

# RECORDKEEPING FOR HEALTH CARE ASSAULTS

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## 437-001-0706 Recordkeeping for Health Care Assaults.

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

[www.cbs.state.or.us/osha/subjects/health\\_care\\_assault\\_log.html](http://www.cbs.state.or.us/osha/subjects/health_care_assault_log.html).

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

**(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.

**(a)** See ORS 654.412 through 654.423 for details required to be recorded. Appendix A of 437-001-0706 provides instructions for completing the form.

**(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](mailto: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.

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

**Stat. Auth.:** ORS 654.025(2) and 656.726(4).

**Stats. Implemented:** ORS 654.412 through 654.423.

**Hist:** OR-OSHA Admin. Order 11-2007, f. 12/21/07, ef. 1/1/08.  
OR-OSHA Admin. Order 8-2008, f. 7/14/08, ef. 7/14/08.

# INSTRUCTIONS FOR RECORDING HEALTH CARE ASSAULTS

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

<b>(A)</b>	<i>Case number</i> This is a unique sequential number that identifies this case.
<b>(B)</b>	<i>Location (include 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. <u>Note:</u> 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.
<b>(C)</b>	<i>H/S/M (H - hospital, S - surgical center, M - home setting)</i> Enter the code indicating the type of facility.
<b>(D)</b>	<i>Date of incident</i>
<b>(E)</b>	<i>Time of incident</i>
<b>(F)</b>	<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)
<b>(G)</b>	<i>Floor number where incident occurred</i>
<b>(H)</b>	<i>Name of employee assaulted</i> Enter the name of the employee assaulted. When this information is transmitted to DCBS, remove this field or redact the name.
<b>(I)</b>	<i>Job title of this employee</i> 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)

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<b>(J)</b>	<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 <i>Note:</i> 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>
<b>(K)</b>	<p><i>Status of assailant (P - patient/general, BH - behavioral health patient, V - visitor, E - employee, O - other)</i> 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.</p>
<b>(L)</b>	<p><i>Assailment action</i> 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)</p>

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<b>(M)</b>	<p><i>Possible cause</i> 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) <u>Note:</u> 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.</p>
<b>(N)</b>	<p><i>Result of Assaultive Behavior</i> 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 <u>Note:</u> 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.</p>
<b>(O)</b>	<p><i>Weapon</i> 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>
<b>(P)</b>	<p><i>Number of employees present (in addition to victim)</i> Enter the number of other employees that witnessed the incident (enter 0 if no one else was present).</p>

# INSTRUCTIONS FOR RECORDING HEALTH CARE ASSAULTS

Oregon Administrative Rules  
Oregon Occupational Safety  
and Health Division

<b>(Q)</b>	<p><i>Response</i> 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.</p>
<b>(R)</b>	<p><i>Comments</i> Enter any additional information that will help describe this incident or the actions taken.</p>

**Stat. Auth.:** ORS 654.025(2) and 656.726(4).

**Stats. Implemented:** ORS 654.001 through 654.295.

**Hist:** OR-OSHA Admin. Order 11-2007, f. 12/21/07, ef. 1/1/08.