

437-001-0704 Reporting Fatalities, Catastrophes, Injuries, and Illnesses to Oregon OSHA

- (1) Purpose. This rule requires employers to report certain work-related fatalities, injuries, and illnesses.

Note: Reporting a work-related injury, illness, or fatality does not assign fault to anybody, does not prove the violation of an OSHA rule, and does not establish the employee's eligibility for workers' compensation or other benefits.

- (2) Scope. This standard covers all employers covered by the Oregon Safe Employment Act.
- (3) You must report fatalities and catastrophes to Oregon OSHA only in person or by telephone within 8 hours of occurrence or employer knowledge (reported to you or any of your agents) of a fatality or catastrophe:
- (a) Fatalities. You must report all work-related fatalities. You must report all fatalities caused by a heart attack at work. Report a fatality only if death occurs within 30 days of the incident.
- Note:** Work-related fatalities include those caused by a motor vehicle accident that happens during the employee's work shift.
- (b) Catastrophe. A catastrophe is an incident in which two or more employees are fatally injured, or three or more employees are admitted to a hospital or an equivalent medical facility (for example, a clinic) as a result of the same incident.
- (4) You must report in-patient hospitalizations, loss of an eye, and either amputations or avulsions that result in bone loss, to Oregon OSHA within 24 hours after occurrence of the work related incident or employer knowledge (reported to you or any of your agents) of the event. When an amputation, avulsion, or loss of an eye involves in-patient hospitalization, you need only to make a single report.
- (a) In-Patient Hospitalization. In-patient hospitalization is the formal admission to the in-patient service of a hospital or clinic for care or medical treatment (includes first-aid). Hospitalization for observation only is not reportable, nor is emergency room treatment. In-patient hospitalization for any reason after emergency room treatment is reportable. You must report all incidents that result in in-patient hospitalization, including heart attacks and motor vehicle accidents. Report in-patient hospitalizations only if they occur within 24 hours of the incident that caused the hospitalization.

- (b) Loss of an eye. Report the loss of an eye only if it occurs within 24 hours of the incident that caused the loss.
- (c) Amputations and avulsions.
 - (A) An amputation is the traumatic loss of a limb or other external body part, including a fingertip. Amputations include loss of a body part due to a traumatic incident, a gunshot wound, and medical amputations due to irreparable traumatic injuries.
 - (B) An avulsion is the tearing away or forcible separation of any body part by trauma.
 - (C) Report an amputation or avulsion only if it includes bone and/or cartilage loss.
 - (D) Report an amputation or avulsion only if it occurs within 24 hours of the incident that caused the amputation or avulsion.

Note: There are additional reporting requirements for injuries relating to Mechanical Power Presses, 1910.217(g).

Oregon OSHA Office locations and telephone numbers are:

Salem Central Office
 350 Winter Street NE, 3rd Floor
 Salem OR 97301-3882
 (503) 378-3272
 Toll Free in Oregon: (800) 922-2689

Bend
 Red Oaks Square
 1230 NE Third Street, Suite A-115
 Bend OR 97701-4374
 (541) 388-6066

Eugene
 1500 Valley River Dr., Suite 150
 Eugene OR 97401-2101
 (541) 686-7562

Medford
 1840 Barnett Road, Suite D
 Medford OR 97504-8250
 (541) 776-6030

Pendleton
 200 Hailey Ave., Box 9, Suite 306
 Pendleton OR 97801-3056
 (541) 276-9175

Portland Area
 Durham Plaza
 16760 SW Upper Boones Ferry Road, Suite 200
 Tigard OR 97224
 (503) 229-5910

Salem
 1340 Tandem Avenue NE, Suite 160
 Salem OR 97309-0417
 (503) 378-3274

Statutory/Other Authority: ORS 654.025(2) and 656.726(4).
 Statutes/Other Implemented: ORS 654.001 through 654.295.
 History: OSHA 2-2015, filed 3/18/15, effective 1/1/16.
 OSHA 5-2018, filed 11/29/18, effective 12/17/18.

437-001-0706 Recordkeeping for Health Care Assaults

Note: For further information, instructions, and resources, visit Oregon OSHA's healthcare workplace violence assault log web page at:

osha.oregon.gov/Pages/re/healthcare-assault-log.aspx.

- (1) Purpose. This rule implements the amendments to the Oregon Safe Employment Act, ORS 654.412 through 654.423, providing specific provisions for the recordkeeping and reporting requirements of health care assaults, and additional recordkeeping requirements as authorized under ORS 654.025(2) and ORS 656.726(4)(a).

Note: For the ease of the reader, ORS 654.412 through 654.423 is reprinted as Appendix B to OAR 437-001-0706.

- (2) Scope and Definitions. This rule applies to health care employers and home health care services provided by health care employers. Health care employers only include hospitals and ambulatory surgical centers, which are defined in ORS 442.015:

"Hospital" means a facility with an organized medical staff, with permanent facilities that include inpatient beds and with medical services, including physician services and continuous nursing services under the supervision of registered nurses, to provide diagnosis and medical or surgical treatment primarily for but not limited to acutely ill patients and accident victims, to provide treatment for the mentally ill or to provide treatment in special inpatient care facilities.

"Ambulatory surgical center" means a facility that performs outpatient surgery not routinely or customarily performed in a physician's or dentist's office, and is able to meet health facility licensure requirements.

- (3) Health care assault recordkeeping. In addition to existing general recordkeeping requirements in OAR 437-001-0700, Recordkeeping and Reporting, health care employers must use the Health Care Assault Log, or equivalent, to record assaults. See ORS 654.412 through 654.423 for details required to be recorded. Appendix A of 437-001-0706 provides instructions for completing the form.

Note: If the incident results in an overnight hospitalization, a catastrophe, or fatality, it must be reported timely to Oregon OSHA. See OAR 437-001-0704 Reporting Fatalities and Injuries to Oregon OSHA. Record recordable injuries, illnesses, and fatalities on the OSHA 300 Log. See OAR 437-001-0700 Recording Workplace Injuries and Illnesses.

(4) Other recordkeeping information. The following sections of OAR 437-001-0700 apply to health care assault recordkeeping and reporting:

- Section (6) Work-relatedness
- Section (14)(b) Forms
- Section (15) Multiple Business Establishments
- Section (16) Covered Employees
- Section (19) Change of Business Ownership

Statutory/Other Authority: ORS 654.025(2) and 656.726(4).

Statutes/Other Implemented: ORS 654.412 through 654.423.

History: OSHA 11-2007, filed 12/21/07, effective 1/1/08.

OSHA 8-2008, filed 7/14/08, effective 7/14/08.

OSHA 2-2011, filed 9/29/11, effective 10/1/11.

OSHA 5-2018, filed 11/29/18, effective 12/17/18.

Appendix A to 437-001-0706 Instructions for Recording Health Care Assaults

- (A) Case number
This is a unique sequential number that identifies this case.
- (B) Location (include address)
If all incidents occur at the same physical site, then this information can be entered once.
If, as the case with distributed reporting, there are multiple sites (such as home care sites) reporting on a common Log, then enter identifying information for the side where this incident occurred, including street address.
- (C) H/S/M (H - hospital, S - surgical center, M - home setting)
Enter the code indicating the type of facility.
- (D) Date of incident
- (E) Time of incident
- (F) Specific location where incident occurred
Enter a code that most closely matches the type of location where the incident occurred, from the following list:
AD - admitting/triage
CO - corridor/hallway/stairwell/elevator
BA - bathroom
EN - entrance/exit/restricted entry
LO - lobby/waiting room
NU - nurse's station/pod area
PA - patient room
TR - treatment room
CS - common space (cafeteria, recreation room, etc.)
O - other (enter text to describe this location)
- (G) Floor number where incident occurred
- (H) Name of employee assaulted
Enter the name of the employee assaulted.

(I) Job title of this employee

Enter the job title of the employee assaulted; please select a code from the following list:

N – RN (registered nurse), LPN (licensed practical nurse)

HA – CNA (certified nursing assistant), nurse's aide, health aide, orderly

PH – physician, physician's assistant, nurse practitioner

PT – pharmacist

TE – technician, technologist

R – receptionist

ES – housekeeping, maintenance

S – security

SW – social worker

HH – home health aide

TT – physical therapist, occupational therapist, speech therapist

O – other (enter job description)

(J) Department or unit assignment

Enter the home department or ward assignment for the employee:

IN – intake

ER – emergency

LA – laboratory

OB – obstetrics/gynecology

ON – oncology

PD – pediatrics

PH – pharmacy

PC – primary care/medical clinic

BH – behavioral health/psych units in acute care

RA – radiology/diagnostic imaging

RE – rehabilitation medicine

SU – surgery/operating room

RC – recovery

IC – intensive care/critical care

MS – medical/surgical unit

NE – neurology

CA – cardiac care

FL – float staff (additional designation, employee is working in an alternate location)

O – other

Note: If an employee is float staff (sometimes called "float pool" or "float/per diem") record the additional code FL, as well as the department/unit assignment.

- (K) Status of assailant (P - patient/general, BH - behavioral health patient, V - visitor, E - employee, O - other)
Enter the code corresponding to the status of the assailant (person assaulting the employee).
BH would apply to patients diagnosed as behavioral health, whether currently in a behavioral health unit or acute care unit.
- (L) Assailment action
Enter the code corresponding to the action taken by the assailant (multiple selections ok).
B - biting
GR - grabbing, pinching, scratching
HK - hitting, kicking, beating
PS - pushing, shoving
TR - throwing objects
ST - stabbing
SH - shooting
SR - sexual assault, rape
O - other (enter text to describe)
- (M) Possible cause
Enter the code that most closely corresponds to the reason for the attack.
BH - behavioral health
AN - anesthesia recovery
M - medication issue
Include drugs and alcohol
WD - withdrawal symptoms
SN - systemic/neurological disorders
Underlying physical conditions that can result in erratic behavior, including diabetes, head trauma, epilepsy, dementia, and other.
EM - emotional issue
Angry, distraught, other strong emotions
H - history of violent behavior
O - other (enter text to describe)
- Note:** even if more than one may apply, please determine the cause that most directly contributed to this incident. Other causes can be noted in the Comments field.

(N) Result of Assaultive Behavior

Place a checkmark in the column that reflects the injury resulting from the assault - enter one check reflecting the most serious injury for this incident.

- (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

(O) Weapon

Enter a code reflecting the type of weapon used, if any.

- G - gun
- K - knife
- B - bar, rod, club, stick
- DW - door, window, floor, wall
- F - furniture
- MI - medical instrument or equipment
- FO - food, utensils, meal tray
- AB - assailant's body (assaulted by assailant's hands, feet, other body parts)
- BF - bodily fluids
- O - other (enter type of weapon used)

(P) Number of employees present (in addition to victim)

Enter the number of other employees that witnessed the incident (enter 0 if no one else was present).

(Q) Response

Enter the code that most closely reflects the response taken by the employee and others when the incident occurred (multiple selections ok).

- SR - seclusion or physical restraint
- PRN - medication administered as necessary
- SM - self-defense moves
- D - de-escalate by talking down
- B - call for backup
 - Calls may be verbal or electronic (phone, pager, or other).
- LE - reported to law enforcement
- E - exit the scene
- O - other (describe the response if none of the codes reflect the action taken)

Note: immediate response, even if subsequent action (e.g., procedural or policy changes by the facility) led to additional interventions.

(R) Comments

Enter any additional information that will help describe this incident or the actions taken.

Statutory/Other Authority: ORS 654.025(2) and 656.726(4).
Statutes/Other Implemented: ORS 654.001 through 654.295.
History: OSHA 11-2007, filed 12/21/07, effective 1/1/08.
OSHA 2-2011, filed 9/29/11, effective 10/1/11.

Appendix B to 437-001-0706 Safety of Health Care Employees

654.412 Definitions for ORS 654.412 to 654.423 As used in ORS 654.412 to 654.423:

- (1) "Assault" means intentionally, knowingly or recklessly causing physical injury.
- (2) "Health care employer" means:
 - (a) An ambulatory surgical center as defined in ORS 442.015.
 - (b) A hospital as defined in ORS 442.015.
- (3) "Home health care services" means items or services furnished to a patient by an employee of a health care employer in a place of temporary or permanent residence used as the patient's home. [2007 c.397 §2]

654.414 Duties of health care employer; security and safety assessment; assault prevention program; requirements

- (1) A health care employer shall:
 - (a) Conduct periodic security and safety assessments to identify existing or potential hazards for assaults committed against employees;
 - (b) Develop and implement an assault prevention and protection program for employees based on assessments conducted under paragraph (a) of this subsection; and
 - (c) Provide assault prevention and protection training on a regular and ongoing basis for employees.
- (2) An assessment conducted under subsection (1)(a) of this section shall include, but need not be limited to:
 - (a) A measure of the frequency of assaults committed against employees that occur on the premises of a health care employer or in the home of a patient receiving home health care services during the preceding five years or for the years that records are available if fewer than five years of records are available; and
 - (b) An identification of the causes and consequences of assaults against employees.

- (3) An assault prevention and protection program developed and implemented by a health care employer under subsection (1)(b) of this section shall be based on an assessment conducted under subsection (1)(a) of this section and shall address security considerations related to the following:
- (a) Physical attributes of the health care setting;
 - (b) Staffing plans, including security staffing;
 - (c) Personnel policies;
 - (d) First aid and emergency procedures;
 - (e) Procedures for reporting assaults; and
 - (f) Education and training for employees.
- (4)
- (a) Assault prevention and protection training required under subsection (1)(c) of this section shall address the following topics:
 - (A) General safety and personal safety procedures;
 - (B) Escalation cycles for assaultive behaviors;
 - (C) Factors that predict assaultive behaviors;
 - (D) Techniques for obtaining medical history from a patient with assaultive behavior;
 - (E) Verbal and physical techniques to de-escalate and minimize assaultive behaviors;
 - (F) Strategies for avoiding physical harm and minimizing use of restraints;
 - (G) Restraint techniques consistent with regulatory requirements;
 - (H) Self-defense, including:
 - (i) The amount of physical force that is reasonably necessary to protect the employee or a third person from assault; and
 - (ii) The use of least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, and any other methods of response approved by the health care employer;
 - (I) Procedures for documenting and reporting incidents involving assaultive behaviors;

- (J) Programs for post-incident counseling and follow-up;
 - (K) Resources available to employees for coping with assaults; and
 - (L) The health care employer's workplace assault prevention and protection program.
- (b) A health care employer shall provide assault prevention and protection training to a new employee within 90 days of the employee's initial hiring date.
- (c) A health care employer may use classes, video recordings, brochures, verbal or written training or other training that the employer determines to be appropriate, based on an employee's job duties, under the assault prevention and protection program developed by the employer. [2007 c.397 §3]

654.415 [Repealed by 1973 c.833 §48]

654.416 Required records of assaults against employees; contents; rules

- (1) A health care employer shall maintain a record of assaults committed against employees that occur on the premises of the health care employer or in the home of a patient receiving home health care services. The record shall include, but need not be limited to, the following:
- (a) The name and address of the premises on which each assault occurred;
 - (b) The date, time and specific location where the assault occurred;
 - (c) The name, job title and department or ward assignment of the employee who was assaulted;
 - (d) A description of the person who committed the assault as a patient, visitor, employee or other category;
 - (e) A description of the assaultive behavior as:
 - (A) An assault with mild soreness, surface abrasions, scratches or small bruises;
 - (B) An assault with major soreness, cuts or large bruises;
 - (C) An assault with severe lacerations, a bone fracture or a head injury; or
 - (D) An assault with loss of limb or death;
 - (f) An identification of the physical injury;

- (g) A description of any weapon used;
 - (h) The number of employees in the immediate area of the assault when it occurred; and
 - (i) A description of actions taken by the employees and the health care employer in response to the assault.
- (2) A health care employer shall maintain the record of assaults described in subsection (1) of this section for no fewer than five years following a reported assault.
- (3) The Director of the Department of Consumer and Business Services shall adopt by rule a common recording form for the purposes of this section. [2007 c.397 §4]

654.418 Protection of employee of health care employer after assault by patient. If a health care employer directs an employee who has been assaulted by a patient on the premises of the health care employer to provide further treatment to the patient, the employee may request that a second employee accompany the employee when treating the patient. If the health care employer declines the employee's request, the health care employer may not require the employee to treat the patient. [2007 c.397 §5]

654.420 [Repealed by 1973 c.833 §48]

654.421 Refusal to treat certain patients by home health care employee

- (1) An employee who provides home health care services may refuse to treat a patient unless accompanied by a second employee if, based on the patient's past behavior or physical or mental condition, the employee believes that the patient may assault the employee.
- (2) An employee who provides home health care services may refuse to treat a patient unless the employee is equipped with a communication device that allows the employee to transmit one-way or two-way messages indicating that the employee is being assaulted. [2007 c.397 §6]

654.423 Use of physical force by home health care employee in self-defense against assault

- (1) 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:
 - (a) Was acting in self-defense in response to the use or imminent use of physical force;

- (b) Used an amount of physical force that was reasonably necessary to protect the employee or a third person from assault; and
 - (c) Used the least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, or other methods of response approved by the health care employer.
- (2) As used in this section, “self-defense” means the use of physical force upon another person in self-defense or to defend a third person. [2007 c.397 §7]

Statutory/Other Authority: ORS 654.025(2) and 656.726(4).

Statutes/Other Implemented: ORS 654.001 through 654.295.

History: OR-OSHA Admin. Order 2-2011, filed 9/29/11, effective 10/1/11.

437-001-0740 Falsification or Failure to Keep and Post Records or Make Reports

Oregon OSHA will cite employers who fail to keep the records, post the summaries, or make the reports required by OAR 437-001-0700 (except OAR 437-001-0704 which is addressed in OAR 437-001-0170) or OAR 437-001-0706. Citations will be 'other than serious' and carry a penalty of at least \$100 but not more than \$1,000 for each violation that is neither repeated nor willful.

Note: ORS 654.991(3) provides that anybody who knowingly makes a false statement, representation, or certification in any application, record, report, plan, or other document filed or required by ORS 654.001 to 654.295, will, on conviction, be fined not more than \$10,000 or be imprisoned for not more than six months, or both. Also, ORS 654.086(1)(e) provides for civil penalties for falsification of a document.

Statutory/Other Authority: ORS 654.025(2) and 656.726(4).
Statutes/Other Implemented: ORS 654.001 through 654.295.
History: WCB Admin. Order 19-1974, filed 6-5-74, effective 7-1-74.
WCD Admin. Order, Safety 5-1978, filed 6-22-78, effective 8-15-78.
WCD Admin. Order, Safety 6-1982, filed 6-28-82, effective 8-1-82.
APD Admin. Order 6-1987, filed 12-23-87, effective 1-1-88.
APD Admin. Order 7-1988, filed 6-17-88, effective 7-1-74.
OSHA 6-1994, filed 9/30/94, effective 9/30/94.
OSHA 11-2001, filed 9/14/01, effective 1/1/02.
OSHA 7-2002, filed 11/15/02, effective 11/15/02.
OSHA 11-2007, filed 12/21/07, effective 1/1/08.
OSHA 5-2018, filed 11/29/18, effective 12/17/18.
OSHA 13-2021, filed 11/1/21, effective 12/1/21.

437-001-0742 Recordkeeping Variances and Exceptions

In order to achieve a uniform national system for the recordkeeping and reporting of occupational injuries and illnesses, the State of Oregon and the U.S. Department of Labor have agreed that as applied to employers, defined in subsections 3(5) of the Occupational Safety and Health Act of 1970 (Public Law 91-596, 81 STAT 1950), the state will not grant any variances or exceptions to the recordkeeping and reporting regulations of this part without prior approval of the U.S. Bureau of Labor Statistics.

Statutory/Other Authority: ORS 654.025(2) and 656.726(3).
Statutes/Other Implemented: ORS 654.001 through 654.295.
History: WCB Admin. Order 19-1974, filed 6-5-74, effective 7-1-74.
APD Admin. Order 7-1988, filed 6-17-88, effective 7-1-74.
OSHA 11-2001, filed 9/14/01, effective 1/1/02.