

HB 2022 – Questions/Answers
Revised: 2/7/2008

Q/A

(1) Can the existing 300 Log be extended to support additional data requirements (e.g., we have our own computer system). Ans: yes, as long as there is a way to extract HCV (health care violence) information for reporting.

Q/A

(2) Will we need to keep recording after the 2008 calendar year is over? Ans: yes, *recording* is perennial. The *reporting* (sending) to DCBS is a one-time thing (this is all that is called for in this legislation; there is no sunset on this bill).

Q/A

(3) Is written program required to document training? Ans: A written program is not a specific requirement of the new law.

Q/A

(4) If domestic violence situations arise, are these reportable? Ans: According to the statute, an employee/patient relationship does not need to exist (e.g., the assailant may be a patient, visitor, coworker, or other). Attacks against employees should be reported. If a serious injury results, it may also need to be recorded on the OSHA 300 log.

Q/A

(5) We are concerned about individual privacy. Ans: While the *recorded* information includes employee identification (and may include patient identification, though this is not required), when this information is *reported*, individual identifying information should be redacted or left out.

Q/A

(6) Now that we are embarking on data recording/collection, there are additional pieces of data we want to capture – is this ok? Ans: This law is meant to raise awareness, provide a dataset for analysis and future policy decisions, but can also help you manage your organization. Basically, sure – but if it is possible to strip the extra fields in what you submit, that will make it easier for us to pull it into a database. See also Question (12).

Q/A

(7) We have our own internal security protocols that cover workplace violence, and are corporate-wide. Do we still need to adopt these additional recording procedures? Ans: For enforcement, if your program covers statutory requirements, then you will not be cited. For recording and reporting, we need a fairly consistent set of reports from all sites, containing the same data, in the same format (with a few minor exceptions as stated above). The legislative intent is to have a complete set of data reflecting violence incidents for hospital and related settings. If you do not participate, the data will not be complete, the analysis will not be sufficient, and policy decisions will not be as sound as they could be. Basically, it is fine to have

your own protocols as long as they meet statutory requirements, but we need 100% participation in the reporting phase.

Q/A

(8) Does this bill only cover violence perpetrated against nurses? Ans: It covers any employee who is assaulted in the workplace, including nurses, nurse's aides, EMTs, lab technicians, home health care workers, janitors, housekeeping staff, security guards (and others).

Q/A

(9) Will reporting incidents lead to prosecution? Ans: OR-OSHA's role is that of enforcement to workplace safety requirements, including recordkeeping and reporting. Also, to provide consultation and technical assistance as needed. Our mission is to protect workers by holding employers responsible. Any further action against perpetrators is outside of Oregon OSHA's purview.

Q/A

(10) Do home care settings keep separate logs? Ans: Incidents occurring at home care sites can be recorded on a separate log; they may also be recorded on a centralized log for the hospital. For either case, record the address where the event occurred, and designate 'M' in column C to indicate the home setting.

Q/A

(11) My organization includes a hospital, but the home care workers are organized into a separate division. Are they covered? Ans: It depends – if they are covered under the hospital's license, then they are covered by this legislation and our rules. If they are not covered under the hospital's license, they would not be subject to the new requirements. Some additional provisions apply to home care workers – the ability of employees working at a home care setting to call for a backup employee (if the patient they are about to treat has a history of violence), and possession of a 2-way communication device.

Q/A

(12) A question arose from an employer: now that we have finalized our rules without the clause about reporting assault-like behavior, they asked how to determine which incidents to exclude from reporting, if those incidents do not meet the definition of *assault*. Ans: While HB 2022 describes the required reporting items, it also states that the *assault record* does not need to be limited to those items. There is no requirement that you report non-assault type incidents that result in physical injury to an employee, but you are free to do so, and we welcome the additional data. Also, the assault log should be useful for your facility, so if this information is useful, feel free to include it.

Q/A

(13) Which section of rules are referenced in citations? Ans: Employer failure to implement a violence prevention program and training will cite statute. Failure to keep records on a health care assault log will cite OAR 437-001-0706. Oregon Revised Statutes reflecting changes (such as HB 2022) added in the 2007 Legislative Session should be available by late February.

Q/A

(14) I am using the Excel version of the Health Care Assault Log, and have data to enter in a field protected by the data validation check – how do I override this? Ans: You have two choices. One would be to cut data from an alternate cell, and paste into this cell – this overrides the data validation. The other method is to select the destination cell, chose Edit/Clear/Clear All from the Excel menu options. This will allow you to enter text into the cell. If you are entering ‘O – whatever’ for an ‘Other’ section, be sure to preface your entry with the ‘O’ designation so we can correctly identify the field.