

Oregon OSHA
Text of Changes for Proposed Workplace Violence
Rules for Health Care Employers

XX/XX/2026

Proposed Rule Changes

Text removed is in [~~brackets with line through~~].

Text added is in **bold and underline**.

437-002-0150 Workplace Violence 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 654.12.

(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.

Appendix A to OAR 437-001-0150 Workplace Violence for Health Care Employers

Note: For the ease of the reader, ORS 654.418, 654.421, and 654.423 are reprinted as Appendix A to OAR 437-001-0150.

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.

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.

654.423 Use of physical force by 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.

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

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

History:

OSHA X-XXXX, filed XX/XX/XXXX, adopted XX/XX/XXXX

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, 1301 Clay Street, Suite 1080N, Oakland, CA 94612, as stated in 29 CFR 1977.15.

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

Statutes/Other Implemented: ORS 654.001 through 654.295.

History: WCB Administrative Order 19-1974, filed 6/5/1974, effective 7/1/1974.

WCD Administrative Order, Safety 5-1978, filed 6/22/1978, effective 8/15/1978.

WCD Administrative Order, Safety 4-1981, filed 5/22/1981, effective 7/1/1981.

APD Administrative Order 6-1987, filed 12/23/1987, effective 1/1/1988.

APD Administrative Order 7-1988, filed 6/17/1988, effective 7/1/1974.

OSHA Administrative Order 7-2002, filed 11/15/2002, effective 11/15/2002.

OSHA Administrative Order 8-2007, filed 12/3/2007, effective 12/3/2007.

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

OSHA Administrative Order 3-2023, filed 11-22-2023, effective 1/1/2024.

437-001-0706 Recordkeeping for Health Care ~~[Assaults]~~**Workplace Violence**

(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],~~**scope** 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 healthcare 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.

(2) ~~Scope and Definitions.~~**application.** 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.]~~
to protect employees from the 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 654.12.

(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) Health care assault recordkeeping. In addition to [existing] **the** general recordkeeping requirements in OAR 437-001-0700, [~~Recordkeeping and Reporting~~] **Recording 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] **Note:** If the incident results in an[overnight] **in-patient** hospitalization, a catastrophe, [or] **a fatality, loss of an eye, and either an amputation or an avulsion that results in bone loss,** it must be [immediately] 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).

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

Statutes/Other Implemented: ORS 654.412 - 654.423

History:

OSHA 11-2007, f. 12-21-07, cert. ef. 1-1-08

OSHA 8-2008, f. & cert. ef. 7-14-08

OSHA 2-2011, f. 9-29-11, cert. ef. 10-1-11

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

OSHA X-XXXX, filed XX/XX/XXXX, adopted XX/XX/XXXX

Mandatory Appendix A to OAR 437-001-0706 Instructions for Recording ~~Health Care Assaults~~ **Health Care Workplace Violence**

(A)	<i>Case number</i> This is a unique sequential number that identifies this case.
(B)	<i>Location (include site address)</i> 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)	<i>H/S/M/P (H - hospital, S - surgical center, M - home setting, P - hospice)</i> Enter the code indicating the type of facility.
(D)	<i>Date of incident</i>
(E)	<i>Time of incident</i>
(F)	<i>Specific location where incident occurred</i> 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)	<i>Floor number where incident occurred</i>

(H)	<p><i>Name of employee [assaulted] injured</i> Enter the name of the employee [assaulted]injured.</p>
(I)	<p><i>Job title of [this employee]injured</i> Enter the job title of the injured 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)</p>
(J)	<p><i>Department or unit assignment</i> 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.</p>

(K)	<p><i>Status of assailant</i> [P – patient/general, BH – behavioral health patient, V – visitor, E – employee, O – other]</p> <p>Enter the code corresponding to the status of the assailant (person assaulting injuring the employee).</p> <p>[BH would] <u>P – patient/general</u> <u>BH – behavioral health patient (apply to patients diagnosed as behavioral health, whether currently in a behavioral health unit or acute care unit)</u> <u>V - visitor</u> <u>E - employee</u> <u>O – other</u>[-]</p>
(L)	<p><i>[Assailment action]</i></p> <p><u>Nature of the incident</u></p> <p>Enter the code corresponding to the action taken by <u>nature of the</u> assailant <u>incident</u> (multiple selections ok).</p> <p><u>Physical Injury</u> 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)</p> <p><u>Non-Physical Injury</u> <u>H - Harassment</u> <u>I - Intimidation</u> <u>T – [Threatening Behavior] Threat of physical violence</u></p>
(M)	<p><i>Possible cause</i></p> <p>Enter the code that most closely corresponds to the reason for the attack.</p> <p>BH - behavioral health AN - anesthesia recovery M - medication issue <u>(include drugs and alcohol)</u> [Include drugs and alcohol]WD - withdrawal symptoms SN - systemic/neurological disorders[Underlying] <u>(underlying)</u> physical conditions that can result in erratic behavior, including diabetes, head trauma, epilepsy, dementia, and other.) EM - emotional issue[Angry] <u>(angry, distraught, other strong emotions)</u> H - history of violent behavior O - other (enter text to describe)</p> <p>Note: [-even] <u>Even</u> 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.</p>

(N)	<p>/Result/Severity of [Assaultive Behavior]Incident</p> <p>Place a checkmark in the column that reflects the [injury resulting from the assault—enter]incident. Enter one check reflecting the most serious [injury]incident.</p> <p>(1) Non-physical injuries (to be used for [this incident:]harassment, intimidation,[threatening behavior] threat of physical violence)</p> <p>([1]2) Mild soreness, surface abrasions, scratches, or small bruises ([2]3) Major soreness, cuts, or large bruises ([3]4) Severe laceration, bone fracture, or head injury ([4]5) Loss of limb or death</p>
(O)	<p><i>Weapon</i></p> <p>Enter a code reflecting the type of weapon used, if any.</p> <p>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>
(P)	<p><i>Number of employees present (in addition to victim)</i></p> <p>Enter the number of other employees that witnessed the incident (enter 0 if no one else was present).</p>
(Q)	<p><i>Response</i></p> <p>Enter the code that most closely reflects the response taken by the employee and others when the incident occurred (multiple selections ok).</p> <p>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] (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.</p>
(R)	<p><i>Comments</i></p> <p>Enter any additional information that will help describe this incident or the actions taken.</p>

~~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) & 656.726(4).

Statutes/Other Implemented: ORS 654.412 - 654.423

History:

OSHA 11-2007, f. 12-21-07, cert. ef. 1-1-08

OSHA 8-2008, f. & cert. ef. 7-14-08

OSHA 2-2011, f. 9-29-11, cert. ef. 10-1-11

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

OSHA X-XXXX, filed XX/XX/XXXX, adopted XX/XX/XXXX