approved by the Oregon Legislature and signed by the Governor in 2025. To align with the new statutory changes, the division proposes a new rule Oregon Administrative Rule (OAR) 437-002-0150 that details the requirements of a Workplace Violence Prevention Program for Health Care Employers as defined in Oregon Revised Statutes (ORS) 654.412 and 654.414.

Oregon Health Authority (OHA) also conducted rulemaking in response to SB 537; OHA amended 15 rules and adopted 7 rules to align with changes to ORS 441.096. OHA adopted PH 16-2026 on January 29, 2026, and made those rules effective February 1, 2026.

The legislative changes from Section 2 of SB 537 added new definitions to ORS 654.412 and exempts the Oregon State Hospital from the statutory requirements contained in ORS 654.412 through 654.423. The changes add home health and home hospice programs to the definition of health care employer, requiring them

to implement ORS 654.414 and establish a Workplace Violence Prevention Program. Hospitals and ambulatory surgical centers were included in the definition previously.

The new rule OAR 437-002-0150, which encompasses the changes in Section 3 of SB 537 to ORS 654.414, requires that hospitals, ambulatory surgical centers, home health agencies and home hospice programs have a workplace violence and protection program. Broadly, the rule requires that these health care employers develop a workplace violence prevention and protection plan to identify workplace violence threats; provide regular training; conduct regular assessments and measure the frequency of assaults; as well as coordinate with safety committees on training and the plan development and review.

As a result of SB 537, Oregon OSHA must also amend two existing rules. To align with changes to ORS 654.062 from Section 6 of SB 537, the division is amending OAR 437-001-0295, the Discrimination Complaint rule, to make clear that an employee covered by ORS 654.062, may file a complaint if they believe discrimination has occurred for reporting a health care assault or other incident of workplace violence.

In addition, the division is amending OAR 437-001-0706 Recordkeeping for Health Care Assaults to bring it into line with new and revised definitions in ORS 654.412 (Section 2 of SB 537). This includes changing the title of the rule to Recordkeeping for Health Care Workplace Violence. In addition, updates are made to Appendix A Instructions for Recording Health Care Workplace Violence of this rule to account for updated definitions and categories of workplace violence incidents. The changes add home health and home hospice programs to the definition of health care employer, requiring them to implement ORS 654.416 by maintaining records of assaults against employees. Hospitals and ambulatory surgical centers were included in the definition previously.

2. Application of Statutory Requirements

This rulemaking falls within Oregon OSHA's statutory authority, and Oregon OSHA has fulfilled all its related obligations under [ORS 654](#) (Oregon Safe Employment Act; OSEA) and [ORS 183](#) (Administrative Procedures Act; APA).

The statutory authority for Oregon OSHA to adopt rules derives from the following Oregon Revised Statutes (ORS):

ORS 654.025(2). "The director and the Workers' Compensation Board may make, establish, promulgate and enforce all necessary and reasonable regulations, rules,

standards, orders and other provisions for the purpose of carrying out their respective functions under ORS 654.001 to 654.295, 654.412 to 654.423 and 654.750 to 654.780, notwithstanding any other statutory provisions which may be to the contrary...” and

ORS 656.726(4). “The director hereby is charged with duties of administration, regulation and enforcement of ORS 654.001 to 654.295, 654.412 to 654.423, 654.750 to 654.780 and this chapter...”

In addition, **ORS 654.003(3):**

“Authorize[s] the Director of the Department of Consumer and Business Services and the designees of the director to set reasonable, mandatory, occupational safety and health standards for all employments and places of employment.”

This rulemaking is in direct response to Senate Bill 537 (SB 537), approved by the Oregon Legislature and signed by the Governor in 2025. SB 537 changed the following statutes in the OSEA and in response to these statutory changes, Oregon OSHA conducted this rulemaking:

- ORS 654.182(1)(g) was changed to prescribe procedures for health care employers to investigate, collect and report on incidents of workplace violence in coordination with safety committees.
- ORS 654.412 and 654.414 were amended extensively to expand the types of health care employers that must conduct actions to prevent assaults and workplace violence, and added new requirements for assessments, programs and training to prevent workplace violence, among other provisions.
- ORS 654.062(5)(d) was amended to include, “or other incident of workplace violence...” to provide protection against retaliation for reporting on an incident of workplace violence in a healthcare setting.
- ORS 654.416(b)(B) was amended to indicate data from healthcare employer recordkeeping requirements may be used to conduct a review of the workplace violence prevention and protection program.

In Oregon, all agency rulemaking is subject to the requirements of the Administrative Procedures Act (APA) under ORS 183. Oregon law encourages, and in some respects, requires that affected stakeholders be involved in the development of proposed rules. **ORS 183.333 (1)(a)** states that:

"The Legislative Assembly finds and declares that it is the policy of this state that whenever possible the public be involved in the development of public policy by agencies and in the drafting of rules. The Legislative Assembly encourages agencies to seek public input to the maximum extent possible before giving notice of intent to adopt a rule. The agency may appoint an advisory committee or use any other means of obtaining public views that will assist the agency in drafting the rule."

While Oregon OSHA did not appoint a formal Advisory Committee, it did solicit participation in a Rules Advisory Group from organizations, associations, and businesses in the health care sector in Oregon. In addition, Oregon OSHA invited legislative sponsors of Senate Bill 537, in alignment with 183.333(1)(c), to participate. Approximately 60 healthcare professionals, or their representatives, participated in a Rules Advisory Group through attending meetings and email communication. This group was engaged with regular emails that solicited feedback on draft rules and the fiscal impact statement.

Feedback was sought during Rules Advisory Group meetings and Oregon OSHA employed a professional facilitator to support meeting efficacy. In total, four virtual Rules Advisory Group meetings were held via Zoom Gov on January 14, 2026; February 12, 2026; May 19, 2026; and June 18, 2026. Through the iterative meeting process, Oregon OSHA communicated with participants, responded to questions, and solicited feedback on the fiscal impact statement and the proposed rule changes.

[ORS 183.335](#) requires that state agencies provide adequate notice to the public of their intended rulemaking actions before a rule is adopted and goes into effect. Oregon OSHA filed all required [documents for the notice of proposed rulemaking, including the statement of need and fiscal impact](#), with the Oregon Secretary of State on June 26, 2026. The division acted in full compliance with all timelines and notice requirements in the APA.

Specifically, this notice must include a fiscal impact statement that considers if the proposed rule may have "*economic effect[s]*" on the public or Oregon businesses ([ORS 183.335](#)). The language in this rule closely aligns with the language of the statute. The cost associated with the implementation of this legislation was discussed during legislative public hearings and work sessions and was considered as part of the decision for the legislation to move forward into law. A [fiscal impact statement](#) was prepared during the SB 537 legislative process to capture the anticipated fiscal impact on the agencies affected by this legislation. In compliance

with APA requirements, Oregon OSHA also prepared a separate [fiscal impact statement for this rulemaking](#) to address fiscal impact directly related to the proposed changes in Oregon OSHA administrative rules (cost of compliance).

Through ORS 183.335(2)(b)(F), the APA also requires a statement identifying how adoption of the rule will affect racial equity in this state. Oregon OSHA completed a racial equity impact statement, which was included in the filing and provides demographic data about health care workers likely to be affected by the rule changes.

Public comments on the proposed changes were accepted until August 31, 2026, at 5:00 p.m. Two public hearings were held on Tuesday, August 11, 2026, at 2:00 p.m. and Thursday, August 13, 2026, at 10:00 a.m. Oregon OSHA received four written comments, as well as oral testimony at the public hearings.

The APA requires Oregon OSHA to fully consider any written and oral comments. Oregon OSHA did not respond to individual public comments but included a general review and response to oral and written public comments in Section 5 Summary of Comments.

The rule is fully within Oregon OSHA's statutory authority. Oregon OSHA has satisfied all applicable requirements of the APA.

3. History of the Current Rulemaking

The Oregon Legislature approved SB 537 in 2025. Prior to the approval of SB 537, health care employers were required to follow the provisions of ORS 654.412 through 654.423 for the safety of health care employees. Definitions were found in ORS 654.412, including the definition of health care employer. Duties of the employer were found in ORS 654.414, including requirements for assessments and programs. ORS 654.413 Required policies regarding surgical smoke, was not included in the workplace violence rulemaking but will continue to be enforced from statute. ORS 654.418 Protection of employee of health care employer after assault by patient, ORS 654.421 Refusal to treat certain patients by home health care employee, and ORS 654.423 Use of physical force by health care employee in self-defense against assault were not amended by SB 537 and were therefore not included in the rulemaking. Oregon OSHA will continue to enforce them from statute.

SB 537 added a definition of "Workplace Violence." This definition expands the range of incidents to which the standard applies. Workplace violence includes "any act or threat of physical violence, harassment, intimidation, assault, homicide or

any other threatening behavior that occurs in the workplace”.¹ The definition of health care employer was expanded from hospitals and ambulatory surgical centers to also include home health agencies and home hospice programs, with the exception of the Oregon State Hospital.²

In response to the approval of SB 537, Oregon OSHA is adopting OAR 437-002 0150 Workplace Violence Prevention for Health Care Employers, and amending OAR 437-001-0295 Discrimination Complaint and OAR 437-001-0706 Recordkeeping for Health Care Assaults.

4. Questions raised during rules advisory group meetings

Oregon OSHA held four rules advisory group meetings. The following questions were raised during the rules advisory group meetings. They are grouped by topic:

- **Scope and Application:**

- Hospice Special Inpatient Care Facilities (SICF) are included in the definition of a "hospital" at ORS 441.760 or ORS 442.015. Are they included?
 - Yes, the definition of hospital under ORS 442.015(15)(b) includes a special inpatient care facility. OAR 333-071-0205(11) defines SICF and freestanding hospice facility.
- As home hospice provides hospice services in non-traditional home settings, does the rule apply to long term care facilities?
 - The statute includes home hospice providers as health care employers. If home hospice providers provide care to patients at their residence, including at a long term care facility, the home hospice provider would be covered. Long term care facilities themselves are not considered health care employers as defined in the standard.

- **Definition:**

- How do home health settings compare to health care premises?
 - Neither term appears in ORS 654 or OAR 437-002-0150. The term "home health care setting" is found in Sections 12 and 13

¹ SB 537, Section 2.

² SB 537, Section 2

of SB 537. Oregon OSHA did not include Sections 12 or 13 in our rulemaking. They are included under Oregon Health Authority's (OHA) client intake and home health care staff training requirements. OHA's rulemaking related to SB 537 can be found on their website at

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCE/HEALTHCAREPROVIDERSFACILITIES/HEALTHCAREHEALTHCAREREGULATIONQUALITYIMPROVEMENT/Documents/OARPermanentRulesSB537PH-16-2026.pdf>.

- What is considered a "reasonable person" in the definition of Intimidation/Harassment/Threat of Physical Violence?
 - The "reasonable person" standard is a legal term impacted by case law. It provides an objective viewpoint by creating a hypothetical individual who would, based on the circumstances, agree that an assessment is true. The reasonable person standard has been used by Federal OSHA in the Field Operations Manual (FOM) in the context of common-sense hazard recognition, where a hazardous condition is so obvious that any reasonable person would have recognized it. There is another example of the application of the standard of "reasonable person" in OAR 437-001-0295(1) Discrimination Complaint:

"(1) An employee or prospective employee may file a complaint as provided in ORS 654.062(5) if the employee believes discrimination has occurred because:

(a) The employee opposed a practice forbidden by, or engaged in a practice provided for, in the Oregon Safe Employment Act; or

(b) With no reasonable alternative and in good faith, the employee refused to perform a work task that would expose the employee to a hazardous condition that presents a real risk of death or serious physical harm and a reasonable person would agree under the circumstances all of the following conditions are met:

(A) Where possible, the employee requested from the employer, and was unable to obtain, a correction of the hazardous condition; and

(B) A hazardous condition that, if exposed, would have subjected the employee to imminent danger or serious physical harm; and

(C) Due to the urgency of the hazardous condition, there was insufficient time or opportunity to correct the hazard through regulatory authorities, such as Oregon OSHA...”

- **Violence Prevention Program:**

- What kind of influence would the rule have on staffing, including security? What type of staffing plans will we be held to?
 - Staffing plans are not prescribed by the standard. The standard does not require the employer to hire security personnel but does require the employer to plan for security considerations related to existing or potential threats of workplace violence. For example, the rule requires identifying risks, developing a prevention plan and conducting training. Employers may use existing staff to develop and implement these requirements.
- Is it acceptable to provide the plan in electronic or digital form?
 - Providing an electronic copy or digital copy with the means to access it, such as a computer, would satisfy the intent of the rule to make the plan accessible to employees. As long as there are no barriers to employees accessing the plan, storing them electronically is acceptable. However, there must be an adequate back-up system in place in the event of a power outage, equipment failure, or other emergency involving the primary electronic system (e.g. interruption of internet connection). This backup system can also be electronic, but it must be separate from the primary system and not rely on the same services as the primary system. Additionally, employees affected by this rule should be aware of how to access this backup system.
- How do safety committee requirements from the safety committee standard correlate with the requirements in this rulemaking?
 - OAR 437-001-0765 Safety Committees and Safety Meetings establishes minimum requirements for employers to establish and administer safety committees and safety meetings. Examples of requirements include meeting frequency, member training, and committee responsibilities such as workplace safety

and health inspections. OAR 437-002-0150 requires more specific actions on the part of health care employers as defined in the standard. Health care employers are required to consult with their safety committee, or with employees during safety meetings (when allowed under OAR 437-001-0765), to do the following: prescribe procedures for investigation, collection and reporting of incidents of workplace violence; conduct periodic security and safety assessments; annually establish a procedure to review and then annually review the workplace violence prevention and protection program; and provide workplace violence prevention and protection training. It is possible information gathered by the safety committee during safety and health inspections could be used to assist the employer in meeting the requirement for conducting periodic security and safety assessments. The requirement for employers to consult with employees during safety meetings in the rule was not called out specifically in SB 537, but was added to align the workplace violence rule with the safety committee and safety meeting rule. Requirements from both rules will apply at the same time to a given health care employer.

- Could “thorough” be removed from the requirement for root cause analysis?

After consideration, Oregon OSHA will retain the word “thorough” to assert the need to evaluate the efficacy of the root cause analysis and to clarify that simple completion of a root cause analysis is not adequate.

- **Training:**

- The Joint Commission, for hospitals, requires a point person that oversees a violence prevention program. Quite a few hospitals/systems have a violence prevention program manager who could act as this point of contact. As small hospice programs in Oregon will most likely not have resources to have specific violence prevention program managers, what will they be required to do?
 - The standard requires the employer to ensure there is a person with the appropriate knowledge and expertise available to answer questions about training. The requirement allows flexibility for different sizes and types of organizations to utilize their resources to fulfill this requirement.

- Will Oregon OSHA develop or provide training? Will Oregon OSHA approve training? Who needs to be trained, such as temp employees? What needs to be included in annual training? What are the employer premises?
 - Oregon OSHA will provide supplemental resource materials to assist employers in understanding the requirements of the rule. Employers will be responsible for site-specific items. Oregon OSHA does not approve training programs. Employees, including contracted security personnel and temporary employees, are required to be retrained on an annual basis and whenever changes to the workplace violence and protection program or conditions at the workplace necessitate retraining. Employer “premises” are locations where the employees of the health care employer perform work.
- A statement was made that the intent of the rule was for employers to provide access to training. This statement was also received during public comment and further discussion on the division’s rationale is contained in Section 5 “Summary of Public Comments” below.

Programmatic questions about OAR 437-001-0706:

- Incident Log:
 - There were numerous questions asked and statements made pertaining to the incident log, including the following: Can modifications be made to the Log, in particular for Home Health Agencies and Home Hospice Programs? Will there be a sample log available? Many people use Excel or other platforms. Column C has a code for home, which is M. Can more assailant types be added such as: visitor, employee, patient family member, person related to employee, person unrelated to patient or employee? We should not include the employee name for many privacy reasons. Interested in the intent behind use of Possible Cause as this introduces speculation / subjectivity vs objectivity. Could you provide an explanation, and how this compares/differs with contributing factors? Under L, we generally have to add the frequent occurrence of spitting under other. Unsure if deserves its own category. Could spitting be included under BF - body fluids?
 - During the rulemaking, Oregon OSHA committed to developing a work group to discuss specific improvements to the log which would allow the current rulemaking to work through the public

process timely. Suggested changes to requirements outlined in ORS 654.416 would need to be completed through a legislative action. Changes to coding of each column could be made through a separate rulemaking process, but, based on the discussion, it is likely a mix of legislative and rule changes would be recommended to make the log more effective.

- Correction:
 - Appendix A includes the word “home” in front of “health” in an excerpt from ORS 654.423, which does not appear in the current statute.
 - The current version of ORS 654.423 does not specify only home health. It reads: "A health care employer may not impose sanctions against an employee who used physical force in self-defense against an assault if the health care employer finds that the employee...". Appendix A has been corrected to reflect the statute.

There were no programmatic questions about OAR 437-001-0295.

5. Summary of Public Comments

Oregon OSHA held two remote public hearings on this rulemaking on August 11, 2026, at 2:00 pm and August 13, 2026, 2026 at 10:00 am, via Zoom Gov Webinar and received 1 comment at those hearings.

The comment period ended on August 31, 2026, at 5:00 p.m. The division received 4 written comments concerning this rulemaking within the comment period.

The comments received focused on the requirements of OAR 437-002-0150.

Training:

One comment raised concerns about the proposed training requirement.

“One concern emergency physicians raised for the Oregon Nurses Association early on in discussions was that the workplace violence prevention training should not be mandatory for health care workers. OR-ACEP did support the requirement that it be made available. We had a

common understanding with ONA that the language in the bill accomplished that.”³

Since 2007 Oregon OSHA has enforced requirements from ORS 654.414 that required employers (hospital and ambulatory centers) to provide assault prevention and protection training on a regular and ongoing basis for employees. Since the approval of SB 537, the training requirements were expanded but the initial basis for “provide” remains the same. Exemptions from training for any class of employees were not visible in the legislative record for SB 537.

- The 2007 requirement to provide training means that the training must be received by employees and not simply offered. Oregon OSHA maintains it is critical that all potentially exposed employees receive the training so employees can protect themselves and possibly their coworkers from workplace violence. It is not sufficient to just make training available; employer or location specific training is essential to ensure employees are adequately trained in the policies and procedures of the facility. Program directive A-267, Safety of Health Care Employees, provides guidance to Oregon OSHA enforcement officers in performing inspections related to assault prevention and protection training. It states “Employees identified at being at risk must *receive* assault prevention and protection training on a regular and ongoing basis [emphasis added]”. The program directive was established April 15, 2008, and has not been revised since May 19, 2008, which was shortly after the legislation was enacted. In addition, the 2025 legislative history does not indicate that this training is optional at the choice of the employee, or that the term “provides” means something different than the interpretation from the 2007 legislative intent. It is Oregon OSHA’s position that the record from the 2007 hearings establishing the original statutes does not support that training is optional.

<https://olis.oregonlegislature.gov/liz/2007R1/Measures/Overview/HB2022>.

Furthermore, the specific requirement for annual training for staff does not make sense if the language was intended to mean “make available on an annual basis”. Lastly, it does not align with the Oregon OSHA’s past practice for the use of the word “provide”, which is prevalent in approximately 30 other Oregon OSHA standards. In these other instances, the intent to provide includes making available and ensuring that it is taken. Some examples of standards where the word “provide” is used relative to training requirements and means to make training available and ensure that the training is taken includes 29 CFR 1910.1030

³ Comment labeled as D-1 received during the public comment period.

Bloodborne Pathogens, 29 CFR 1910.1200 Hazard Communication, and OAR 437-002-0134 Respiratory Protection.

Cost to small business:

Another commenter focused on the burden that would be placed on small employers.

“As currently drafted, the proposed rule would impose a complex and resource-intensive compliance framework on home health agencies and home hospice providers that lack the administrative staff, dedicated compliance personnel, and financial resources available to large hospital systems.”⁴

The commenter expressed concern that the proposed rule was based on assumptions that don’t reflect small business operations, and that the annual training requirement would be especially burdensome. The commenter requested that Oregon OSHA consider the following to relieve the burdens on small employers:

“At a minimum, Oregon OSHA should consider:

- Creating a streamlined compliance pathway for small employers;
- Providing model workplace violence prevention programs that employers may adopt without significant modification;
- Reducing documentation and recordkeeping requirements for smaller entities;
- Allowing greater flexibility regarding training schedules and delivery methods;
- Extending implementation timelines for newly covered employers; and
- Simplifying reporting and investigation requirements where appropriate.”⁵

⁴ Comment labeled as D-2 received during the public comment period.

⁵ Comment labeled as D-2 received during the public comment period.

Oregon OSHA acknowledges the cost to small businesses that may have limited resources and may have many demands on those resources. The state legislature recognized and responded to supporters of the bill who were concerned about the safety and health of health care workers that are exposed to violence in their healthcare workplace by passing the legislation. Many employer requirements were put into place in 2007, while SB 537 expanded and amended those requirements. As previously stated, the language from the statute was copied or slightly modified into rule language and During rulemaking, Oregon OSHA is unable to change or remove statutory requirements put in place by the Oregon legislature.

Lone workers and mobile sites:

One comment focused specifically on lone workers at non-fixed sites

“We write to highlight one area where the proposed rule could be strengthened for this newly covered population. The rule's framework for hazard assessment, prevention planning, and incident response draws heavily on concepts built for a fixed site: a facility's physical attributes, on-site security staffing, and premises-based investigation procedures. A home health or hospice visit does not have a fixed site. The workplace changes with every visit, there is no facility perimeter or on-site security to rely on, and a worker in distress often has no coworker nearby to call for help. Without guidance that speaks directly to this reality, employers implementing the rule for home-based staff are left to adapt facility-oriented language on their own, and workers may not receive protections equivalent to those the rule intends.”⁶

Oregon OSHA intends to develop supplemental resource materials to assist employers in understanding the requirements of the standard. This would include home health agencies and home hospice providers. Due to the wide range of working conditions presented by the varied health care providers covered by the standard, it is difficult to develop a sample program that would be effective in protecting all employees. The rule allows employers flexibility to select measures and tools appropriate for their workplaces in a way most suitable to protect their specific employees. In addition, Oregon OSHA's Consultation services are confidential and available free of charge to assist employers.

⁶ Comment labeled as D-3 received during the public comment period.

Recommendations for application of safety system concepts:

One comment focused on training and the interconnected nature of safety systems.

"I would recommend that Oregon OSHA adopt a simple principle: training intensity should be proportional to responsibility. All affected workers need knowledge. Employees with assigned response responsibilities need an opportunity to practice those responsibilities. Personnel expected to perform restraint, physical intervention, or other high-risk response functions should demonstrate competency in those functions. This does not mean every healthcare employee needs a lengthy physical intervention course. It does mean that watching a video or reading a brochure should not, by itself, establish competency to perform a high-risk intervention."⁷

"The larger point I would respectfully ask Oregon OSHA to consider is that workplace violence prevention should operate as a safety system. Recognition should lead to activation. Activation should lead to a defined interdisciplinary response. The response should generate meaningful documentation. Documentation should produce usable data. Data and incident review should identify corrective actions. Corrective actions should alter policy, training, staffing, environment, communication, or other controls when necessary, and the organization should later determine whether those changes worked."⁸

Oregon OSHA recognizes the value in interconnected safety systems. However, as an enforcement agency, we enforce minimum standards. Employers have the option to pursue options that exceed minimum standards. If employers meet the minimum requirements established in rule, using the concept "training intensity should be proportional to responsibility. All affected workers need knowledge" may be an appropriate framework in developing a workplace violence prevention training program. Guidance materials for health and safety management systems are available on Oregon OSHA's website. In addition, Oregon OSHA Consultation services are confidential and available free of charge to aid employers.

⁷ Comment labeled as D-4 received during the public comment period.

⁸ Comment labeled as D-4 received during the public comment period.

No comments were received about the following amended rules:

- OAR 437-001-0706 Recordkeeping for Health Care Workplace Violence
- OAR 437-001-0295 Discrimination Complaint

6. Description of the rules to be amended and adopted

The following paragraphs summarize the main changes to each rule.

437-001-0295 - Adds a new provision to the Discrimination Complaint rule, reflecting the 2025 legislative changes from SB 537 (SECTION 6), which specifies healthcare workers can't be discriminated against for reporting on workplace violence. In addition, the address for the U.S. Department of Labor is updated. Prior to adoption, a correction was made to replace a comma with a period at the end of (1)(c).

437-001-0706 - Makes changes to the existing Recordkeeping for Health Care Assaults rule to reflect 2025 legislative changes from SB 537 and updates references to other standards, as follows:

- Changes wording in title from "Assaults" to "Workplace Violence".
- Updates the purpose, application, definitions, and directions to align with statutory changes in definitions (SB 537 SECTION 2).
- Updates language and categories in Appendix A to align with statutory changes in definitions (SB 537 SECTION 2).
- Updates language that references OAR 437-001-0700 Recording Workplace Injuries and Illnesses and OAR 437-001-0704 Reporting Fatalities, Catastrophes, Injuries, and Illnesses to Oregon OSHA.
- Removes Appendix B that had listed related statutes, those are removed and instead related statutes are now in Appendix A of proposed OAR 437-002-0150.
- Appendix A of OAR 437-001-0706 was modified prior to adoption as the content was taken out of the table format to improve readability and to comply with regulatory requirements under Title II of the Americans with Disabilities Act (ADA) guidelines for web content. In addition, a period was added in section (K). The outline in Appendix A remains the same, and the changes in wording are adopted as proposed. The change is that the words are no longer "housed" in a complex table and some text is no longer italicized. The need for this formatting change was identified after the notice of proposed rulemaking was filed on June 26, 2026.

437-002-0150 - New Oregon Administrative Rule that incorporates existing statutory requirements from ORS 654.412 to 654.423 and new requirements from

Senate Bill 537 (2025, SECTIONS 2 & 3), which modified ORS 654.412 and 654.414. Prior to this proposed rule, Oregon OSHA enforced directly from the statutes. After proposal and prior to adoption, punctuation corrections were made to the reprinted statutes in Appendix A to align exactly with statutory text.

7. Conclusion

The rules were adopted as proposed except for formatting adjustments and punctuation corrections. In Appendix A of OAR 437-001-0706, the written content was removed from a table format to improve readability and to comply with regulatory requirements under Title II of the Americans with Disabilities Act (ADA) guidelines for web content. The outline structure in Appendix A remains the same, and the changes in wording were adopted as proposed; a period was added in section (K). The need for this formatting change was identified after the notice of proposed rulemaking was filed on June 26, 2026. In addition, prior to adoption, punctuation corrections were made to the reprinted statutes in Appendix A of OAR 437-002-0150 to align exactly with statutory text and in OAR 437-001-0295(1)(c).