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| dcbs-oregon osha-logo | ***Health Care Assault Log*****Recordable assaults — hospitals and related settings** | Hospitals and ambulatory surgical centers must record the details about each assault incident on an employee. Refer to OAR 437-001-0706, and to ORS 654.001 through 654.295. | **Attention:**  This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. |
|
|  |  |  |  |  | ***Year:*** | ***20*** |
|  |  |  |  |  | ***Employer ID number:*** |  |  | ***Employer Location:*** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | SETTING | EMPLOYEE |   |   |   | INCIDENT |  |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **CHECK ONLY ONE** box for each case based on the most serious outcome for that case: |  |  |  |  |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) | (M) | (N) | (O) | (P) | (Q) | (R ) |
|  |   |   |   |   |   |   |   |   |   |   |   |   | Result of Assaultive Behavior |   |   |   |   |
| Case number | Location (include address) | H/S/M (H- hospital, S- surgical center, M - home setting) | Date of incident | Time of incident | Specific location where incident occurred (see list) | Floor where incident occurred | Name of employee assaulted | Job title of this employee (see list) | Department or ward assignment of employee (see list) | Status of assailant: (P- patient, BH- behavioral health patient, V- visitor, E- employee, O- other) | Assailant action (see list) | Possible cause (see list) | (1) | (2) | (3) | (4) | Weapon (see list) | Number of employees present (in addition to victim) | Response (see list) | Comments |
| Mild soreness, surface abrasions, scratches, or small bruises | Major soreness, cuts, or large bruises | Severe laceration, bone fracture, or head injury | Loss of limb or death |
|       |       |       |       |       |       |       |       |       |       |       |       |       |   |   |   |   |       |       |       |       |
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