

Oregon OSHA Proposes Changes in Division 1, General Administrative Rules with House Bill 2022

October 2007

New text to be adopted/added is in **bold and underlined**.

Text to be repealed/removed is in [~~brackets with line through~~].

437-001-0706 Recordkeeping for Health Care Assaults

(1) Purpose

This rule implements the amendments to the Oregon State Employment Act, ORS 654.001 to 654.295, providing specific provisions for the recordkeeping and reporting requirements of health care assaults, and additional recordkeeping requirements as authorized under ORS 654.025(2) and ORS 656.726(4)(a).

(2) Scope and Definitions

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

- **"Hospital" means a facility with an organized medical staff, with permanent facilities that include inpatient beds and with medical services, including physician services and continuous nursing services under the supervision of registered nurses, to provide diagnosis and medical or surgical treatment primarily for but not limited to acutely ill patients and accident victims, to provide treatment for the mentally ill or to provide treatment in special inpatient care facilities.**
- **"Ambulatory surgical center" means a facility that performs outpatient surgery not routinely or customarily performed in a physician's or dentist's office, and is able to meet health facility licensure requirements.**

(3) Health care assault recordkeeping and reporting

In addition to existing general recordkeeping requirements in OAR 437-001-0700, Recordkeeping and Reporting, health care employers must use the Health Care Assault Log, or equivalent, to record assaults.

Assaults meeting the definition provided in ORS Chapter 654 must be recorded, as well as assault-like behavior that results in physical injury to an employee.

(a) See ORS 654.001 through 654.295 for details required to be recorded. Appendix A of 437-001-0706 provides instructions for completing the form.

(b) The Health Care Assault Log for 2008 (January 1, 2008 – December 31, 2008) must be transmitted to Oregon OSHA by January, 31, 2009.

Electronic reporting: oshahealth@state.or.us

This is the preferred method.

Paper reporting: Oregon OSHA, Attention: Health Care Assault reporting, PO Box 14480, Salem, OR 97309-0405

If email and/or electronic reporting are not available at your location, send the completed log to this address.

(c) The Hospital Administrator, or highest-level officer of the facility, must sign the first page of the Health Care Assault Log, certifying all information contained is true, accurate, and complete. This sheet, with signature, must be sent to Oregon OSHA either in hard-copy, or as a scanned electronic document.

(d) If the incident results in a serious injury or fatality, it must be immediately reported to Oregon OSHA, and recorded 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 recordkeeping and reporting:

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

Appendix A

- (A) Case number**
This is a unique sequential number that identifies this case.
- (B) Location (include address)**
If all incidents occur at the same physical site, then this information can be entered once. If, as the case with distributed reporting, there are multiple sites (such as home care sites) reporting on a common Log, then enter identifying information for the side where this incident occurred, including street address.
Note: if location is a home address, record this information, but when the Log is transmitted to DCBS, remove this field or redact the address to protect patient privacy rights.
- (C) H/S/M (H - hospital, S - surgical center, M - home setting)**
Enter the code indicating the type of facility.
- (D) Date of incident**
- (E) Time of incident**
- (F) Specific location where incident occurred**
Enter a code that most closely matches the type of location where the incident occurred, from the following list:
AD - admitting/triage
CO - corridor/hallway/stairwell/elevator
BA - bathroom
EN - entrance/exit/restricted entry
LO - lobby/waiting room
NU - nurse's station/pod area
PA - patient room
TR - treatment room
CS - common space (cafeteria, recreation room, etc.)
O - other (enter text to describe this location)
- (G) Floor number where incident occurred**
- (H) Name of employee assaulted**
Enter the name of the employee assaulted. When this information is transmitted to DCBS, remove this field or redact the name.
- (I) Job title of this employee**
Enter the job title of the employee assaulted; please select a code from the following list:
N - RN (registered nurse), LPN (licensed practical nurse)
HA - CNA (certified nursing assistant), nurse's aide, health aide, orderly
PH - physician, physician's assistant, nurse practitioner
PT - pharmacist

TE - technician, technologist
R - receptionist
ES - housekeeping, maintenance
S - security
SW - social worker
HH - home health aide
TT - physical therapist, occupational therapist, speech therapist
O - other (enter job description)

(J) Department or unit assignment

Enter the home department or ward assignment for the employee.

IN - intake
ER - emergency
LA - laboratory
OB - obstetrics/gynecology
ON - oncology
PD - pediatrics
PH - pharmacy
PC - primary care/medical clinic
BH - behavioral health/psych units in acute care
RA - radiology/diagnostic imaging
RE - rehabilitation medicine
SU - surgery/operating room
RC - recovery
IC - intensive care/critical care
MS - medical/surgical unit
NE - neurology
CA - cardiac care
FL - float staff (additional designation, employee is working in an alternate location)
O - other
Note: If an employee is float staff (sometimes called "float pool" or "float/per diem") record the additional code FL, as well as the department/unit assignment.

(K) Status of assailant (P - patient/general, BH - behavioral health patient, V - visitor, E - employee, O - other)

Enter the code corresponding to the status of the assailant (person assaulting the employee).

BH would apply to patients diagnosed as behavioral health, whether currently in a behavioral health unit or acute care unit.

(L) Assailant action

Enter the code corresponding to the action taken by the assailant (multiple selections ok).

B - biting
GR - grabbing, pinching, scratching
HK - hitting, kicking, beating
PS - pushing, shoving
TR - throwing objects
ST - stabbing

SH - shooting
SR - sexual assault, rape
O - other (enter text to describe)

(M) Possible cause

Enter the code that most closely corresponds to the reason for the attack.

BH - behavioral health

AN - anesthesia recovery

M - medication issue

Include drugs and alcohol

WD - withdrawal symptoms

SN - systemic/neurological disorders

Underlying physical conditions that can result in erratic behavior, including diabetes, head trauma, epilepsy, dementia, and other.

EM - emotional issue

Angry, distraught, other strong emotions

H - history of violent behavior

O - other (enter text to describe)

Note: even if more than one may apply, please determine the cause that most directly contributed to this incident. Other causes can be noted in the Comments field.

(N) Result of Assaultive Behavior

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

(1) Mild soreness, surface abrasions, scratches, or small bruises

(2) Major soreness, cuts, or large bruises

(3) Severe laceration, bone fracture, or head injury

(4) Loss of limb or death

Note: for serious injuries, be sure to enter the incident on the OSHA 300 Log, and contact Oregon OSHA if the injury resulted in death or an overnight hospitalization.

(O) Weapon

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

G - gun

K - knife

B - bar, rod, club, stick

DW - door, window, floor, wall

F - furniture

MI - medical instrument or equipment

FO - food, utensils, meal tray

AB - assailant's body (assaulted by assailant's hands, feet, other body parts)

BF - bodily fluids

O - other (enter type of weapon used)

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

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

(Q) **Response**

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

SR - seclusion or physical restraint

PRN - medication administered as necessary

SM - self-defense moves

D - de-escalate by talking down

B - call for backup

Calls may be verbal or electronic (phone, pager, or other).

LE - reported to law enforcement

E - exit the scene

O - other (describe the response if none of the codes reflect the action taken)

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

(R) **Comments**

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

437-001-0700 Recordkeeping and Reporting

.....

(14) Forms.

(a) You must use OSHA 300, 300-A, and DCBS Form 801 or equivalent forms, for recordable injuries and illnesses. The OSHA 300 form is the Log of Work-Related Injuries and Illnesses, the 300-A is the Summary of Work-Related Injuries and Illnesses, and the DCBS Form 801 or equivalent is the Worker's and Employer's Report of Occupational Injury or Disease.

([a] A) Even if you^[f] are exempt from recordkeeping, you must have at each establishment, a copy of DCBS Form 801 or equivalent for each occupational injury or illness that may result in a compensable claim.

([b] B) You must enter information about your business at the top of the OSHA 300 Log, enter a one or two line description for each recordable injury or illness, and summarize this information on the OSHA 300-A at the end of the year.

([e] C) You must complete a DCBS Form 801 or equivalent form, for each recordable injury or illness entered on the OSHA 300 Log.

([d] D) You must enter each recordable injury or illness on the OSHA 300 Log and DCBS Form 801 or equivalent within 7 calendar days of receiving information that a recordable injury or illness has occurred.

([e] E) An equivalent form is one that has the same information, is as readable and understandable, and is completed using the same instructions as the OSHA form it replaces. Many employers use an insurance form instead of the DCBS Form 801, or supplement an insurance form by adding any additional information required by OSHA.

([f] F) Use a computer to keep your records if it can produce equivalent forms when needed.

([g] G) If you have a "privacy concern case," do not enter the employee's name on the OSHA 300 Log. Instead, enter "privacy case" in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee when another employee, a former employee, or an authorized employee representative has access to the OSHA 300 Log. You must keep a separate, confidential list of the case numbers and employee names for your privacy concern cases so you can update the cases and provide the information to the government if asked to do so.

([h] H) The following injuries or illnesses are privacy concern cases:

([A] i) An injury or illness to an intimate body part or the reproductive system;

([B] ii) An injury or illness resulting from a sexual assault;

([G] **iii**) Mental illnesses;

([D] **iv**) HIV infection, hepatitis, or tuberculosis;

([E] **v**) Needlestick injuries and cuts from sharp objects contaminated with another person's blood or other potentially infectious material; and

([F] **vi**) Other illnesses, if the employee voluntarily requests that his or her name not be entered on the log.

NOTE: This is a complete list of all injuries and illnesses that are privacy concern cases.

([i] **I**) If you reasonably believe that information describing the privacy concern case may be personally identifiable even though the employee's name is omitted, use discretion in describing the injury or illness on both the OSHA 300 and DCBS 801 Forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature. For example, describe a sexual assault case as "injury from assault," or an injury to a reproductive organ could be described as "lower abdominal injury."

([j] **J**) If you voluntarily disclose the forms to persons other than government representatives, employees, former employees or authorized representatives, you must remove or hide the employees' names and other personally identifying information, except for the following cases:

([A] **i**) To an auditor or consultant hired by the employer to evaluate the safety and health program;

([B] **ii**) To the extent necessary for processing a claim for workers' compensation or other insurance benefits; or

([C] **iii**) To a public health authority or law enforcement agency for uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required under Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information, 45 CFR.164.512.

(b) In addition, health care employers as defined by ORS 654.001 to 654.295 must record assaults against employees on the Health Care Assault Log. See OAR 437-001-0706.

.....

437-001-0740 Falsification or Failure to Keep and Post Records or Make Reports. Oregon OSHA will cite employers who fail to keep the records, post the summaries or make the reports required by OAR 437-001-0700 (except 437-001-0700(21) which is addressed in 437-001-0170) **or 437-001-0706**. Citations will be 'other than serious' and carry a penalty of at least \$100 but not more than \$1000 for each violation.

NOTE: ORS 654.991(3) provides that anybody who knowingly makes a false statement, representation or certification in any application, record, report, plan or other document filed or required by ORS 654.001 to 654.295, will, on conviction, be fined not more than \$10,000 or be imprisoned for not more than 6 months, or both. Also, ORS 654.086(1)(e) provides for civil penalties for falsification of a document.