



June 26, 2026

[Text of changes](#)

Proposed Workplace Violence Prevention Rules for Health Care Employers

Virtual Public Hearing Scheduled for:

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

Hearing Details:

Date: Tuesday, August 11, 2026 **Time: 2:00 p.m.**

Location: Remote Zoom Gov Webinar Hearings Officer: OSHA Staff

Register in advance for this webinar:

https://dcbs-oregon.zoomgov.com/webinar/register/WN_B4vsbQldQmmhsCRI0DNZPQ

Date: Thursday, August 13, 2026 **Time: 10:00 a.m.**

Location: Remote Zoom Gov Webinar Hearings Officer: OSHA Staff

Register in advance for this webinar:

https://dcbs-oregon.zoomgov.com/webinar/register/WN_egv75dVCTX--c9sxev1O4g

After registering, you will receive a confirmation email containing information about joining the webinar.

The hearing will close no earlier than 30 minutes after the webinar begins and may close at any point after 30 minutes if all interested persons have had their opportunity to enter their comments into the record.

The text of the proposed rules is available on our website at osha.oregon.gov under rules, then proposed rules.

When does this happen: Tentatively adoption will be October 2026, with an effective date of January 2027.

Comment period closes: Monday, August 31, 2026, at 5:00 p.m.

To get a copy: Our web site – osha.oregon.gov > [Rules](#) > [Proposed rules](#).
Or call 503-947-7449

To comment: Department of Consumer and Business Services
Oregon OSHA
PO BOX 14480
Salem OR 97309-0405
Email – OSHA.rulemaking@dcbs.oregon.gov
Fax – 503-947-7461

Oregon OSHA contact: Linda Pressnell, Salem Central Office, 503-378-3272, or email at Linda.S.PRESSNELL@dcbs.oregon.gov

Rulemaking Summary:

This rulemaking is to align Oregon OSHA with statutory changes from Senate Bill 537 (SB 537) approved by the Oregon Legislature and signed by Governor Kotek in 2025. SB 537 addresses violence in health care settings. In response, Oregon OSHA proposes to adopt OAR 437-002-0150 Workplace Violence Prevention for Health Care Employers and amend OAR 437-001-0295 Discrimination Complaint and OAR 437-001-0706 Recordkeeping for Healthcare Assaults.

This rulemaking affects approximately 62 Licensed Hospitals, 91 Ambulatory Surgical Centers, 65 Licensed Home Health Agencies, and 74 Licensed Home Hospice Programs currently operating in Oregon.

Hospitals and Ambulatory Surgical Centers had already been implementing an assault prevention and protection program and other statutory requirements from ORS 654.414 since 2007. SB 537 created new provisions by amending ORS 654.412 to expand protections from “assaults” to a broader definition of “workplace violence” to include any act or threat of physical violence, harassment, intimidation, assault, homicide or any other threatening behavior that occurs in the workplace. The changes to ORS 654.412 from SB 537 also expand the type of organizations required to have a workplace violence

prevention program to include home health agencies and home hospice programs, which must now follow the existing and new requirements in ORS 654.414.

Oregon Health Authority (OHA) also conducted rulemaking in response to SB 537, amending 15 rules and adopting 7 rules to align with changes to ORS 441.096. OHA adopted PH 16-2026 on 1/29/26 and made those rules effective 2/1/2026.

Oregon OSHA proposes adopting a new rule to encompass all the definitions and provisions in ORS 654.412 and 654.414 as OAR 437-002-0150 in Division 2. The requirements for healthcare employers in the proposed rule broadly include:

- Conducting periodic security and safety assessments to identify existing threats of workplace violence,
- Developing and implementing a workplace violence prevention and protection program based on assessments, and
- Providing workplace violence prevention and protection training on an annual basis.

Healthcare organizations also must consult with their safety committee, or with employees during safety meetings when allowed under OAR 437-001-0765, on procedures for health care employers to investigate, collect and report on incidents of workplace violence.

To align with changes from SB 537 to ORS 654.062, the division is also proposing to amend OAR 437-001-0295 in Division 1, the Discrimination Complaint rule, to make clear that an employee may file a complaint if they believe discrimination has occurred for reporting a health care assault or other incident of workplace violence.

Lastly, the division proposes to amend OAR 437-001-0706 Recordkeeping for Health Care Assaults to bring it into line with new and revised definitions in ORS 654.412. The title of the rule will be updated to Recordkeeping for Health Care Workplace Violence. In addition, updates are made to Appendix A of this rule, which gives directions on how to fill out the workplace violence incident log, to account for updated definitions and categories.

Please visit our website osha.oregon.gov/rules to view our proposed rules or select other rule activity from this page.

Note: In compliance with the Americans with Disabilities Act (ADA), this document is available in alternative formats by calling 503-378-3272.

Secretary of State

Notice of Proposed Rulemaking Hearing

A Statement of Need and Fiscal Impact accompanies this form.

Agency and Division

Administrative Rules Chapter Number

Department of Consumer and Business Services, Oregon OSHA.

OAR 437

Rules Coordinator

Address

Telephone

Lisa Appel

350 Winter Street NE Salem OR 97301-3882

503-947-7449

Proposed Workplace Violence Prevention Rules for Health Care Employers

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business. Send comments to OSHA.rulemaking@dcbs.oregon.gov.

Public Hearing Schedule

Hearings Officer: OSHA Staff

| <u>Hearing Date</u> | <u>Time</u> | <u>Location</u> |
|---------------------|-------------|-----------------|
|---------------------|-------------|-----------------|

| | | |
|----------------------------------|----------------|----------------|
| Tuesday, August 11, 2026, | 2:00 pm | Virtual |
|----------------------------------|----------------|----------------|

Register to attend this hearing at:

https://dcbs-oregon.zoomgov.com/webinar/register/WN_B4vsbQldQmmhsCRI0DNZPQ

| | | |
|-----------------------------------|-----------------|----------------|
| Thursday, August 13, 2026, | 10:00 am | Virtual |
|-----------------------------------|-----------------|----------------|

Register to attend this hearing at:

https://dcbs-oregon.zoomgov.com/webinar/register/WN_egv75dVCTX--c9sxev1O4g

After registering you will get a confirmation email with details for joining the online hearing. A hearing will remain open for at least 30 minutes after the hearing starts, and after all interested persons have had their opportunity to enter comments into the record.

Accommodations for persons with disabilities are available upon advance request.

Rulemaking Action

Adopt: OAR 437-002-0150

Amend: OAR 437-001-0295, 437-001-0706

Statutory Authority

Other Authority

ORS 654.025(2) & 656.726(4)

Rulemaking Summary

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Healthcare organizations also must consult with their safety committee, or with employees during safety meetings when allowed under OAR 437-001-0765, on procedures for health care employers to investigate, collect and report on incidents of workplace violence.

To align with changes from SB 537 to ORS 654.062, the division is also proposing to amend OAR 437-001-0295 in Division 1, the Discrimination Complaint rule, to make clear that an employee may file a complaint if they believe discrimination has occurred for reporting a health care assault or other incident of workplace violence.

Lastly, the division proposes to amend OAR 437-001-0706 Recordkeeping for Health Care Assaults to bring it into line with new and revised definitions in ORS 654.412. The title of the rule will be updated to Recordkeeping for Health Care Workplace Violence. In addition, updates are made to Appendix A of this rule, which gives directions on how to fill out the workplace violence incident log, to account for updated definitions and categories.

Individual Rule Summary (By rule number)

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.

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.

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.

August 31, 2026, at 5:00 pm

Last Day for Public Comment

Last day to submit written comments to the Rules Coordinator



Signature

Renée Stapleton

Printed name

8/26/26
Date

STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Agency and Division

Administrative Rules Chapter Number

Department of Consumer and Business Services, Oregon OSHA

OAR 437

In the Matter of:

Adopting: OAR 437-002-0150

Amending: OAR 437-001-0295, 437-001-0706

Rule Caption: Proposed Workplace Violence Prevention Rules for Health Care Employers

Statutory Authority: ORS 654.025(2) & 656.726(4)

Statutes Implemented: ORS 654.001 through 654.295 and ORS 654.412 through 654.423

Need for the Rule(s):

This rulemaking is in response to Senate Bill 537 (SB 537) approved by the Oregon Legislature and signed by Governor Kotek in 2025. To align with the new statutory changes, the division proposes a new rule OAR 437-002-0150 that details the requirements of a Workplace Violence Prevention Program for Health Care Employers as defined in ORS 654.412 and 654.414.

The legislative changes from SECTION 2 of SB 537 add new definitions to ORS 654.412 and exempts the Oregon State Hospital from statutory requirements. The changes add home health agencies 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 Prevention Program. Broadly, the rule requires that these health care employers develop a workplace violence prevention and response plan ; 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 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 to account for updated definitions and categories.

Documents Relied Upon, and where they are available:

Senate Bill 537 Oregon Legislature (2025):

<https://olis.oregonlegislature.gov/liz/2025R1/Measures/Analysis/SB537>

Oregon Employment Department Quality Information – wage data from Oregon OSHA, (visited April 2026): <https://www.qualityinfo.org/home>

California Code of Regulations, Title 8, Section 3342 – Violence Prevention in Health Care:

<https://www.dir.ca.gov/Title8/3342.html>

Revised Code of Washington Chapter 49.19, Safety - Health Care Settings:

<https://app.leg.wa.gov/rcw/default.aspx?cite=49.19&full=true>

Washington Department of Labor and Industries, Division of Occupational Safety and Health (DOSH) DIRECTIVE – Workplace Violence Prevention in Health Care, January 24, 2020:

<https://lni.wa.gov/dA/1f58d0526f/DD507.pdf>

The Burden of Violence to US Hospitals: A comprehensive assessment of financial costs and other impacts of workplace and community violence. Report. Harborview Injury Prevention and Research Center, University of Washington; March 2025:

<https://www.aha.org/system/files/media/file/2025/05/The-Burden-of-Violence-to-US-Hospitals.pdf>

Workplace Violence Prevention for Nurses, National Institute for Occupational Safety and Health (NIOSH),(visited June 9, 2026): <https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Home>

Prioritizing our Healthcare Workers: The Importance of Addressing the Intersection of Workplace Violence and Mental Health and Wellbeing, NIOSH Science Bulletin, May 29, 2024:

<https://www.cdc.gov/niosh/bulletin/2024/prioritizing-healthcare-workers.html>

Occupational Outlook Handbook, Home Health and Personal Care Aides, Bureau of Labor Statistics, U.S. Department of Labor (visited June 22, 2026):

<https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>

The Economics Daily, In 2023, the majority of home health aides and personal care aides were women, Bureau of Labor Statistics, U.S. Department of Labor (visited June 22, 2026):

<https://www.bls.gov/opub/ted/2024/in-2023-the-majority-of-home-health-aides-and-personal-care-aides-were-women.htm>

Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, Occupational Safety and Health Administration, U.S. Department of Labor, 2016:

<https://www.osha.gov/sites/default/files/publications/osha3148.pdf>

Workplace Violence Prevention Program, Joint Commission Knowledge Library, (visited December 2025) <https://www.jointcommission.org/en-us/knowledge-library/workforce-safety-and-well-being-resource-center/workplace-violence-prevention/workplace-violence-prevention-program>

Statement Identifying How Adoption of Rule(s) Will Affect Racial Equity in This State:

In the United States, the healthcare industry has a higher rate of workplace violence compared with other industries. This higher rate of exposure to workplace violence elevates the need for a workplace violence prevention program to promote the health and safety of healthcare workers. According to a 2024 NIOSH Science Bulletin, while healthcare workers make up 10% of the workforce, they experience 48% of nonfatal injuries due to workplace violence. In addition, the injury rate in the healthcare industry is higher than other industries; it accounted for a rate of 14 nonfatal injuries involving days away from work per 10,000 full-time equivalents (FTEs) in 2021-2022. This is more than triple the overall rate for all industries combined (4.3 per 10,000 FTE).

In May 2023, in Oregon, U.S. Bureau of Labor Statistics (BLS) data indicates that approximately 17 out of 1,000 jobs were home health and personal care aides. Across the United States, 2023 BLS data offers the following demographic breakdown for home health aides:

- 53.3% of home health aides are White, they typically account for 76.5% of all occupations.
- 29.8% of home health aides are Black or African American, they typically account for 12.8% of all occupations.
- 24.9% of home health aides are Hispanic or Latino, they typically account for 18.8% of all occupations.
- 14% of home health aides are Asian, they typically account for 6.9% of all occupations.

This data indicates that people of color have a higher proportionate representation as home health aides versus other occupations and therefore are more likely to be exposed to workplace violence given the healthcare industry trends. Women accounted for 87 percent of all home health aides in 2023.

Alongside the stressors of workplace violence in the health care industry, the pay for this occupation is typically at a lower relative wage. According to 2024 BLS data from the Occupational Outlook Handbook, the median annual wage for home health and personal care aides was \$34,900 per year (\$16.78 per hour) in May 2024.

According to a 2024 NIOSH Science Bulletin, workplace violence impacts the mental health and wellbeing of the healthcare workforce. Their report noted that healthcare workers facing workplace violence may experience suicidal ideation, posttraumatic stress disorder, depression, anxiety, burnout, and continue to feel anger and fear and other emotions. Furthermore, they note that, "the impact of this harassment on healthcare worker mental health is substantial. Workers who experienced harassment at work were more likely to report feelings of anxiety, depression, and burnout." Not only does workplace violence impact employees, the report cites that workplace violence also has an impact on patient safety. And in 2023, the Agency for Healthcare Research and Quality convened a subcommittee of its National Advisory Council, this subcommittee noted that, "patient and healthcare worker safety are intrinsically linked." Research cited in the bulletin found that, "in most instances, a positive patient safety culture was associated with lower workplace violence and lower workforce burnout scores."

In conclusion, home health aides are majority female, non-white, and are some the lowest paid workers in the healthcare industry; they also face potential poor health outcomes from enduring the increased rate of workplace violence in their profession. The expansion of definitions from SB 537 provides more protection for those in this occupation who work for a home health agency or home hospice program in Oregon. The more robust requirements proposed in OAR 437-002-0150 create a systematic and inclusive approach that includes hazard identification and assessment, hazard prevention and control, education and training, and system evaluation and improvement. Proposed changes to Recordkeeping for Health Care Assaults (OAR 437-001-0706), retitled Recordkeeping for Health Care Workplace Violence, will result in standardized data collection and assessment by a broader range of healthcare employers. SB 537 and the associated proposed administrative rule changes are likely to have a favorable impact on racial equity by establishing a plan to prevent workplace violence in healthcare and decreasing disparities.

Fiscal and Economic Impact:

See attached Fiscal Impact Statement.

Statement of Cost of Compliance:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s).

Statutory changes from SB 537 impact nine hospitals operated by special districts (a form of local government): Bay Area Hospital, Blue Mountain Hospital, Coquille Valley Hospital, Curry General Hospital, Harney District Hospital, Lake District Hospital, Lower Umpqua Hospital District, Southern Coos Hospital and Health Center, and Willowa Memorial Hospital. These hospitals will be required to expand their workplace violence prevention program and be in compliance with changes to the Recordkeeping for Health Care Workplace Violence rule. If in the future, new hospitals are introduced into the market, they will also be subject to these requirements. The attached Fiscal Impact Statement details the costs of such compliance for hospitals.

The public, as a whole, will be affected only to the degree that members of the public are health care employers and employees.

Oregon OSHA is responsible for implementing the Oregon Safe Employment Act (OSEAct) ORS 654.001 through 654.295, and enforcement of ORS 654.412 through 654.423, which specifies workplace requirements for health care – including the changes from SB 537.

(2) Effect on Small Businesses:

(a) Estimate the number and type of small businesses and types of business and industries with small businesses subject to the rule(s);

This rulemaking will affect approximately 74 Licensed Hospice programs and 65 Licensed Home Health agencies. At least some of these licensed organizations in Oregon may be considered small businesses (50 or fewer employees). For an estimate of the cost of compliance on these licensed agencies, see attached Fiscal Impact Statement.

(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s);

See attached Fiscal Impact Statement.

(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

See attached Fiscal Impact Statement.

Describe how small businesses were involved in the development of these rule(s)?

Small businesses and others were involved in the development of the rule changes insofar as they or their representatives participated in the Rules Advisory Group meetings or provided feedback to Oregon OSHA's Technical Specialist. Specifically, the Oregon Hospice & Palliative Care Association participated in the Rules Advisory Group meetings, which is a nonprofit public benefit organization that supports hospice and palliative care providers. In addition, the Oregon Association for Home Care were engaged; they represent providers of skilled home health, hospice, and in-home care throughout the state of Oregon. Lastly, the Oregon Health Care Association also were engaged; they represent long-term care providers in Oregon, including licensed in-home care agencies.

Was an Administrative Rules Advisory Committee consulted?

Yes or No? If not, why not?

No. However, Oregon OSHA solicited participation in a Rules Advisory Group from organizations, associations and businesses in the health care sector in Oregon. In addition, legislative sponsors of Senate Bill 537 were invited 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. In addition, 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.

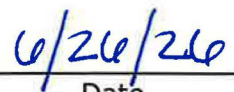
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.



Signature

Renée Stapleton

Printed name



Date

ⁱ Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310. ARC 925-2007



Oregon OSHA Fiscal Impact Statement (FIS) (Filing Attachment)

Proposed Adoption of Workplace Violence Prevention for Health Care Employers

6/26/2026

Proposed rule for adoption:

- OAR 437-002-0150

Proposed rules for amendment:

- OAR 437-001-0706
- OAR 437-001-0295

Introduction

Due to the passage of [SB537 \(2025\)](#), Oregon OSHA initiated rulemaking activities related to requirements established in ORS 654 for workplace violence of health care employers and related rules. The language in this rule proposal 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.

This Fiscal Impact Statement (FIS) includes cost estimates and considerations that were received from Oregon stakeholders and members of the rule advisory group (RAG) convened by Oregon OSHA during this rulemaking process. The purpose of the FIS is not to present an exhaustive list of all potential costs in terms of labor, professional services and administrative activities, but to provide a reasonable estimate of the cost to comply with requirements proposed. This estimate was based on information provided by members of the RAG, wage data from the state of Oregon, and independent research by Oregon OSHA.

Generally, the FIS is organized by individual rule sections and includes standardized language to provide additional clarity. To the extent that a proposed rule requirement is not addressed in the FIS, it is intended to signify that Oregon OSHA does not anticipate a fiscal impact for that specific provision. Proposed rule requirements can be identified as either having a fiscal impact or having no anticipated fiscal impact.

Throughout the FIS there are estimated costs based on information available to Oregon OSHA at the time of proposal. Due to the variability in employer size, their processes, or their services offered, some elements of this FIS may not apply or may apply differently to employer's operations depending on the circumstances and the specific rule provision. Oregon OSHA anticipates that employers will evaluate this FIS considering their site-specific and operation-specific needs when determining the cost to comply with the requirements of the proposal.

Based on 2026 licensing data available from Oregon Health Authority (OHA), who license employers in the state of Oregon anticipated to be covered by this rule, there are approximately 62 hospitals, approximately 91 ambulatory surgical centers, approximately 65 home health agencies, and approximately 74 hospice licenses.

Wage Data

"Loaded wages" are used in calculations in this FIS. Wage loading refers to the additional payments or allowances that may be added to a worker's base pay to account for various factors such as benefits, taxes, and other employment related costs.

Oregon OSHA identified employee positions that may be impacted by this proposed rule. The impact may be from developing new programs or procedures, developing trainings, participating in trainings or documentation of incidents of workplace violence.

Oregon OSHA used the base wage information for these positions identified by the Oregon Employment Department online database ([Oregon Employment Department Quality Information](#)). To complete this FIS, Oregon OSHA relied on the tenth (10th), fiftieth (50th), and ninetieth (90th) percentiles wage data for 2025. The non-loaded Oregon wages are provided below:

Human Resources:

1. *General and Operations Managers* (11-1021), Hourly Wage: \$24.25 (10th), \$48.28 (50th), \$112.24 (90th), \$62.67 (average)

2. *Facilities Managers (11-3013)*; Hourly Wage: \$33.48 (10th), \$50.80 (50th), \$81.31 (90th), \$55.90 (average)
3. *Human Resources Specialists (13-1071)*, Hourly Wage: \$24.08 (10th), \$36.25 (50th), \$55.87 (90th), \$38.84 (average)
4. *Medical Secretaries and Administrative Assistants (43-6013)*; Hourly Wage: \$19.66 (10th), \$24.34 (50th), \$31.12 (90th), \$25.72 (average)
5. *Financial Risk Specialist (13-2054)*, Hourly Wage: \$30.87 (10th), \$55.77 (50th), \$77.81 (90th), \$55.32 (average)
6. *First-Line Supervisors of Office and Administrative Support Workers (43-1011)*; Hourly Wage: \$23.15 (10th), \$33.75(50th), \$49.03 (90th), \$35.32 (average)

Training:

1. *Training and Development Specialists (13-1151)*; Hourly Wage: \$23.07 (10th), \$34.44 (50th), \$55.35 (90th), \$38.24 (average)

Security:

1. *First-Line Supervisors of Security Workers (33-1091)*; Hourly Wage: \$23.52 (10th), \$28.69 (50th), \$48.12 (90th), \$31.58 (average)
2. *Security Guards (33-9032)*; Hourly Wage: \$17.68 (10th), \$21.60 (50th), \$30.09 (90th), \$22.80 (average)

Safety:

1. *Emergency Management Directors (11-9161)*; Hourly Wage: \$32.73 (10th), \$52.33 (50th), \$67.08 (90th), \$51.97 (average)
2. *Occupational Health and Safety Specialist (19-5011)*, Hourly Wage: \$25.79 (10th), \$40.82 (50th), \$58.64 (90th), \$41.81 (average)

Medical:

1. *Physicians, All Other (29-1229)*; Hourly Wage: \$36.05 (10th), \$149.14 (average)
2. *Nurse Practitioners (29-1171)*; Hourly Wage: \$51.14 (10th), \$71.41 (50th), \$92.05 (90th), \$73.10 (average)
3. *Registered Nurses (29-1141)*; Hourly Wage: \$46.93 (10th), \$61.23 (50th), \$70.82 (90th), \$59.49 (average)

4. *Nursing Assistant* (31-1131); Hourly Wage: \$19.87 (10th), \$23.93 (50th), \$29.92 (90th), \$24.71 (average)
5. *Physical Therapists* (29-1123); Hourly Wage: \$39.31 (10th), \$51.57 (50th), \$63.97 (90th), \$51.43 (average)
6. *Magnetic Resonance Imaging Technologists* (29-2035); Hourly Wage: \$46.28 (10th), \$54.40 (50th), \$62.79 (90th), \$55.00 (average)
7. *Emergency Medical Technicians* (29-2042); Hourly Wage: \$18.28 (10th), \$23.74 (50th), \$30.69 (90th), \$24.09 (average)
8. *Psychiatric Technicians* (29-2053); Hourly Wage: \$18.61 (10th), \$25.50 (50th), \$35.37 (90th), \$26.23 (average)

Counseling:

1. *Healthcare Social Workers* (21-1022); Hourly Wage: \$28.04 (10th), \$42.05 (50th), \$53.64 (90th), \$41.89 (average)
2. *Clergy* (21-2011); Hourly Wage: \$18.32 (10th), \$31.30 (50th), \$48.48 (90th), \$34.22 (average)

Oregon OSHA uses a range of thirty-five percent (35%) to one hundred percent (100%) of the base wage for purposes of wage loading. When estimating labor costs, Oregon OSHA utilizes the following formula:

- Hourly Wage Data for the 10th Percentile x 135% Wage Loading x Time = Lower Bound
- Hourly Wage Data for the 90th Percentile x 200% Wage Loading x Time = Upper Bound

By using the upper and lower bound wage information from Oregon, Oregon OSHA's intent is to represent the variety of wage differences found in Oregon.

When reporting time, or hours required to comply with new requirements of the rule proposal, to best help the average employer understand the cost of compliance, Oregon OSHA calculated the median number of hours from the responses provided. Oregon OSHA used a median, or mid-point, rather than an average, to better represent the majority of employers required to comply with this rule. A median is less impacted by outliers in the data set. Oregon OSHA recognizes that many factors will affect the actual hours it takes to comply, such as employer size and whether or not they were already required to comply with the requirements prior to the legislation.

Oregon OSHA recognizes that employee roles identified in this FIS may not represent all the roles that may be impacted by this proposed rule. The roles identified were provided by the RAG, from Oregon Employment Department data, and through Oregon OSHA's research. The roles include a range of anticipated positions that might conduct this work. The estimated time for each provision can be applied to other applicable job classifications completing the work.

Oregon OSHA convened RAG meetings on January 14, February 12, May 19 and June 18 of 2026 to solicit input from RAG members on rule language and the cost of compliance to be used for development of this FIS.

Estimated Cost to Comply with Proposed Rule OAR 437-002-0150 and Non-mandatory Appendix A to the rule

The proposal of OAR 437-002-0150 and Non-mandatory Appendix A, includes existing requirements found in statute that were in place for some portions of healthcare prior to the passage of SB537 (2025) along with the additional requirements in SB 537.

It is important to note that many of the requirements previously established in OAR 437-002-0150 and some of the provisions in the Non-mandatory Appendix A will be new to home health agencies and to the home hospice industry. SB537 (2025) added "home health agency" and "home hospice" into the definitions of healthcare which established new requirements for these industries.

Members of the RAG provided estimates on the cost of compliance of the proposed rule language which included employee roles likely to perform the task, estimated time commitments for the identified task, and supplies and equipment integral to their developed plan. Some items mentioned are not included in the FIS because they are not a regulatory requirement but do represent the diverse methods facilities anticipate utilizing to comply with the rule requirements. Examples of what is not included in this FIS: bullet proof glass, a telecommunications system and a physical flagging system.

OAR 437-002-0150(1) Purpose, scope and application

- Identifies the employers impacted by this rule
- No anticipated fiscal impact

OAR 437-002-0150(2) Definitions

- Identifies definitions for terms used in the rule
- No anticipated fiscal impact

Develop, review, or update workplace violence prevention program for hospitals and ambulatory surgical centers:

The proposed rule requires a healthcare employer to develop, review, or update a workplace violence prevention program. Oregon OSHA compiled data reported by the RAG and from the Oregon Employment Department (OED). Where we had limited information, we estimated the data using similar responses from RAG members. We calculated that it could take a median of 156 hours to complete these tasks. This includes workers in human resources, safety and security, medical, and training departments.

The most common positions conducting this work are shown below using the loaded wage formula. Other calculations can be made by using the position classifications located on pages 2-3 of this document and applying the loaded wage formula to obtain approximate labor costs. It is not implied that all the positions below will engage in this work for 156 hours.

General and Operations Managers ([111021](#))

- $\$24.25$ (10th) x 135% loading x 156 hours = \$5,107.05
- $\$112.24$ (90th) x 200% loading x 156 hours = \$35,018.88

Emergency Management Directors ([119161](#))

- $\$32.73$ (10th) x 135% loading x 156 hours = \$6,892.94
- $\$67.08$ (90th) x 200% loading x 156 hours = \$20,928.96

Occupational Health and Safety Specialists ([195011](#))

- $\$25.79$ (10th) x 135% loading x 156 hours = \$5,431.37
- $\$58.64$ (90th) x 200% loading x 156 hours = \$18,295.68

Develop, review, or update workplace violence prevention program for home health agencies and home hospice:

The proposed rule requires a healthcare employer to develop, review, or update a workplace violence prevention program. Oregon OSHA compiled data reported by the RAG and from OED. Where we had limited information, we estimated the data using similar responses from RAG members. We calculated it could take a median of 36 hours to complete these tasks. This includes workers in human resources, safety and security, medical, and training departments.

The most common positions conducting this work are shown below using the loaded wage formula. Other calculations can be made by using the position classifications located on pages 2-3 of this document and applying the loaded wage formula to obtain approximate labor costs. It is not implied that all the positions below will engage in this work for 36 hours.

General and Operations Managers ([111021](#))

- $\$24.25$ (10th) x 135% loading x 36 hours = $\$1,178.55$
- $\$112.24$ (90th) x 200% loading x 36 hours = $\$8,081.28$

Nurse Practitioners ([291171](#))

- $\$51.14$ (10th) x 135% loading x 36 hours = $\$2,485.40$
- $\$92.05$ (90th) x 200% loading x 36 hours = $\$6,627.60$

First-Line Supervisors of Office and Administrative Support Workers ([431011](#))

- $\$23.15$ (10th) x 135% loading x 36 hours = $\$1,125.09$
- $\$49.03$ (90th) x 200% loading x 36 hours = $\$3,530.16$

OAR 437-002-0150(3)(b) Consultation with Safety Committee

- Oregon OSHA expects that employers will continue to work with their safety committee, consulting on safety and health issues, including workplace violence.
- No fiscal impact expected. This is a current expectation under the existing safety committee rule.

OAR 437-002-0150(3)(c) Assessments

- Oregon OSHA expects that employers will continue to evaluate their workplaces for health and safety issues, including workplace violence.
- No fiscal impact expected. This is a current expectation under the existing safety rules for all workplaces.

OAR 437-002-0150(4)(a) – (c) Training

Develop or Update Training for hospitals and ambulatory surgical centers:

The proposed rule requires a healthcare employer to develop or update their training based on their newly developed or updated Workplace Violence Prevention Program. Oregon OSHA compiled data reported by the RAG and from OED. Where we had limited information, we estimated the data using similar responses from RAG members. We calculated that it could take a median of 156 hours to complete

these tasks. This includes workers in human resources, safety and security, medical, and training departments.

The most common positions conducting this work are shown below using the loaded wage formula. Other calculations can be made by using the position classifications located on pages 2-3 of this document and applying the loaded wage formula to obtain approximate labor costs. It is not implied that all the positions below will engage in this work for 156 hours.

Occupational Health and Safety Specialists ([195011](#))

- $\$25.79$ (10th) x 135% loading x 156 hours = $\$5,431.37$
- $\$58.64$ (90th) x 200% loading x 156 hours = $\$18,295.68$

Registered Nurses ([291141](#))

- $\$46.93$ (10th) x 135% loading x 156 hours = $\$9,883.46$
- $\$70.82$ (90th) x 200% loading x 156 hours = $\$22,095.84$

Training and Development Specialists ([131151](#))

- $\$23.07$ (10th) x 135% loading x 156 hours = $\$4,858.54$
- $\$55.35$ (90th) x 200% loading x 156 hours = $\$17,269.20$

Develop or Update training for home health agencies and home hospice:

The proposed rule requires a healthcare employer to develop or update their training based on their newly developed or updated Workplace Violence Prevention Program. Oregon OSHA compiled data reported by the RAG and from OED. Where we had limited information, we estimated the data using similar responses from RAG members. We calculated that it could take a median of 28 hours to complete these tasks. This includes workers in human resources, safety and security, medical, and training departments.

The most common positions conducting this work are shown below using the loaded wage formula. Other calculations can be made by using the position classifications located on pages 2-3 of this document and applying the loaded wage formula to obtain approximate labor costs. It is not implied that all the positions below will engage in this work for 28 hours.

General and Operations Managers ([111021](#))

- $\$24.25$ (10th) x 135% loading x 28 hours = $\$916.65$
- $\$112.24$ (90th) x 200% loading x 28 hours = $\$6,285.44$

Registered Nurses ([291141](#))

- $\$46.93$ (10th) x 135% loading x 28 hours = $\$1,773.95$
- $\$70.82$ (90th) x 200% loading x 28 hours = $\$3,965.92$

Provide training for hospitals and ambulatory surgical centers:

The proposed rule requires a healthcare employer to train affected employees on the newly developed or updated Workplace Violence Prevention Program. Oregon OSHA compiled data reported by the RAG and from OED. Where we had limited information, we estimated the data using similar responses from RAG members. We calculated that it could take a median of 24 hours to complete these tasks. This includes workers in human resources, safety and security, medical, and training departments.

The most common positions conducting this work are shown below using the loaded wage formula. Other calculations can be made by using the position classifications located on pages 2-3 of this document and applying the loaded wage formula to obtain approximate labor costs. It is not implied that all the positions below will engage in this work for 24 hours. The cost of training will be a reoccurring cost on an annual basis or when retraining is needed.

Security Guards ([339032](#))

- $\$17.68$ (10th) x 135% loading x 24 hours = $\$572.83$
- $\$30.09$ (90th) x 200% loading x 24 hours = $\$1,444.32$

Registered Nurses ([291141](#))

- $\$46.93$ (10th) x 135% loading x 24 hours = $\$1,520.53$
- $\$70.82$ (90th) x 200% loading x 24 hours = $\$3,399.36$

Medical Secretaries and Administrative Assistants ([436013](#))

- $\$19.66$ (10th) x 135% loading x 24 hours = $\$636.98$
- $\$31.12$ (90th) x 200% loading x 24 hours = $\$1,493.76$

Note: Wages are not expected for volunteers. Any costs incurred will be associated with the employer conducting training.

Providing training for home health agencies and home hospice:

The proposed rule requires a healthcare employer to train affected employees on the newly developed or updated Workplace Violence Prevention Program. Oregon OSHA compiled data reported by the RAG and from OED. Where we had limited

information, we estimated the data using similar responses from RAG members. We calculated that it could take a median of 22 hours to complete these tasks. This includes workers in human resources, safety and security, medical, and training departments.

The most common positions conducting this work are shown below using the loaded wage formula. Other calculations can be made by using the position classifications located on pages 2-3 of this document and applying the loaded wage formula to obtain approximate labor costs. It is not implied that all the positions below will engage in this work for 22 hours. The cost of training will be a reoccurring cost on an annual basis or when retraining is needed.

Healthcare Social Workers ([211022](#))

- $\$28.04$ (10th) x 135% loading x 22 hours = \$832.79
- $\$53.64$ (90th) x 200% loading x 22 hours = \$2,360.16

Registered Nurses ([291141](#))

- $\$46.93$ (10th) x 135% loading x 22 hours = \$1,393.82
- $\$70.82$ (90th) x 200% loading x 22 hours = \$3,116.08

General and Operations Managers ([111021](#))

- $\$24.25$ (10th) x 135% loading x 22 hours = \$720.23
- $\$112.24$ (90th) x 200% loading x 22 hours = \$4,938.56

Note: Wages are not expected for volunteers. Any costs incurred will be associated with the employer conducting training.

Non-mandatory Appendix A

- Requirements found in statute provided for the ease of the reader.
- No fiscal impact expected. This is a current expectation under existing Oregon statutes.

Estimated Cost to Comply with Proposed Amendments to OAR 437-001-0706 Recordkeeping for Health Care Workplace Violence and Mandatory Appendix A to the rule

This section identifies the estimated fiscal impact for recordkeeping for incidents of workplace violence. The proposed amendments to OAR 437-001-0706 and Mandatory Appendix A were updated from language in OAR 437-001-0700 and OAR 437-001-0704, as well as existing statute, and SB 537.

It is important to note the requirements previously established in OAR 437-001-0706 and the provisions in Mandatory Appendix A will be new to home health agencies and to the home hospice industry. SB537 (2025) added “home health agency” and “home hospice” into the definitions of healthcare which established new requirements for this industry.

Members of the RAG provided estimates on the cost of compliance of the draft rule language which included employee roles likely to perform the task and estimated time commitments for the identified task.

OAR 437-001-0706(1)

- Updates the scope and application to align with OAR 437-002-0150
- No fiscal impact anticipated

OAR 437-001-0706(2)

- Updates the definitions to align with OAR 437-002-0150
- No fiscal impact anticipated

*OAR 437-001-0706(3)-(4) and Mandatory Appendix A to OAR 437-001-0706
Instructions for Recording Health Care Workplace Violence*

Update materials and train employees for hospitals and ambulatory surgical centers:

The proposed rule requires a healthcare employer to update materials and to train employees on how to enter incidents that meet the definition of “workplace violence” onto the “Incidents of Workplace Violence Log”, which Oregon OSHA will provide. This log was previously required under a different title for this group of employers, but there is an expansion of columns to account for the new categories included in “workplace violence”.

Oregon OSHA compiled data reported by the RAG and from OED. Where we had limited information, we estimated the data using similar responses from RAG members. We calculated that it could take a median of 23 hours to complete these tasks. This includes workers in human resources, safety, and medical departments. The most common positions conducting this work are shown below using the loaded wage formula. Other calculations can be made by using the position classifications located on pages 2-3 of this document and applying the loaded wage formula to obtain approximate labor costs. It is not implied that all the positions below will engage in this work for 23 hours.

Occupational Health and Safety Specialists ([195011](#))

- $\$25.79$ (10th) x 135% loading x 23 hours = $\$800.78$
- $\$58.64$ (90th) x 200% loading x 23 hours = $\$2,697.44$

Registered Nurses ([291141](#))

- $\$46.93$ (10th) x 135% loading x 23 hours = $\$1,457.18$
- $\$70.82$ (90th) x 200% loading x 23 hours = $\$3,257.72$

Financial Risk Specialists ([132054](#))

- $\$30.87$ (10th) x 135% loading x 23 = $\$958.51$
- $\$77.81$ (90th) x 200% loading x 23 = $\$3,579.26$

Train employees and enter incidents for home health agencies and home hospice:

The proposed rule requires a healthcare employer to train employees on how to enter incidents that meet the definition of “workplace violence” onto the “Incidents of Workplace Violence Log”, which Oregon OSHA will provide. This log was previously required under a different title, but not for this group of employers.

Oregon OSHA compiled data reported by the RAG and from OED. Where we had limited information, we estimated the data using similar responses from RAG members. We calculated that it could take a median of 12 hours to complete these tasks. This includes workers in human resources, safety, and medical departments. It is not intended to be read that all the positions below will be engaged in this work for 12 hours. The most common positions conducting this work are shown below using the loaded wage formula. Other calculations can be made by using the position classifications located on pages 2-3 of this document and applying the loaded wage formula to obtain approximate labor costs.

General and Operations Managers ([111021](#))

- $\$24.25$ (10th) x 135% loading x 12 hours = $\$392.85$
- $\$112.24$ (90th) x 200% loading x 12 hours = $\$2,693.76$

First-Line Supervisors of Office and Administrative Support Workers ([431011](#))

- $\$23.15$ (10th) x 135% loading x 12 hours = $\$375.03$
- $\$49.03$ (90th) x 200% loading x 12 hours = $\$1,176.72$

Human Resources Specialists ([131071](#))

- $\$24.08$ (10th) x 135% loading x 12 hours = $\$390.10$
- $\$55.87$ (90th) x 200% loading x 12 hours = $\$1,340.88$

Time for all healthcare employers to enter incidents:

The proposed rule requires a healthcare employer to enter incidents that meet the definition of “workplace violence” onto the “Incidents of Workplace Violence Log”, which Oregon OSHA will provide. Based on the FIS from the rulemaking for OAR 437-001-0706 it is estimated that employers could take approximately 15 minutes to enter each incident on the log. This could be completed by one position, or a combination of positions, including those in human resources, safety, and medical departments.

This approach can be applied to a variety of employer sizes and complexities. It is not implied that all the positions below will be engaged in this work for 15 minutes per incident. The most common positions conducting this work are shown below using the loaded wage formula. Calculations can be made using other position classifications from the wage data located on pages 2-3 of this document and applying the loaded wage formula to obtain approximate labor costs.

General and Operations Managers ([111021](#))

- \$24.25 (10th) x 135% loading x 0.25 hours per incident entry = \$8.18
- \$112.24 (90th) x 200% loading x 0.25 hours per incident entry = \$56.12

First-Line Supervisors of Office and Administrative Support Workers ([431011](#))

- \$23.15 (10th) x 135% loading x 0.25 hours per incident entry = \$7.81
- \$49.03 (90th) x 200% loading x 0.25 hours per incident entry = \$24.52

Human Resources Specialists ([131071](#))

- \$24.08 (10th) x 135% loading x 0.25 hours per incident entry = \$8.13
- \$55.87 (90th) x 200% loading x 0.25 hours per incident entry = \$27.94

Proposed Amendment to OAR 437-001-0295 Discrimination Complaints

OAR 437-001-0295(1)(c)

- Adds language from statute to the rule that now includes “or other incidents of workplace violence” in keeping with SB 537
- Clarification of existing requirements
- No fiscal impact anticipated

Housing Cost Impact Statement

For Administrative Rules

For estimating the effect of a Proposed Rule or Ordinance on the cost of developing a *itypical 1,200 sq ft detached single family dwelling on a 6,000 sq ft parcel of land. (ORS 183.534)

Agency Name: Department of Consumer and Business Services, Oregon OSHA

Address: 350 Winter Street NE

City/State: Salem OR 97301-3882

Phone: 503-947-7449

Rule Type: Permanent: Temporary:

Hearing Dates: Tuesday, August 11, 2026, at 2:00 p.m. and Thursday, August 13, 2026, at 10:00 a.m. See attached Notice Proposed of Rulemaking for registration details.

Effective Date: Tentatively January 2027

Below please provide a description of the estimated savings or additional costs that will result from this proposed change. Provide a brief explanation of how the cost or savings estimate was determined. Identify how change impacts costs in categories specified

Description of proposed change: (Please attach any draft or permanent rule or ordinance)

See attached Statement of Need and Fiscal Impact, Fiscal Impact Statement and Notice of Proposed Rulemaking.

Description of the need for, and objectives of the rule:

See attached Statement of Need and Fiscal Impact, Fiscal Impact Statement and Notice of Proposed Rulemaking.

List of rules adopted or amended:

Amend: OAR 437-001-0295, 437-001-0706

Adopt: OAR 437-002-0150

Materials and labor costs increase or savings:

None

Estimated administrative construction or other costs increase or savings:

None

Land costs increase or savings:

Oregon OSHA does not foresee any effect on land costs.

Other costs increase or savings:

Oregon OSHA does not foresee any additional costs.

Preparers Name: Lisa Appel

Email Address: OSHA.rulemaking@dcbs.oregon.gov

ⁱ *Typical-Single story 3 bedrooms, 1 1/2 bathrooms, attached garage (calculated separately) on land with good soil conditions with no unusual geological hazards.

OFFICE OF THE SECRETARY OF STATE
TOBIAS READ
SECRETARY OF STATE

MICHAEL KAPLAN
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 437

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES

OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION

FILED: 06/26/2026 3:51 PM

ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Proposed Workplace Violence Prevention Rules for Health Care Employers

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 08/31/2026 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT:

Lisa Appel

503-947-7449

Lisa.Appel@dcbs.oregon.gov

350 Winter St NE

Salem, OR 97301

Filed By:

Lisa Appel

Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 08/11/2026

TIME: 2:00 PM

OFFICER: OSHA Staff

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 669-254-5252

CONFERENCE ID: 1659571308

SPECIAL INSTRUCTIONS:

After registering, you will receive a confirmation email containing information about joining the webinar. The hearing will close no earlier than 30 minutes after the webinar begins and may close at any point after 30 minutes if all interested persons have had their opportunity to enter their comments into the record.

To submit comments on the proposed rule changes, please email the Rules Coordinator at OSHA.rulemaking@dcbs.oregon.gov.

You may also send hardcopy written materials to: Rules Coordinator, Oregon OSHA, PO Box 14480, Salem, OR 97309-0405.

DATE: 08/13/2026

TIME: 10:00 AM

OFFICER: OSHA Staff

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 669-254-5252

CONFERENCE ID: 1656456680

SPECIAL INSTRUCTIONS:

After registering, you will receive a confirmation email containing information about joining the webinar. The hearing will close no earlier than 30 minutes after the webinar begins and may close at any point after 30 minutes if all interested persons have had their opportunity to enter their comments into the record.

To submit comments on the proposed rule changes, please email the Rules Coordinator at OSHA.rulemaking@dcbs.oregon.gov.

You may also send hardcopy written materials to: Rules Coordinator, Oregon OSHA, PO Box 14480, Salem, OR 97309-0405.

NEED FOR THE RULE(S):

This rulemaking is in response to Senate Bill 537 (SB 537) approved by the Oregon Legislature and signed by Governor Kotek in 2025. To align with the new statutory changes, the division proposes a new rule OAR 437-002-0150 that details the requirements of a Workplace Violence Prevention Program for Health Care Employers as defined in ORS 654.412 and 654.414.

The legislative changes from SECTION 2 of SB 537 add new definitions to ORS 654.412 and exempts the Oregon State Hospital from statutory requirements. The changes add home health agencies 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 Prevention Program. Broadly, the rule requires that these health care employers develop a workplace violence prevention and response plan; 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 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 to account for updated definitions and categories.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Senate Bill 537 Oregon Legislature (2025): <https://olis.oregonlegislature.gov/liz/2025R1/Measures/Analysis/SB537>

Oregon Employment Department Quality Information – wage data from Oregon OSHA, (visited April 2026):
<https://www.qualityinfo.org/home>

California Code of Regulations, Title 8, Section 3342 – Violence Prevention in Health Care:
<https://www.dir.ca.gov/Title8/3342.html>

Revised Code of Washington Chapter 49.19, Safety - Health Care Settings:
<https://app.leg.wa.gov/rcw/default.aspx?cite=49.19&full=true>

Washington Department of Labor and Industries, Division of Occupational Safety and Health (DOSH) DIRECTIVE – Workplace Violence Prevention in Health Care, January 24, 2020: <https://ini.wa.gov/dA/1f58d0526f/DD507.pdf>

The Burden of Violence to US Hospitals: A comprehensive assessment of financial costs and other impacts of workplace and community violence. Report. Harborview Injury Prevention and Research Center, University of Washington; March 2025: <https://www.aha.org/system/files/media/file/2025/05/The-Burden-of-Violence-to-US-Hospitals.pdf>

Workplace Violence Prevention for Nurses, National Institute for Occupational Safety and Health (NIOSH), (visited June 9, 2026): <https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Home>

Prioritizing our Healthcare Workers: The Importance of Addressing the Intersection of Workplace Violence and Mental Health and Wellbeing, NIOSH Science Bulletin, May 29, 2024: <https://www.cdc.gov/niosh/bulletin/2024/prioritizing-healthcare-workers.html>

Occupational Outlook Handbook, Home Health and Personal Care Aides, Bureau of Labor Statistics, U.S. Department of Labor (visited June 22, 2026): <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>

The Economics Daily, In 2023, the majority of home health aides and personal care aides were women, Bureau of Labor Statistics, U.S. Department of Labor (visited June 22, 2026):
<https://www.bls.gov/opub/ted/2024/in-2023-the-majority-of-home-health-aides-and-personal-care-aides-were-women.htm>

Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, Occupational Safety and Health Administration, U.S. Department of Labor, 2016:
<https://www.osha.gov/sites/default/files/publications/osha3148.pdf>

Workplace Violence Prevention Program, Joint Commission Knowledge Library, (visited December 2025)
<https://www.jointcommission.org/en-us/knowledge-library/workforce-safety-and-well-being-resource-center/workplace-violence-prevention/workplace-violence-prevention-program>

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

In the United States, the healthcare industry has a higher rate of workplace violence compared with other industries. This higher rate of exposure to workplace violence elevates the need for a workplace violence prevention program to promote the health and safety of healthcare workers. According to a 2024 NIOSH Science Bulletin, while healthcare workers make up 10% of the workforce, they experience 48% of nonfatal injuries due to workplace violence. In addition, the injury rate in the healthcare industry is higher than other industries; it accounted for a rate of 14 nonfatal injuries involving days away from work per 10,000 full-time equivalents (FTEs) in 2021-2022. This is more than triple the overall rate for all industries combined (4.3 per 10,000 FTE).

In May 2023, in Oregon, U.S. Bureau of Labor Statistics (BLS) data indicates that approximately 17 out of 1,000 jobs were home health and personal care aides. Across the United States, 2023 BLS data offer the following demographic breakdown for home health aides:

- 53.3% of home health aides are White, they typically account for 76.5% of all occupations.
- 29.8% of home health aides are Black or African American, they typically account for 12.8% of all occupations.
- 24.9% of home health aides are Hispanic or Latino, they typically account for 18.8% of all occupations.
- 14% of home health aides are Asian, they typically account for 6.9% of all occupations.

This data indicates that people of color have a higher proportionate representation as home health aides versus other occupations and therefore are more likely to be exposed to workplace violence given the healthcare industry trends. Women accounted for 87 percent of all home health aides in 2023.

Alongside the stressors of workplace violence in the health care industry, the pay for this occupation is typically at a lower relative wage. According to 2024 BLS data from the Occupational Outlook Handbook, the median annual wage for home health and personal care aides was \$34,900 per year (\$16.78 per hour) in May 2024.

According to a 2024 NIOSH Science Bulletin, workplace violence impacts the mental health and wellbeing of the healthcare workforce. Their report noted that healthcare workers facing workplace violence may experience suicidal ideation, posttraumatic stress disorder, depression, anxiety, burnout, and continue to feel anger and fear and other emotions. Furthermore, they note that, “the impact of this harassment on healthcare worker mental health is substantial. Workers who experienced harassment at work were more likely to report feelings of anxiety, depression, and burnout.” Not only does workplace violence impact employees, the report cites that workplace violence also has an impact on patient safety. And in 2023, the Agency for Healthcare Research and Quality convened a subcommittee of its National Advisory Council, this subcommittee noted that, “patient and healthcare worker safety are intrinsically linked.” Research cited in the bulletin found that, “in most instances, a positive patient safety culture was associated with lower workplace violence and lower workforce burnout scores.”

In conclusion, home health aides are majority female, non-white, and are some the lowest paid workers in the healthcare industry; they also face potential poor health outcomes from enduring the increased rate of workplace violence in their profession. The expansion of definitions from SB 537 provides more protection for those in this occupation who work for a home health agency or home hospice program in Oregon. The more robust requirements proposed in OAR 437-002-0150 create a systematic and inclusive approach that includes hazard identification and assessment, hazard prevention and control, education and training, and system evaluation and improvement. Proposed changes to Recordkeeping for Health Care Assaults (OAR 437-001-0706), retitled Recordkeeping for Health Care Workplace Violence, will result in standardized data collection and assessment by a broader range of healthcare employers. SB 537 and the associated proposed administrative rule changes are likely to have a favorable impact on racial equity by establishing a plan to prevent workplace violence in healthcare and decreasing disparities.

FISCAL AND ECONOMIC IMPACT:

See attached Fiscal Impact Statement.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s).

Statutory changes from SB 537 impact nine hospitals operated by special districts (a form of local government): Bay Area Hospital, Blue Mountain Hospital, Coquille Valley Hospital, Curry General Hospital, Harney District Hospital, Lake District Hospital, Lower Umpqua Hospital District, Southern Coos Hospital and Health Center, and Wallowa Memorial Hospital. These hospitals will be required to expand their workplace violence prevention program and be in compliance with changes to the Recordkeeping for Health Care Workplace Violence rule. If in the future, new hospitals are introduced into the market, they will also be subject to these requirements. The attached Fiscal Impact Statement details the costs of such compliance for hospitals.

The public, as a whole, will be affected only to the degree that members of the public are health care employers and employees.

Oregon OSHA is responsible for implementing the Oregon Safe Employment Act (OSEAct) ORS 654.001 through 654.295, and enforcement of ORS 654.412 through 654.423, which specifies workplace requirements for health care – including the changes from SB 537.

(2) Effect on Small Businesses:

(a) Estimate the number and type of small businesses and types of business and industries with small businesses subject to the rule(s);

This rulemaking will affect approximately 74 Licensed Hospice programs and 65 Licensed Home Health agencies. At least some of these licensed organizations in Oregon may be considered small businesses (50 or fewer employees). For an estimate of the cost of compliance on these licensed agencies, see attached Fiscal Impact Statement.

(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s);

See attached Fiscal Impact Statement.

(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

See attached Fiscal Impact Statement.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses and others were involved in the development of the rule changes insofar as they or their representatives participated in the Rules Advisory Group meetings or provided feedback to Oregon OSHA's Technical Specialist. Specifically, the Oregon Hospice & Palliative Care Association participated in the Rules Advisory Group meetings, which is a nonprofit public benefit organization that supports hospice and palliative care providers. In addition, the Oregon Association for Home Care were engaged; they represent providers of skilled home health, hospice, and in-home care throughout the state of Oregon. Lastly, the Oregon Health Care Association also were engaged; they

represent long-term care providers in Oregon, including licensed in-home care agencies.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

No. However, Oregon OSHA solicited participation in a Rules Advisory Group from organizations, associations and businesses in the health care sector in Oregon. In addition, legislative sponsors of Senate Bill 537 were invited 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. In addition, 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.

HOUSING IMPACT STATEMENT:

Housing Cost Impact Statement for Administrative Rules

For estimating the effect of a Proposed Rule or Ordinance on the cost of developing

a * typical 1,200 sq ft detached single family dwelling on a 6,000 sq ft parcel of land. (ORS 183.534)

Agency Name: Department of Consumer and Business Services, Oregon OSHA

Address: 350 Winter Street NE

City/State: Salem OR 97301-3882

Phone: 503-947-7449

Rule Type: Permanent: Temporary:

Hearing Dates: Tuesday, August 11, 2026, at 2:00 p.m. and Thursday, August 13, 2026, at 10:00 a.m. See attached Notice Proposed of Rulemaking for registration details.

Effective Date: Tentatively January 2027

Below please provide a description of the estimated savings or additional costs that will result from this proposed change. Provide a brief explanation of how the cost or savings estimate was determined. Identify how change impacts costs in categories specified

Description of proposed change: (Please attach any draft or permanent rule or ordinance)

See attached Statement of Need and Fiscal Impact, Fiscal Impact Statement and Notice of Proposed Rulemaking.

Description of the need for, and objectives of the rule:

See attached Statement of Need and Fiscal Impact, Fiscal Impact Statement and Notice of Proposed Rulemaking.

List of rules adopted or amended:

Amend: OAR 437-001-0295, 437-001-0706

Adopt: OAR 437-002-0150

Materials and labor costs increase or savings:

None

Estimated administrative construction or other costs increase or savings:

None

Land costs increase or savings:

Oregon OSHA does not foresee any effect on land costs.

Other costs increase or savings:

Oregon OSHA does not foresee any additional costs.

Preparers Name: Lisa Appel Email Address: OSHA.rulemaking@dcbs.oregon.gov

NOTE: Additional PDF filed with this filing is attached to this document. You may view the attachment filingAttachment.pdf from the Attachments panel. Alternately, you may view the attachment at the following link: <https://secure.sos.state.or.us/oard/viewFilingAttachment.action?filingRsn=62796>

RULES PROPOSED:

437-001-0295, 437-001-0706, 437-002-0150

AMEND: 437-001-0295

RULE SUMMARY: 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.

CHANGES TO RULE:

437-001-0295

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.¶¶

(c) Reported, in good faith, an assault or other incident of workplace violence that occurred on the premises of a health care employer, as defined in ORS 654.412, or in the home of a patient receiving home health care services.¶¶

(2) The discrimination complaint may be filed in any Circuit Court for the State of Oregon or with the Commissioner of the Bureau of Labor and Industries, 1800 Southwest 1st Avenue, Suite 500, Portland, Oregon 97201, within one year after the employee or prospective employee had reasonable cause to believe they have been barred or discharged from employment or otherwise discriminated against.¶¶

(3) The discrimination complaint may also be dual filed with the U.S. Department of Labor, ~~20425 72nd Avenue South, Suite 150A, Kent, Washington 98032-2388~~ 1301 Clay Street, Suite 1080N, Oakland, CA 94612, as stated in 29 CFR 1977.15.

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

Statutes/Other Implemented: ORS 654.001-654.295

AMEND: 437-001-0706

RULE SUMMARY: 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.

CHANGES TO RULE:

437-001-0706

Recordkeeping for Health Care ~~Assaults~~Workplace Violence ¶

(1) Purpose, scope and application. This rule implements the amendments to the Oregon Safe Employment Act, ORS 654.412 through 654.423, providing specific provisions for applies to health care employers to protect employees from workplace violence hazards. This rule does not apply to the Recordkeeping and reporting requirements of health care assaults, and additional recordkeeping requirements as authorized under ORS 654.025(2) and 656.726(4)(a). ¶

NOTE: For further information, instructions, and resources, visit Oregon OSHA's hgon State Hospital. This rule is limited to the following health care employers: ¶

(a) Ambulatory surgical center, as defined in ORS 442.015. ¶

(b) Hospital, as defined in ORS 441.760. ¶

(c) Home health agency, as defined in ORS 443.014. ¶

(d) Home hospice program, as defined in ORS 654.412. ¶

(2) Definitions. ¶

(a) Assault - means intentionally, knowingly or recklessly causing physical injury, as defined in ORS 654.412. ¶

(b) Health care workplace violence assault log web page at: ¶

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

NOTE: For the ease of the reader, ORS 654.412 through 654.423 is reprinted as Appendix B to OAR 437-001-0706 employer means: ¶

(A) An ambulatory surgical center, as defined in ORS 442.015. ¶

(B) A hospital, as defined in ORS 441.760. ¶

(2C) Scope and Definitions. This rule applies to A home health agency, as defined in ORS 443.014. ¶

(D) A home hospice program, as defined in ORS 654.412 ¶

(c) Home health care employers and home health care services means items or services provided by health care employers. If furnished to a patient by an employee of a 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 requirement in a place of temporary or permanent residence used as the patient's home, as defined in ORS 654.412 ¶

(d) Workplace violence - includes any act or threat of physical violence, harassment, intimidation, assault, homicide or any other threatening behavior that occurs in the workplace, as defined in ORS 654.412. ¶

(A) Threat of physical violence - Where a reasonable person would agree that under the circumstances the conduct would cause the employee to fear physical harm. ¶

(B) Harassment - Where a reasonable person would agree that under the circumstances the conduct toward the employee is unwanted, unwelcome or uninvited. ¶

(C) Intimidation - Where a reasonable person would agree that under the circumstances the employee is compelled to take an action or deterred from taking an action related to their job duties. ¶

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

~~NOTE~~ote: If the incident results in an ~~overnight~~in-patient hospitalization, a catastrophe, ~~or a~~ fatality, ~~it must be immediately reported~~loss of an eye, and either an amputation or an avulsion that results in bone loss, it must be reported 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 . See OAR 437-001-0704. Reporting Fatalities, Catastrophes, Injuries and Illnesses to Oregon OSHA. Record recordable injuries, illnesses, and fatalities on the OSHA 300 Log. See OAR 437-001-0700.¶

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

(a) Section (6) Work-relatedness¶

(b) Section (14)(b) Forms¶

(c) Section (15) Multiple Business Establishments¶

(d) Section (16) Covered Employees¶

(e) Section (19) Change of Business Ownership. ~~Appendix A (attached). Appendix B (attached).~~

Statutory/Other Authority: ORS 654.025(2), 656.726(4);

Statutes/Other Implemented: ORS 654.412 - 654.423

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

NOTE: Attachments referenced are attached to this document. You may view the attachment 437-001-0706.pdf from the Attachments panel. Alternately, you may view the attachments at the following link:

<https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=337129>

ADOPT: 437-002-0150

RULE SUMMARY: 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.

CHANGES TO RULE:

437-002-0150

Workplace Violence Prevention for Health Care Employers

(1) Purpose, scope and application. This rule applies to health care employers to protect employees from workplace violence hazards. This rule does not apply to the Oregon State Hospital. This rule is limited to the following health care employers:¶

(a) Ambulatory surgical center, as defined in ORS 442.015.¶

(b) Hospital, as defined in ORS 441.760.¶

(c) Home health agency, as defined in ORS 443.014.¶

(d) Home hospice program, as defined in ORS 654.412.¶

(2) Definitions.¶

(a) Assault - means intentionally, knowingly or recklessly causing physical injury, as defined in ORS 654.412.¶

(b) Health care employer means:¶

(A) An ambulatory surgical center, as defined in ORS 442.015.¶

(B) A hospital, as defined in ORS 441.760.¶

(C) A home health agency, as defined in ORS 443.014.¶

(D) A home hospice program, as defined in ORS 654.412.¶

(c) 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, as defined in ORS 654.412.¶

(d) Workplace violence - includes any act or threat of physical violence, harassment, intimidation, assault, homicide or any other threatening behavior that occurs in the workplace, as defined in ORS 654.412.¶

(A) Threat of physical violence - Where a reasonable person would agree that under the circumstances the conduct would cause the employee to fear physical harm.¶

(B) Harassment - Where a reasonable person would agree that under the circumstances the conduct toward the employee is unwanted, unwelcome or uninvited.¶

(C) Intimidation - Where a reasonable person would agree that under the circumstances the employee is compelled to take an action or deterred from taking an action related to their job duties.¶

(3) Workplace Violence Prevention Program requirements¶

(a) Health care employers must have a written workplace violence prevention and response plan based on periodic security and safety assessments to identify existing or potential threats of workplace violence that:¶

(A) Addresses security considerations related to the following:¶

(i) Physical attributes of the health care setting; ¶

(ii) Staffing plans, including security staffing;¶

(iii) Personnel policies;¶

(iv) First aid and emergency procedures;¶

(v) Procedures for reporting incidents of workplace violence; and¶

(vi) Education and training for employees.¶

(B) Include policies and procedures for:¶

(i) Conducting internal investigations of incidents of workplace violence that occur on the premises of the health care employer.¶

(ii) Identifying employees involved in a workplace violence incident.¶

(iii) Conducting post-incident employee interviews for the purpose of gathering factual details about an incident of workplace violence.¶

(iv) Implementing post-incident response strategies that address the following:¶

(I) First aid or medical care to employees who have been injured in a workplace violence incident; and¶

(II) Trauma counseling for employees affected by an incident of workplace violence.¶

(C) Health care employers shall provide to each employee, and if applicable, to the employee's union representative, a written copy of the workplace violence prevention and response plan described in paragraphs (A) and (B) above; in addition, employers must provide a written statement explaining that an employee who reports an incident of workplace violence has a right to be protected from retaliation, under OAR 437-001-0295. For newly hired employees, the health care employer shall provide a copy of the plan and the accompanying statement within 30 calendar days from the date of hire.¶

Note: Further details describing the Discrimination Complaint process can be found in OAR 437-001-0295.

(b) Health care employers must consult with their safety committee, or with employees during safety meetings when allowed under OAR 437-001-0765, on the following topics.

(A) Prescribing procedures for health care employers for investigating, collecting, and reporting on incidents of workplace violence.

(B) Conducting periodic security and safety assessments to effectively identify existing or potential threats of workplace violence.

(C) Annually establishing a process to review, and then reviewing on an annual basis the health care employer's workplace violence prevention and protection program, and make recommendations regarding the efficacy of the program and any changes to the program that are necessary to promote the prevention of workplace violence.

(D) Providing workplace violence prevention and protection training on an annual basis for employees and any contracted security personnel who work at the premises of the health care employer.

Note: Employers who choose to hold safety meetings in compliance with OAR 437-001-0765, may use an alternative method that is equally effective to consult with employees on paragraphs (A), (B), (C), and (D) above.

(c) Health care employers must complete an assessment of all workplace violence incidents. The assessment must include the following:

(A) A measure of the frequency of workplace violence, including attempts of workplace violence, that are committed against employees 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.

(B) A thorough analysis of the root causes.

(C) Employer plan for addressing the causes.

(D) Consequences of the workplace violence incident.

(E) Summary on the extent security considerations were implemented from the workplace violence and prevention response plan to mitigate risks of workplace violence.

(F) Review completed assessments with the employer's safety committee when one is required or during safety meetings when they are allowed under OAR 437-001-0765.

Note: Additional Requirements for the Recordkeeping of Health Care Workplace Violence Incidence Log are found in OAR 437-001-0706.

(4) Training

(a) Healthcare employers must provide workplace violence prevention and protection training to:

(A) New employees, other than a temporary employee, within 90 days of the employee's initial hiring date.

(B) Temporary employees, within 14 days of the employee's initial hiring date.

(C) Contracted security personnel who work at the premises of the healthcare employer.

(D) Retrain employees annually, including contracted security personnel and temporary employees.

(E) Retrain affected employees, including contracted security personnel and temporary employees, whenever there are changes in the workplace violence prevention and protection program or when conditions at the workplace necessitate retraining.

(b) Workplace violence prevention and protection training shall address the following topics:

(A) General safety and personal safety procedures, including emergency response guidelines that may be used to notify employees and contracted security personnel who work at the premises of the health care employer, of a threat or occurrence of workplace violence.

(B) The meaning of workplace violence.

(C) Escalation cycles for assaultive behaviors, and other violent or threatening behaviors.

(D) Predictive factors of workplace violence.

(E) Techniques for obtaining medical history from a patient with assaultive or other threatening or violent behavior.

(F) Verbal and physical techniques to de-escalate and minimize assaultive behaviors and threats of workplace violence.

(G) Strategies for avoiding physical harm and minimizing use of restraints.

(H) Restraint techniques consistent with regulatory requirements.

(I) 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.

(J) Procedures for documenting and reporting incidents involving assaultive behaviors and incidents of workplace violence.

(K) Programs for post-incident counseling and follow-up.

(L) Resources available to employees for coping with workplace violence:¶

(M) The health care employer's workplace violence prevention and protection program, including the health care employer's internal investigation process for investigating incidents of workplace violence:¶

(N) Visual cues and other methods that may be used to identify or notify employees about individuals exhibiting behavioral indicators of workplace violence; and¶

(O) Responding to active shooter incidents.¶

(c) A health care employer shall ensure that a person with the appropriate knowledge and expertise is available to employees to answer questions and clarify any aspects of the workplace violence prevention and protection training through in-person interaction, phone, electronic mail or other reasonable means of communication.¶

(d) 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 workplace violence prevention and protection program developed by the employer.

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

Statutes/Other Implemented: ORS 654.412 - 654.423, ORS 654.001 - 654.295

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

NOTE: Attachments referenced are attached to this document. You may view the attachment 437-002-0150.pdf from the Attachments panel. Alternately, you may view the attachments at the following link:

<https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=337130>