

437-001-0700 Recordkeeping and Reporting.

(1) Purpose. This rule requires employers to record and report work-related fatalities, injuries and illnesses.

Note: Recording or reporting a work-related injury, illness, or fatality does not assign fault to anybody, does not prove the violation of an OSHA rule, nor establish the employee's eligibility for workers' compensation or other benefits.

(2) Scope. This standard covers all employers covered by the Oregon Safe Employment Act. However, most employers do not have to keep OR-OSHA injury and illness records unless the Director informs them in writing that they must keep records. For example, employers with 10 or fewer employees and business establishments in certain industry classifications are partially exempt from keeping OR-OSHA injury and illness records.

(3) Partial Exemptions.

(a) If your company never had more than ten (10) employees during the last calendar year, you do not need to keep OR-OSHA injury and illness records unless the Director informs you in writing that you must keep records. However, all employers covered by the Oregon Safe Employment Act must report to OR-OSHA any workplace fatality, the hospitalization of three or more employees, or overnight hospitalizations. (See (21) below)

(A) The partial exemption for size is based on the number of employees in the entire company.

(b) If your company had more than ten (10) employees at any time during the last calendar year, you must keep OR-OSHA injury and illness records unless your business is in a specific low hazard retail, service, finance, insurance or real estate industry in Table 1. If so, you do not need to keep OR-OSHA injury and illness records unless the government asks you to keep the records under 437-001-0700(23).

(c) If one or more of your company's establishments are classified in a nonexempt industry, you must keep OR-OSHA injury and illness records for all of such establishments unless your company is partially exempted because of size under 437-001-0700(3)(a). If a company has several business establishments engaged in different classes of business activities, some of the company's establishments may be required to keep records, while others may be exempt.

(4) Alternate or Duplicate Records. If you create records to comply with another government agency's injury and illness recordkeeping requirements, those records meet OR-OSHA's recordkeeping requirements if OR-OSHA accepts the other agency's records under a memorandum of understanding with that agency, or if the other agency's records contain the same information as this standard requires you to record. Contact your nearest OR-OSHA office for help in determining if your records meet OR-OSHA's requirements.

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Table 1 - Partially Exempt Industries

Employers need not keep OR-OSHA injury and illness records for any establishment in the following Standard Industrial Classification (SIC) codes, unless OR-OSHA or the Department of Consumer and Business Services asks them in writing to do so.

SIC Code	Industry Description	SIC Code	Industry Description
525	Hardware Stores	726	Funeral Service and Crematories
542	Meat and Fish Markets	729	Miscellaneous Personal Services
544	Candy, Nut, and Confectionery Stores	731	Advertising Services
545	Dairy Products Stores	732	Credit Reporting and Collection Services
546	Retail Bakeries	733	Mailing, Reproduction, & Stenographic Services
549	Miscellaneous Food Stores	737	Computer and Data Processing Services
551	New and Used Car Dealers	738	Miscellaneous Business Services
552	Used Car Dealers	764	Reupholstery and Furniture Repair
554	Gasoline Service Stations	78	Motion Picture
557	Motorcycle Dealers	791	Dance Studios, Schools, and Halls
56	Apparel and Accessory Stores	792	Producers, Orchestras, Entertainers
573	Radio, Television, & Computer Stores	793	Bowling Centers
58	Eating and Drinking Places	801	Offices & Clinics Of Medical Doctors
591	Drug Stores and Proprietary Stores	802	Offices and Clinics Of Dentists
592	Liquor Stores	803	Offices Of Osteopathic Physicians
594	Miscellaneous Shopping Goods Stores	804	Offices Of Other Health Practitioners
599	Retail Stores, Not Elsewhere Classified	807	Medical and Dental Laboratories
60	Depository Institutions (banks & savings institutions)	809	Health and Allied Services, Not Elsewhere Classified
61	Nondepository Institutions (credit institutions)	81	Legal Services
62	Security and Commodity Brokers	82	Educational Services (schools, colleges, universities and libraries)
63	Insurance Carriers	832	Individual and Family Services
64	Insurance Agents, Brokers, & Services	835	Child Day Care Services
653	Real Estate Agents and Managers	839	Social Services, Not Elsewhere Classified
654	Title Abstract Offices	841	Museums and Art Galleries
67	Holding and Other Investment Offices	86	Membership Organizations
722	Photographic Studios, Portrait	87	Engineering, Accounting, Research, Management, and Related Services
723	Beauty Shops	899	Services, not elsewhere classified
724	Barber Shops		
725	Shoe Repair and Shoeshine Parlors		

(5) Recording Criteria and Forms. This describes the work-related injuries and illnesses that an employer must enter on the OR-OSHA records and explains the OR-OSHA forms that employers must use to record work-related fatalities, injuries, and illnesses.

(a) Each employer required to keep records of fatalities, injuries, and illnesses must record each fatality, injury and illness that:

(A) is work-related; and

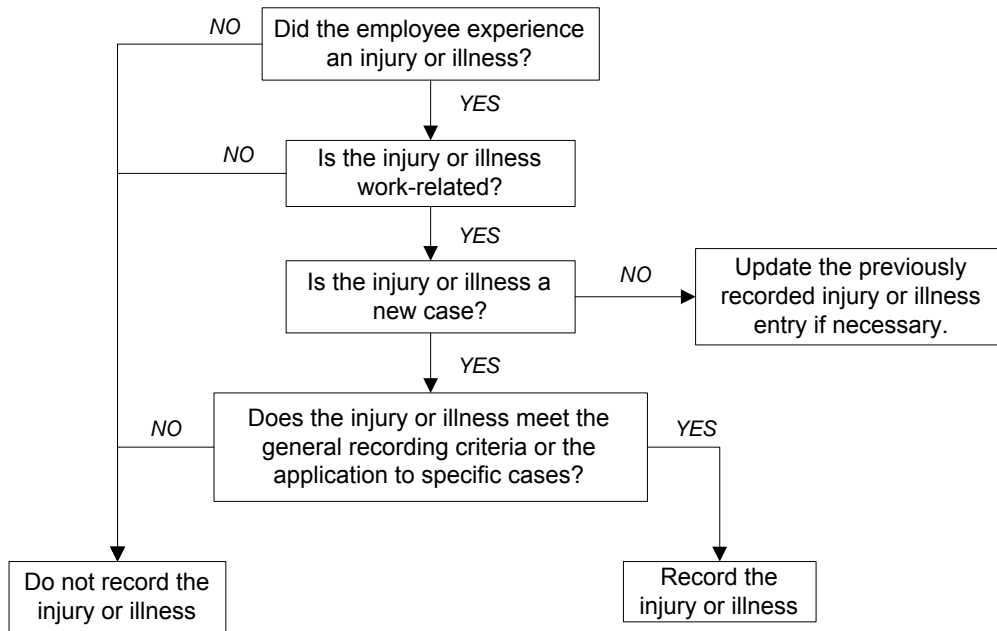
(B) is a new case; and

(C) meets one or more of the general recording criteria of OAR 437-001-0700(8) or the application to specific cases of OAR 437-001-0700(9) through (13).

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Table 2 - Related rules	
This table indicates which sections of the rule address each topic.	
(i) Determination of work-relatedness.	See 437-001-0700(6)
(ii) Determination of a new case.	See 437-001-0700(7)
(iii) General recording criteria.	See 437-001-0700(8)
(iv) Additional criteria. (Needlestick and sharps injury cases, tuberculosis cases, hearing loss cases, medical removal cases, and musculoskeletal disorder cases)	See 437-001-0700(9) through (13).

The decision tree for recording work-related injuries and illnesses below shows the steps involved in making this determination.



(6) Work-Related. An injury or illness is work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. You presume work-relatedness for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in Table 3 specifically applies.

(a) If you are notified that a former employee has had a work related injury or illness, record the date of the incident on the appropriate OSHA 300 log for the date of the injury. If the date is not known use the last day of employment.

NOTE: OR-OSHA defines the work environment as the establishment and other locations where one or more employees work or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of their work. Injuries occurring during travel are work-related if the employee was engaged in work activities in the interest of the employer and it is not one of the exceptions in Table 4. If it is not obvious where the precipitating event occurred you must evaluate the employee's work duties and environment to decide whether events or exposures in the work environment either caused or contributed to the condition or significantly aggravated a pre-existing condition.

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(b) A pre-existing injury or illness is significantly aggravated when an event or exposure in the work environment results in any of the following:

- (A)** Death, provided that the pre-existing injury or illness would likely not have resulted in death but for the occupational event or exposure.
- (B)** Loss of consciousness, provided that the pre-existing injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure.
- (C)** One or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure.
- (D)** Medical treatment in a case where no medical treatment was needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.

Table 3
An injury or illness occurring in the work environment that falls under one of the following exceptions is not work-related, and is not recordable.
Do not record injuries and illnesses if . . .
At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.
The injury or illness involves signs or symptoms that surface at work but result solely from a nonwork-related event or exposure that occurs outside the work environment.
The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.
The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case is not work-related. Note: If the employee becomes ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case is work-related.
The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
The injury or illness is solely the result of personal grooming, self-medication for a nonwork-related condition, or is intentionally self-inflicted.
The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are work-related if the employee is infected at work).
The illness is a mental illness. Mental illness is not work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a work-related mental illness.

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Table 4	
Do not record injuries or illnesses that occur when the employee is on travel status if they meet one of the exceptions listed below.	
If the employee . . .	You may use the following to determine if an injury or illness is work-related.
checked into a hotel or motel for one or more days.	When a traveling employee checks into a hotel, motel, or other temporary residence, they establish a “home away from home.” You must evaluate the employee’s activities after they check into the hotel, motel, or other temporary residence for their work-relatedness in the same manner as you evaluate the activities of a nontraveling employee. When the employee checks into the temporary residence, they have left the work environment. When the employee begins work each day, they re-enter the work environment. If the employee has established a “home away from home” and is reporting to a fixed worksite each day, you also do not consider injuries or illnesses work-related if they occur while the employee is commuting between the temporary residence and the job location.
took a detour for personal reasons.	Injuries or illnesses are not work-related if they occur while the employee is on a personal detour from a reasonably direct route of travel (e.g., took a side trip for personal reasons).

(c) Work at home. Injuries and illnesses that occur while an employee works at home, including work in a home office, is work-related if the injury or illness relates directly to the work rather than to the general home environment or setting.

(7) New Cases. An injury or illness is a “new case” if:

(a) the employee has no previous recorded injury or illness of the same type that affects the same part of the body, or

(b) the employee previously had a recorded injury or illness of the same type that affected the same part of the body but recovered completely (all signs and symptoms disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

(A) For occupational illnesses where the signs or symptoms may recur or continue in the absence of a workplace exposure, record the case only once. Examples include occupational cancer, asbestosis, byssinosis and silicosis.

NOTE: You are not required to seek the advice of a physician or other licensed health care professional. If you do seek such advice, you must follow their recommendation about whether the case is a new case or a recurrence.

(8) General Recording Criteria. An injury or illness meets the general recording criteria, and is recordable, if it results in any of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness. You must record a case if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.

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NOTE: OR-OSHA believes that most significant injuries and illnesses will result in one of the events listed below. However, there are some significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended. In addition, there are some significant progressive diseases, such as byssinosis, silicosis, and some types of cancer, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses. Cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums are generally considered significant injuries and illnesses, and must be recorded at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case.

Record a work-related injury or illness if it results in one or more of the following:	
(i) Death, See	437-001-0700(8)(a)
(ii) Days away from work,	See 437-001-0700(8)(b)
(iii) Restricted work or transfer to another job,	See 437-001-0700(8)(c)
(iv) Medical treatment beyond first aid,	See 437-001-0700(8)(d).
(v) Loss of consciousness,	See 437-001-0700(8)(e).
(vi) A significant injury or illness diagnosed by a physician or other licensed health care professional.	See 437-001-0700(8)(f).

(a) You must record an injury or illness that results in death by entering a check mark on the OSHA 300 Log in the space for cases resulting in death. You must also report any work-related fatality to OR-OSHA within 8 hours.

(b) When an injury or illness involves one or more days away from work, you must record the injury or illness on the OSHA 300 Log with a check mark in the space for cases involving days away and an entry of the number of calendar days away from work in the number of days column. If the employee is out for an extended period of time, you must enter an estimate of the days that the employee will be away, and update the day count when the actual number of days is known.

(A) Begin counting days away on the day after the injury occurred or the illness began.

(B) End the count of days away from work on the date the physician or other licensed health care professional recommends that the employee return to work. This applies regardless of whether the employee returns earlier or later than recommended. If there is no recommendation from the physician or licensed health care professional, enter the actual number of days the employee is off work.

(C) You must count the number of calendar days the employee was unable to work as a result of the injury or illness, regardless of whether or not the employee was scheduled to work on those day(s). Include weekend days, holidays, vacation days or other days off in the total number of days recorded if the employee would not have been able to work on those days because of a work-related injury or illness.

(D) You may stop tracking of the number of calendar days away from work once the total reaches 180 days away from work and/or days of job transfer or restriction. Entering 180 in the total days away column is adequate.

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(E) If the employee leaves your company for a reason unrelated to the injury or illness, such as retirement, a plant closing, or to take another job, you may stop counting days away from work or days of restriction/job transfer. If the employee leaves your company because of the injury or illness, you must estimate the total number of days away or days of restriction/job transfer and enter the day count on the 300 Log.

(F) You must enter the number of calendar days away for the injury or illness on the OSHA 300 Log that you prepare for the year in which the incident occurred. If the time off extends into a new year, estimate the number of days for that year and add that amount to the days from the year of occurrence. Do not split the days between years and enter amounts on the logs for two different years. Use this number to calculate the total for the annual summary, and then update the initial log entry later when the day count is known or reaches the 180-day cap.

(c) When an injury or illness involves restricted work or job transfer but does not involve death or days away from work, you must record the injury or illness on the OSHA 300 Log by placing a check mark in the space for job transfer or restriction and an entry of the number of restricted or transferred days in the restricted workdays column.

(A) Restricted work occurs when, as the result of a work-related injury or illness:

(i) you keep the employee from performing one or more of the routine functions of their job, or from working the full day that they would otherwise work; or

(ii) a physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of their job, or not work the full workday that they would otherwise work.

NOTE: For recordkeeping purposes, an employee's routine functions are those work activities the employee regularly performs at least once per week.

(iii) A recommended work restriction is recordable only if it affects one or more of the employee's routine job functions. To determine whether this is the case, you must evaluate the restriction in light of the routine functions of the injured or ill employee's job.

(iv) A partial day of work is recorded as a day of job transfer or restriction for recordkeeping purposes, except for the day on which the injury occurred or the illness began.

(v) Record job transfer and restricted work cases in the same box on the OSHA 300 Log.

(vi) You count days of job transfer or restriction in the same way you count days away from work. The only difference is that, if you permanently assign the injured or ill employee to a job modified or permanently changed to eliminate the routine functions the employee was restricted from performing, you may stop the day count when the modification or change is permanent. You must count at least 1-day of restricted work or job transfer for such cases.

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(d) If a work-related injury or illness results in medical treatment beyond first aid, you must record it on the OSHA 300 Log. If the employee received medical treatment but remained at work without transfer or restriction and the injury or illness did not involve death, one or more days away from work, one or more days of restricted work, or one or more days of job transfer, you enter a check mark in the box for other recordable cases.

NOTE: You must record the case even if the injured or ill employee does not follow the physician or other licensed health care professional's recommendation.

(A) "Medical treatment" is the management and care of a patient to combat disease or disorder. For this rule, medical treatment does not include:

- (i)** visits to a physician or other licensed health care professional solely for observation or counseling;
- (ii)** the conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
- (iii)** "First aid" as in (B) below.

(B) First aid is:

Table 6			
(A)	Using a nonprescription medication at nonprescription strength (for medications available in both prescription and nonprescription form, a recommendation by a physician or other licensed health care professional to use a nonprescription medication at prescription strength is medical treatment for recordkeeping purposes);	(H)	Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
(B)	Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, is medical treatment);	(I)	Using eye patches;
(C)	Cleaning, flushing or soaking wounds on the surface of the skin;	(J)	Removing foreign bodies from the eye using only irrigation or a cotton swab;
(D)	Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc. are medical treatment);	(K)	Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
(E)	Using hot or cold therapy;	(L)	Using finger guards;
(F)	Using any nonrigid means of support, such as elastic bandages, wraps, nonrigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are medical treatment for recordkeeping purposes);	(M)	Using massages (physical therapy or chiropractic treatment are medical treatment for recordkeeping purposes); or
(G)	Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).	(N)	Drinking fluids for relief of heat stress.
This is a complete list of all first aid treatments for this standard. These treatments are considered first aid regardless of the professional status of the person providing the treatment.			

(e) You must record a work-related injury or illness if the worker becomes unconscious, regardless of the length of time they remain unconscious.

(f) Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be recorded under the general criteria at the time of occurrence.

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(9) Needlestick and Sharps Injury Recording Criteria.

(a) When an injury is diagnosed later as an infectious bloodborne disease, you must update the classification on the 300 log to reflect the new status or classification.

(a) You must record all work-related needlestick injuries and cuts from sharp objects contaminated with another person's blood or other potentially infectious material (as defined by OAR 437-002-1910.1030). You must enter the case on the OSHA 300 Log as an injury. To protect the employee's privacy, do not enter the employee's name on the OSHA 300 Log (see the requirements for privacy cases in OAR 437-001-0700(14)(a) through (14)(i)).

NOTE: If you have an exposure incident that is not a needlestick, you must still record it if it results in death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, loss of consciousness, or diagnosis of a significant injury or illness, such as HIV, hepatitis B, or hepatitis C.

(10) Medical Removal Recording Criteria. If another OR-OSHA standard requires the medical removal of an employee, you must record the case on the OSHA 300 Log.

(a) You must enter each medical removal case on the OSHA 300 Log as either a case involving days away from work or a case involving restricted work activity, depending on how you decide to comply with the medical removal requirement. If the medical removal is the result of a chemical exposure, you must enter the case on the OSHA 300 Log by checking the "poisoning" column.

(A) If the case involves voluntary medical removal before reaching the medical removal levels required by an OR-OSHA standard, do not record the case on the OSHA 300 Log.

(11) Occupational Hearing Loss Recording Criteria.

(a) Hearing loss must be recorded on the OSHA 300 Log by checking the hearing loss column when:

(A) An annual audiogram reveals a Standard Threshold Shift (STS) in either or both ears; and

(B) The hearing level in the same ear is 25 dB above audiometric zero.

Note: For the ease of the reader the definitions for STS and audiometric zero are provided here.

Standard Threshold Shift (STS) – A change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear.

Audiometric Zero – The lowest sound pressure level that the average, young adult with normal hearing can hear.

(b) In determining whether an STS has occurred, you may correct for the age of the employee. Use the appropriate table in Appendix A to determine the age adjustment. If the STS is 10 dB or more after the age correction, it still meets the criteria for recordability.

(c) If you retest the employee's hearing within 30 days of the first test, and the retest does not confirm the recordable STS, you are not required to record the hearing loss case on the OSHA 300 Log. If the retest confirms the recordable STS, you must record the hearing loss case within 7 calendar days of the retest. If subsequent audiometric testing performed under the testing requirements of the noise standard (OAR 437-002-1910.95) indicates that an STS is not persistent, you may erase, delete, or line-out the recorded entry.

(d) If a physician or other licensed health care professional determines that the hearing loss is not work-related or has not been significantly aggravated by occupational noise exposure, the case is not work-related. Do not record it on the OSHA 300 Log.

(12) Tuberculosis Reporting Criteria. If any of your employees has an occupational exposure to anyone with a known case of active tuberculosis (TB), and that employee subsequently develops a tuberculosis infection, as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional, you must record the case on the OSHA 300 Log by checking the "respiratory condition" column.

(a) Do not record a pre-employment positive skin test because the exposure was not in your workplace.

(b) Line out or erase a recorded case if you prove that:

(A) the worker lives in a household with a person diagnosed with active TB;

(B) the Public Health Department identifies the worker as a contact of an individual with a case of active TB unrelated to the workplace; or

(C) a medical investigation shows that the employee's infection was caused by exposure to TB away from work, or proves that the case was not related to the workplace TB exposure.

(13) Removed.

(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.

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- (A)** Even if you 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)** 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.
- (C)** You must complete a DCBS Form 801 or equivalent form, for each recordable injury or illness entered on the OSHA 300 Log.
- (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)** 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)** Use a computer to keep your records if it can produce equivalent forms when needed.
- (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)** The following injuries or illnesses are privacy concern cases:
- (i)** An injury or illness to an intimate body part or the reproductive system;
 - (ii)** An injury or illness resulting from a sexual assault;
 - (iii)** Mental illnesses;
 - (iv)** HIV infection, hepatitis, or tuberculosis;
 - (v)** Needlestick injuries and cuts from sharp objects contaminated with another person’s blood or other potentially infectious material; and
 - (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) 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) 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:

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

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

(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 in ORS 654.412 must record assaults against employees on the Health Care Assault Log. See OAR 437-001-0706.

(15) Multiple Business Establishments. You must keep a separate OSHA 300 Log for each establishment that you expect to operate for 1-year or longer.

(a) You may keep one OSHA 300 Log that covers all of your short-term establishments. You may also include the short-term establishments' recordable injuries and illnesses on an OSHA 300 Log that covers short-term establishments for individual company divisions or geographic regions.

(b) You may keep the records for an establishment at your headquarters or other central location if you can:

(A) transmit information about the injuries and illnesses from the establishment to the central location within 7 calendar days of receiving information that a recordable injury or illness has occurred; and

(B) produce and send the records from the central location to the establishment within the time frames required by OAR 437-001-0700(20) and OAR 437-001-0700(22) when you are required to provide records to a government representative, employees, former employees or employee representatives.

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(c) You must link each employee with one of your establishments, for recordkeeping purposes. You must record the injury and illness on the OSHA 300 Log of the injured or ill employee's establishment, or on an OSHA 300 Log that covers that employee's short-term establishment.

(d) If the injury or illness occurs at one of your establishments, you must record the injury or illness on the OSHA 300 Log of the establishment where the injury or illness occurred. If the employee is injured or becomes ill and is not at one of your establishments, you must record the case on the OSHA 300 Log at the establishment where the employee normally works.

(16) Covered Employees. You must record on the OSHA 300 Log the recordable injuries and illnesses of all employees on your payroll, whether they are labor, executive, hourly, salary, part-time, seasonal, or migrant workers. You also must record the recordable injuries and illnesses that occur to employees who are not on your payroll if you supervise these employees on a day-to-day basis. If your business is organized as a sole proprietorship or partnership, the owner or partners are not considered employees for recordkeeping purposes.

(a) Record the injuries and illnesses to workers from temporary help agencies or employee leasing services only if you supervise these employees on a day-to-day basis.

(b) If a contractor's employee is under the day-to-day supervision of the contractor, the contractor is responsible for recording the injury or illness. If you supervise the contractor employee's work on a day-to-day basis, you must record the injury or illness.

(c) You and the temporary help service, employee leasing service, personnel supply service, or contractor should coordinate your efforts to make sure that each injury and illness is recorded only once: either on your OSHA 300 Log (if you provide day-to-day supervision) or on the other employer's OSHA 300 Log (if that company provides day-to-day supervision).

(17) Annual Summary and Posting Requirements. At the end of each calendar year, you must:

(a) review the OSHA 300 Log to verify that the entries are complete and accurate, and correct any problems;

(b) use the OSHA 300A or equivalent form to create an annual summary of injuries and illnesses from the OSHA 300 Log;

(c) certify that one of the following examined the OSHA 300 log and believe, based on knowledge of the process by which the information was recorded, that it is correct and complete.

(A) The highest ranking manager at the location where the log is compiled.

(B) If there is no management at the compiling location, any manager with jurisdiction over that location.

(d) You must post a copy of the annual summary in each establishment in a conspicuous place or places where notices to employees are customarily posted. You must ensure that the posted annual summary is not altered, defaced or covered by other material.

(A) You must post the summary no later than February 1 of the year following the year covered by the records and keep it posted until April 30.

(18) Paperwork Retention and Updating. You must save the OSHA 300 Log, the privacy case list (if any), the annual summary, and the DCBS Form 801 or equivalent forms for 5 years following the end of the calendar year that they cover.

(a) During the storage period, you must update your stored OSHA 300 Logs to include newly discovered recordable injuries or illnesses and to show any changes that have occurred in the classification of previously recorded injuries and illnesses. If the description or outcome of a case changes, you must remove or line out the original entry and enter the new information.

NOTE: For more information on retention of medical and exposure records, see OAR 437-002-1910.1020.

(19) Change of Business Ownership. If your business changes ownership, you must record and report work-related injuries and illnesses only for the time you owned the establishment. You must transfer the records to the new owner. The new owner must save all records of the establishment kept by the prior owner, but need not update or correct the records of the prior owner.

(20) Employee Involvement. You must involve your employees and their representatives in the recordkeeping system.

(a) Inform each employee of how they are to report an injury or illness to you.

(b) Provide limited access to your injury and illness records for your employees and their representatives.

(A) Your employees, former employees, their personal representatives, and their authorized collective bargaining representatives have the right to access the OSHA injury and illness records, with some limitations, as below.

(i) A personal representative is anybody designated in writing by the employee or former employee. It also is the legal representative of a deceased or legally incapacitated employee.

(c) When an employee, former employee, personal representative, or authorized employee representative asks for copies of your current or stored OSHA 300 Log(s) for an establishment the employee or former employee has worked in, you must give the requester a copy of the relevant OSHA 300 Log(s) by the end of the next business day.

RECORDKEEPING AND REPORTING

(A) You must leave the names on the 300 Log. However, to protect the privacy of injured and ill employees, do not record the employee's name on the OSHA 300 Log for certain "privacy concern cases."

(d) When an employee, former employee, or personal representative asks for a copy of the DCBS Form 801 or equivalent describing an injury or illness to that employee or former employee, you must give the requester a copy of the DCBS Form 801 or equivalent containing that information by the end of the next business day.

(e) When an authorized employee representative asks for copies of the DCBS Form 801 or equivalent for an establishment where the agent represents employees under a collective bargaining agreement, you must give copies of those forms to the authorized employee representative within 7 calendar days. You are only required to give the authorized employee representative information from the releasable part of the DCBS Form 801 or equivalent section titled "Tell us about the case" or a similar section. You must remove all other information from the copy of the DCBS Form 801 or equivalent form that you give to the authorized employee representative.

(f) You may not charge for these copies the first time. However, if one of the designated persons asks for additional copies, you may assess a reasonable charge for retrieving and copying the records.

(21) Reporting Fatalities and Hospitalizations to Oregon OSHA. You must report the following to Oregon OSHA at 1-800-922-2689 or 503-378-3272 within the given time limits:

(a) Fatalities 8 hours after occurrence or employer knowledge

You must report a fatality caused by a heart attack at work. You must report a fatality resulting from motor vehicle accidents that happen during the employee's work shift. The local OR-OSHA field office safety or health manager will decide whether to investigate the incident, depending on the circumstances of the heart attack or motor vehicle accident. Report a fatality only if it occurs within 30 days of the accident.

(b) Catastrophe 8 hours after occurrence or employer knowledge.

For the ease of the reader the Definition for Catastrophe is – An accident in which two or more employees are fatally injured, or three or more employees are admitted to a hospital or an equivalent medical facility.

(c) Overnight Hospitalization 24 hours after occurrence or employer knowledge of one or more employees.

Overnight hospitalization is for medical treatment only. Hospitalization for observation is not reportable, nor is emergency room treatment. You must report injuries related to a heart attack or motor vehicle accident as well as other work related injuries.

RECORDKEEPING AND REPORTING

Report overnight hospitalizations to the nearest Oregon OSHA field office (Portland, Salem, Bend, Eugene or Medford).

NOTE: Oregon OSHA Field Office locations, telephone and Fax numbers are:

Salem Central Office
350 Winter Street NE, Room 430
Salem OR 97301-3882
(503) 378-3272
Toll Free: (800) 922-2689
Fax: (503) 947-7461

Eugene
1140 Willagillespie, Suite 42
Eugene OR 97401-2101
(541) 686-7562
Fax: (541) 686-7933

Medford
1840 Barnett Road, Suite D
Medford OR 97504-8250
(541) 776-6030
Fax: (541) 776-6246

Portland
Fremont Place, Building I
1750 NW Naito Parkway, Suite 112
Portland OR 97209-2533
(503) 229-5910
Fax: (503) 229-6492

Bend
Red Oaks Square
1230 NE Third Street, Suite A-115
Bend OR 97701-4374
(541) 388-6066
Fax: (541) 388-6203

Pendleton
721 SE Third Street, Suite 306
Pendleton OR 97801-3056
(541) 276-9175
Fax: (541) 276-6869

Salem
1340 Tandem Avenue NE, Suite 160
Salem OR 97309-0417
(503) 378-3274
Fax: (503) 378-4921

(d) Effective date. The effective date for reporting of a fatality resulting from motor vehicle accidents that happen during the employee's work shift is January 1, 2007.

(22) Providing Records to Government Representatives. When an authorized government representative asks for the records you keep in compliance with this standard, you must provide copies of the records within 4 business hours.

(a) Authorized government representatives are:

(A) a representative of the Oregon Department of Consumer and Business Services.

(B) a representative of the Secretary of Labor conducting an inspection or investigation under the Act.

(C) a representative of the Secretary of Health and Human Services (including the National Institute for Occupational Safety and Health - NIOSH) conducting an investigation under Section 20(b) of the Act.

(23) Requests from the Bureau of Labor Statistics or DCBS. If you receive a Survey of Occupational Injuries and Illnesses Form from the Bureau of Labor Statistics (BLS), or a BLS designee, or a request for data from the Oregon Department of Consumer and Business Services, you must promptly complete the form and return it following the instructions on the survey form.

(24) Prohibition against discrimination. Oregon Revised Statute 654.062(5) prohibits discrimination against an employee for reporting a work-related fatality, injury or illness. It also protects the employee who files a safety and health complaint, asks for access to this rule, records, or otherwise exercises any rights afforded by law or rule.

Stat. Auth.: ORS 654-025(2) and 656.726(4).

Stats. Implemented: ORS 654.001 to 654.295.

Hist: WCB Admin. Order 19-1974, f. 6-5-74, ef. 7-1-74.

WCD Admin. Order, Safety 7-1979, f. 8-20-79, ef. 9-1-79.

WCD Admin. Order, Safety 4-1981, f. 5-22-81, ef. 7-1-81.

APD Admin. Order 7-1988, f. 6-17-88, ef. 7-1-74.

OR-OSHA Admin. Order 11-2001, f. 9/14/01, ef. 1/1/02.

OR-OSHA Admin. Order 2-2002, f. 3/12/02, ef. 3/12/02.

OR-OSHA Admin. Order 7-2002, f. 11/15/02, ef. 11/15/02.

OR-OSHA Admin. Order 6-2003, f. 11/26/03, ef. 11/26/03.

OR-OSHA Admin. Order 7-2006, f. 9/6/06, ef. 9/6/06.

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.

AGE RELATED HEARING LOSS

Appendix A (Nonmandatory) to 437-001-0700, Age Related Hearing Loss.

You cannot use age correction for determining whether an employee has reached the 25 dB threshold above audiometric zero. You cannot age-correct an audiogram for determining a Standard Threshold Shift (STS) for purposes of OAR 437-002-1910.95, "Occupational Noise Exposure."

When determining whether you must record an STS on the OSHA 300 Log, you can allow for the contribution of aging by adjusting the current audiogram. If you choose to adjust the audiogram, follow the procedure described below. This procedure and the age correction tables were developed by the National Institute for Occupational Safety and Health in the criteria document entitled "Criteria for a Recommended Standard . . . Occupational Exposure to Noise," ((HSM)-11001).

For each ear;

(i) Determine from Tables F-1 (for males) or F-2 (for females) the age correction values for the employee by:

(A) Finding the age at which the current audiogram was taken and recording the corresponding values of age corrections at 2000 Hz, 3000 Hz, and 4000 Hz;

(B) Finding the age at which the baseline audiogram was taken and recording the corresponding values of age corrections at 2000 Hz, 3000 Hz, and 4000 Hz.

(ii) Subtract the values in the baseline from the values in the current audiogram.

(iii) The calculated difference represents the portion of the change in hearing that may be due to aging.

(iv) An STS is a loss of 10 dB as an average of the 2000 Hz, 3000 Hz, and 4000 Hz between the baseline audiogram and the current audiogram. Once you have performed the age correction, add up the results of the age-corrected audiogram and divide by three. If the result is 10 or larger, then it is still an STS.

EXAMPLE: Employee is a 32-year-old male. The audiometric history for his right ear is shown in decibels below.

Employee's age	Audiometric test frequency (Hz)		
	2000	3000	4000
*27	0	0	5
28	0	0	10
29	0	5	15
30	5	10	20
31	10	20	15
*32	10	10	25

AGE RELATED HEARING LOSS

The audiogram at age 27 is considered the baseline since it was the initial audiogram. Asterisks have been used to identify the baseline and current audiogram. A threshold shift of 10 dB exists at both the 2000 Hz and 3000 Hz, and a 20 dB shift exists at 4000 Hz between the audiograms taken at ages 27 and 32.

(The threshold shift is computed by subtracting the hearing threshold at age 27, which was 0, 0, 5, from the hearing threshold at age 32, which is 10, 10, and 25). A retest audiogram has confirmed this shift. The contribution of aging to this change in hearing may be estimated in the following manner:

Go to Table F-1 and find the age correction values at age 27 and age 32.

	Frequency (Hz)		
	2000	3000	4000
Age 32	5	7	10
Age 27	4	6	7
Difference	1 1 3		

The difference represents the amount of hearing loss that may be attributed to aging in the time period between the baseline audiogram and the current audiogram.

In this example, the difference at 2000 Hz is 1 dB, the difference at 3000 Hz is 1dB, and the difference at 4000 Hz is 3 dB. These values are subtracted from the respective hearing levels of the current audiogram.

Once you have done the age correction, compare the age-corrected audiogram to the baseline to determine the severity of the shift. There is no need to age-correct the baseline for this purpose because the calculation above already took that into consideration.

	Frequency (Hz)		
	2000	3000	4000
Age-corrected Current Audiogram	9	9	22
Baseline Audiogram	0	0	5
Shift 9		9	17

An STS is present when the difference between the current audiogram and the baseline audiogram is 10 dB averaged from the 2000 Hz, 3000 Hz and 4000 Hz readings. In this instance, the average of 9 dB (from the 2000 Hz reading), 9 dB (from the 3000 Hz reading), and 17 dB (from the 4000 Hz reading) is 11.7 dB. This is an STS because the shift is more than 10 dB, even after the age correction.

AGE RELATED HEARING LOSS

TABLE F-1 - AGE CORRECTION VALUES IN DECIBELS FOR MALES

Years	Audiometric Test Frequency (Hz)			Years	Audiometric Test Frequency (Hz)		
	2000	3000	4000		2000	3000	4000
20 or younger	3	4	5	41	6	10	14
21	3	4	5	42	7	11	16
22	3	4	5	43	7	12	16
23	3	4	6	44	7	12	17
24	3	5	6	45	7	13	18
25	3	5	7	46	8	13	19
26	4	5	7	47	8	14	19
27	4	6	7	48	8	14	20
28	4	6	8	49	9	15	21
29	4	6	8	50	9	16	22
30	4	6	9	51	9	16	23
31	4	7	9	52	10	17	24
32	5	7	10	53	10	18	25
33	5	7	10	54	10	18	26
34	5	8	11	55	11	19	27
35	5	8	11	56	11	20	28
36	5	9	12	57	11	21	29
37	6	9	12	58	12	22	31
38	6	9	13	59	12	22	32
39	6	10	14	60 or older	13	23	33
40	6	10	14				

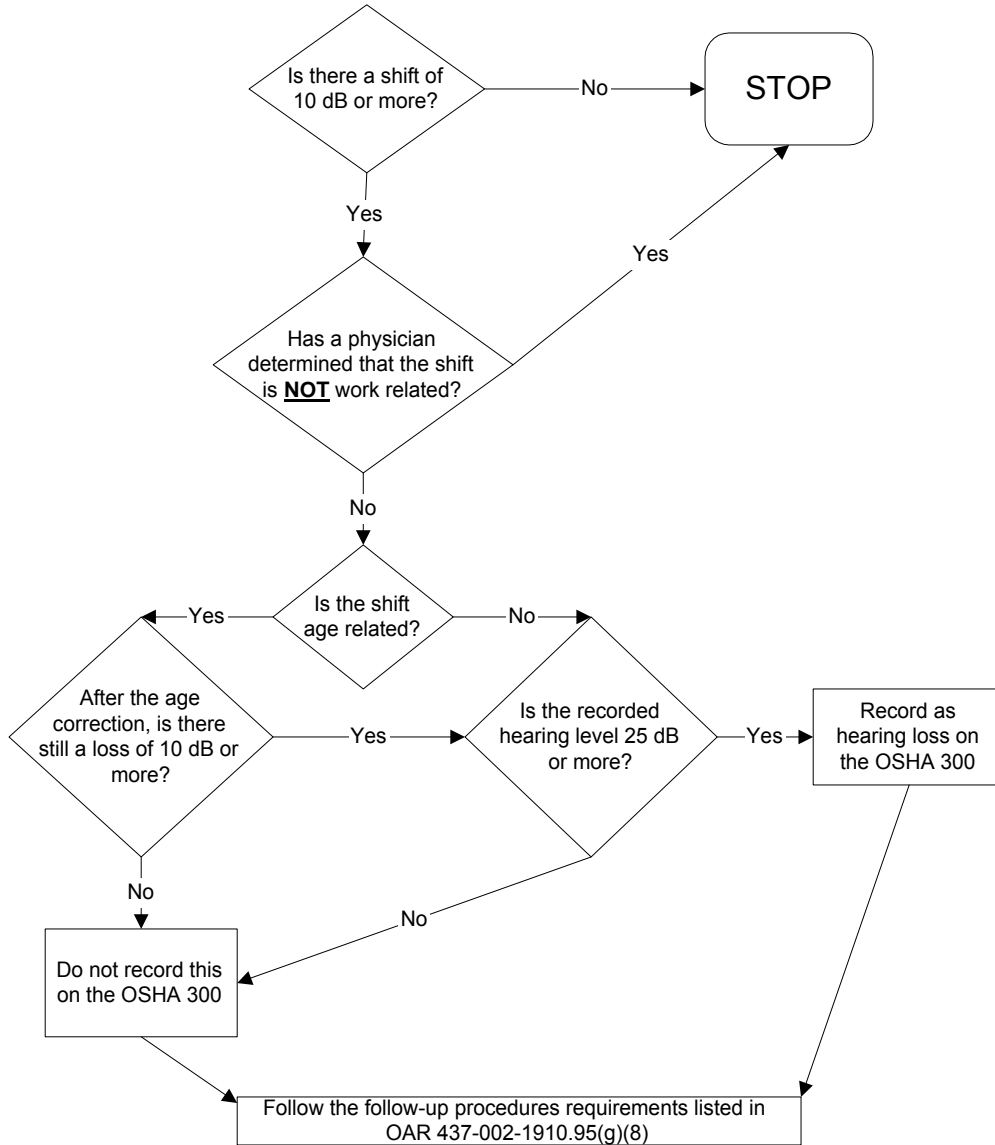
TABLE F-2 - AGE CORRECTION VALUES IN DECIBELS FOR FEMALES

Years	Audiometric Test Frequency (Hz)			Years	Audiometric Test Frequency (Hz)		
	2000	3000	4000		2000	3000	4000
20 or younger	4	3	3	41	8	8	8
21	4	4	3	42	8	9	9
22	4	4	4	43	8	9	9
23	5	4	4	44	8	9	9
24	5	4	4	45	8	10	10
25	5	4	4	46	9	10	10
26	5	5	4	47	9	10	11
27	5	5	5	48	9	11	11
28	5	5	5	49	9	11	11
29	5	5	5	50	10	11	12
30	6	5	5	51	10	12	12
31	6	6	5	52	10	12	13
32	6	6	6	53	10	13	13
33	6	6	6	54	11	13	14
34	6	6	6	55	11	14	14
35	6	7	7	56	11	14	15
36	7	7	7	57	11	15	15
37	7	7	7	58	12	15	16
38	7	7	7	59	12	16	16
39	7	8	8	60 or older	12	16	17
40	7	8	8				

Stat. Auth.: ORS 654.025(2) and 656.726(4).
 Stats. Implemented: ORS 654.001 through 654.295.
 Hist: OR-OSHA Admin. Order 7-2002, f. 11/15/02, ef. 11/15/02.

HEARING LOSS RECORDABILITY FLOWCHART

Appendix B (Nonmandatory) to 437-001-0700, Hearing Loss Recordability Flowchart



All numbers referenced below are taken as an average of the 2K, 3K, and 4K Hx. levels of the audiogram.

* 1910.95 assumes that any shift is workplace-induced unless a physician determines otherwise.

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

Stats. Implemented: ORS 654.001 through 654.295.

Hist: OR-OSHA Admin. Order 7-2002, f. 11/15/02, ef. 11/15/02.

RECORDKEEPING FOR HEALTH CARE ASSAULTS

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.orosha.org/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).

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. 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. 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. 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.

NOTE: If the incident results in an overnight hospitalization, a catastrophe, or fatality, it must be immediately reported to Oregon OSHA. Record recordable injuries, illnesses, 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 recordkeeping and reporting:

RECORDKEEPING FOR HEALTH CARE ASSAULTS

Oregon Administrative Rules
Oregon Occupational Safety
and Health Division

- 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.

OR-OSHA Admin. Order 2-2011, f. 9/29/11, ef. 10/1/11.

INSTRUCTIONS FOR RECORDKEEPING FOR HEALTH CARE ASSAULTS

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

(A)	<i>Case number</i> This is a unique sequential number that identifies this case.
(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.
(C)	<i>H/S/M (H - hospital, S - surgical center, M - home setting)</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)	<i>Name of employee assaulted</i> Enter the name of the employee assaulted.
(I)	<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)

INSTRUCTIONS FOR RECORDKEEPING FOR HEALTH CARE ASSAULTS

(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 (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>
(L)	<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>

INSTRUCTIONS FOR RECORDKEEPING FOR HEALTH CARE ASSAULTS

(M)	<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) 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.</p>
(N)	<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</p>
(O)	<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>
(P)	<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 RECORDKEEPING FOR HEALTH CARE ASSAULTS

Oregon Administrative Rules
Oregon Occupational Safety
and Health Division

(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 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)</p> <p>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>

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.
OR-OSHA Admin. Order 2-2011, f. 9/29/11, ef. 10/1/11.

SAFETY OF HEALTH CARE EMPLOYEES

Appendix B to OAR 437-001-0706 SAFETY OF HEALTH CARE EMPLOYEES

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.

SAFETY OF HEALTH CARE 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;

SAFETY OF HEALTH CARE EMPLOYEES

- (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;

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- (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]

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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]

Stat. Auth.: ORS 654.025(2) and 656.726(4).
Stats. Implemented: ORS 654.412 through 654.423.
Hist: OR-OSHA Admin. Order 2-2011, f. 9/29/11, ef. 10/1/11.

FALSIFICATION OR FAILURE TO KEEP & POST RECORDS OR MAKE REPORTS / RECORDKEEPING VARIANCES & EXCEPTIONS

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.

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

Stats. Implemented: ORS 654.001 through 654.295.

Hist: WCB Admin. Order 19-1974, f. 6-5-74, ef. 7-1-74.

WCD Admin. Order, Safety 5-1978, f. 6-22-78, ef. 8-15-78.

WCD Admin. Order, Safety 6-1982, f. 6-28-82, ef. 8-1-82.

APD Admin. Order 6-1987, f. 12-23-87, ef. 1-1-88.

APD Admin. Order 7-1988, f. 6-17-88, ef. 7-1-74.

OR-OSHA Admin. Order 6-1994, f. 9/30/94, ef. 9/30/94.

OR-OSHA Admin. Order 11-2001, f. 9/14/01, ef. 1/1/02.

OR-OSHA Admin. Order 7-2002, f. 11/15/02, ef. 11/15/02.

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

437-001-0742 Recordkeeping Variances and Exceptions. In order to achieve a uniform national system for the recordkeeping and reporting of occupational injuries and illnesses, the State of Oregon and the U.S. Department of Labor have agreed that as applied to employers, defined in subsections 3(5) of the Occupational Safety and Health Act of 1970 (Public Law 91-596, 81 STAT 1950), the state will not grant any variances or exceptions to the recordkeeping and reporting regulations of this part without prior approval of the U.S. Bureau of Labor Statistics.

Stat. Auth.: ORS 654.025(2) and 656.726(3).

Hist: WCB Admin. Order 19-1974, f. 6-5-74, ef. 7-1-74.

APD Admin. Order 7-1988, f. 6-17-88, ef. 7-1-74.

OR-OSHA Admin. Order 11-2001, f. 9/14/01, ef. 1/1/02.

