Tag number	Rule	Tag Text	
285	OAR 333-027-0060(7)-(10) Administration & Interpreters	(7)(a) The agency shall develop personnel policies which must be appropriate to the agency, be documented, and include: (A) Hours of work; (B) Orientation that is appropriate to the classification of the employee; (C) An inservice program that provides ongoing education to ensure that skills of personnel are maintained for the responsibilities assigned and ensures that personnel are educated in their responsibility in infection control; (D) Employee notification about the availability of personnel safety training provided in accordance with OAR 333-027-0115; (E) Work performance evaluations; (F) Employee health program; (G) A tuberculosis infection control plan that includes provisions for employee assessment and screening for protecting patient and employees from tuberculosis in accordance with OAR 333-019-0041; and (H) Provisions for the completion of criminal records checks in accordance with ORS 443.004 and OAR 333-027-0064. (b) Personnel records shall include job descriptions, personnel qualifications, evidence of any required licensure or certification, evidence of orientation and performance evaluations, evidence of a completed criminal records check and fitness determination, and evidence of personnel safety training notification. (8) An agency shall provide health care interpreter services to a patient who prefers to communicate in a language other than English in accordance with ORS 413.559 and OAR 950-050-0160. (9) An agency contracting with individual personnel or public or private entities for home health care services shall maintain written contracts and shall clearly designate:	Select a sample of 3-5 personnel files. For each personnel file answer the following: Does the file contain evidence that staff member was notified of the availability of personnel safety training? ___ Yes ___ No

Tag number	Rule	Tag Text	
285 cont.	OAR 333-027-0060(7)-(10) Administration & Interpreters	(a) That patients are accepted for care only by the primary agency; (b) The services to be provided; (c) The rights and responsibilities of the contracting individual or entity in the coordination, supervision, and evaluation of the care or service provided; (d) The obligation to comply with all applicable agency policies; (e) The party with responsibility for development and revisions of the plan of care, patient assessment, progress reports, and patient care conferences, scheduling of visits or hours, and discharge planning; (f) Appropriate documentation of services provided on record forms provided by the agency; and (g) The terms of the agreement and basis for renewal or termination. (10) The professional policy-making committee appointed by the agency shall: (a) Be composed of personnel associated with the agency and that meet the requirements in ORS 443.065. (b) Establish in writing and review annually, the agency's policies governing scope of services, admission and discharge policies, personnel safety program requirements in accordance with OAR 333-027-0115, potential threat or disruptive behavior flagging systems in accordance with OAR 333-027-0125, medical supervision, plans of treatment, emergency care, clinical records, personnel qualifications, and quality assessment and performance improvement. (c) Meet as needed to advise the agency on other professional issues. (d) Participate with personnel in the annual evaluation of the agency's program. (11) The agency shall document the professional-policy making committee's systematic involvement and effective communication with the governing body and the management of the agency. Statutory/Other Authority: ORS 443.085 Statutes/Other Implemented: ORS 441.201, 443.014, 443.055, 443.065, 443.085, 443.190, 443.195, 413.559 & 413.561	

Tag number	Rule	Tag Text	
316	OAR 333-027-0115(2)(a)-(c) Personnel Safety: Intake, Hospital Discharge, Notification	(1) As used in this rule: (a) "Hazards" means potentially unsafe or dangerous conditions in or around the home health care setting, including but not limited to the presence of uncontrolled animals, persistent or periodic presence of individuals with history of aggressive behavior or substance use disorder, elevated rate of criminal activity, poor or unreliable cell phone coverage, and lack of timely law enforcement or emergency response capability. (b) "Home health care setting" means a place of temporary or permanent residence of an individual where home health care services are furnished to the individual. (c) "Safety check" means the process by which personnel can access, review, and apply safety-related information collected by the agency in accordance with this rule, and includes a mechanism for personnel to directly contact the agency to report safety concerns. (2) Effective May 1, 2026, an agency shall establish, implement, and maintain a workforce violence prevention program that includes, but is not limited to, the following requirements: (a) Intake risk assessment. An agency must collect information necessary to identify and assess health and safety-related risks and hazards in a home health care setting, including but not limited to: (A) Any act or threat of physical violence, harassment, intimidation, assault, homicide or any other threatening behavior where home health care services are provided to a patient; (B) Presence of pet(s) and if any, whether the pet(s) can be secured away from the area where care is provided, if requested by personnel; (C) Possible pest infestations, for example, rodents or insects; and	<u>Intake</u> Does the agency have a program that includes intake risk assessments that collect info necessary to identify and assess risks and hazards in the home related to Acts or threats of physical violence, harassment, intimidation, assault, homicide, or other threatening behavior? ___ Yes ___ No Whether pets can be secured away from where care is provided? ___ Yes ___ No Pest infestations (including rodents and/or insects)? ___ Yes ___ No Whether patient is willing to securely store weapons before any visit? ___ Yes ___ No Hospital discharge coordination including a plan to obtain patient history of violence within the last 12 months from the hospital? ___ Yes ___ No Protocol to the intake information listed above with the personnel assigned to provide care to the patient? ___ Yes ___ No

Tag number	Rule	Tag Text	
316 cont.	OAR 333-027-0115(2)(a)-(c) Personnel Safety: Intake, Hospital Discharge, Notification	(D) Whether the patient is willing to securely store any weapons that are present in the home health care setting before any visit from personnel. (b) Hospital discharge coordination. When a patient is discharged from a hospital and referred to an agency, the agency must develop and implement a plan to obtain any known patient history of violence within the last 12 months from the hospital as part of continuity of care. (c) Personnel notification. The agency must have a protocol, and implement the protocol, to share all information collected under subsections (2)(a) and (b) of this rule with personnel assigned to provide home health care services to the patient. Statutory/Other Authority: ORS 413.042 & 443.085 Statutes/Other Implemented: ORS 443.065, 443.085, 443.190 & 443.195	
317	OAR 333-027-0115(2)(d)-(e), (h) Personnel Safety: Training, Quarterly Assessments & Policy Development	(1) As used in this rule: (a) "Hazards" means potentially unsafe or dangerous conditions in or around the home health care setting, including but not limited to the presence of uncontrolled animals, persistent or periodic presence of individuals with history of aggressive behavior or substance use disorder, elevated rate of criminal activity, poor or unreliable cell phone coverage, and lack of timely law enforcement or emergency response capability. (b) "Home health care setting" means a place of temporary or permanent residence of an individual where home health care services are furnished to the individual. (c) "Safety check" means the process by which personnel can access, review, and apply safety-related information collected by the agency in accordance with this rule, and includes a mechanism for personnel to directly contact the agency to report safety concerns.	

Tag number	Rule	Tag Text	
317 cont.	OAR 333-027-0115(2)(d)-(e), (h) Personnel Safety: Training, Quarterly Assessments & Policy Development	(2) Effective May 1, 2026, an agency shall establish, implement, and maintain a workforce violence prevention program that includes, but is not limited to, the following requirements: (d) Training. An agency shall provide annual training on personnel safety. The training must be consistent with training for home health care workers endorsed by the National Institute for Occupational Safety and Health and the Occupational Safety and Health Administration and must include the following: (A) Recognizing hazards that are commonly found by personnel where home health care services are provided to a patient; and (B) How to manage hazards that are identified. (C) This training may be incorporated as part of the mandated requirements under ORS 654.414(4). (e) Quarterly safety assessments. An agency must conduct quarterly safety assessments with personnel who have been assigned to provide home health care services. A safety assessment may consist of the same criteria required under ORS 654.414(2) and (3). (h) Policy development. An agency shall establish and implement policies and procedures that allow personnel to: (A) Perform data entry and chart updates at a time and place outside the location where home health care services are provided; and (B) Be accompanied by an escort, including but not limited to another employee, when there are concerns about the safety or security of the setting where home health care services are provided to the patient. Statutory/Other Authority: ORS 413.042 & 443.085 Statutes/Other Implemented: ORS 443.065, 443.085, 443.190 & 443.195	Review agency documentation regarding training: Does the training align with NIOSH and/or OSHA training? ___ Yes ___ No Does the training cover identifying hazards? ___ Yes ___ No Does the training cover managing hazards? ___ Yes ___ No Has the agency conducted quarterly safety assessments with personnel assigned to provide home health care services? ___ Yes ___ No Date of last quarterly assessment? _____ Does the agency have a policy that permits Personnel to perform data entry and chart updates at a location away from where the home health care services are provided? ___ Yes ___ No Personnel to be accompanied by an escort which might include another employee when there are concerns about the safety or security of the patient location? ___ Yes ___ No

Tag number	Rule	Tag Text	
318	OAR 333-027-0115(2)(f)-(g) Personnel Safety: Identification & Safety Checks	(1) As used in this rule: (a) "Hazards" means potentially unsafe or dangerous conditions in or around the home health care setting, including but not limited to the presence of uncontrolled animals, persistent or periodic presence of individuals with history of aggressive behavior or substance use disorder, elevated rate of criminal activity, poor or unreliable cell phone coverage, and lack of timely law enforcement or emergency response capability. (b) "Home health care setting" means a place of temporary or permanent residence of an individual where home health care services are furnished to the individual. (c) "Safety check" means the process by which personnel can access, review, and apply safety-related information collected by the agency in accordance with this rule, and includes a mechanism for personnel to directly contact the agency to report safety concerns. (2) Effective May 1, 2026, an agency shall establish, implement, and maintain a workforce violence prevention program that includes, but is not limited to, the following requirements: (f) Patient identification. An agency must provide personnel with information that may be used to verify the identity of a patient prior to an initial home health care visit. (g) Safety checks. An agency must provide a mechanism by which personnel can perform safety checks, including but not limited to use of a mobile application to access relevant safety-related information identified under subsections (2)(a) and (b) of this rule, use of communication devices that allow personnel to transmit one-way or two-way messages, or regular check-ins. Statutory/Other Authority: ORS 413.042 & 443.085 Statutes/Other Implemented: ORS 443.065, 443.085, 443.190 & 443.195	Does the agency have a program that includes Providing patient identification info to personnel before an initial home health care visit? ___ Yes ___ No A system for personnel to perform safety checks to gather the info from the intake? ___ Yes ___ No A system for personnel to perform safety checks to gather the info from the hospital discharge? ___ Yes ___ No Does the system allow the personnel to send messages to the agency? ___ Yes ___ No

Tag number	Rule	Tag Text	
319	OAR 333-027-0125 Flagging Systems	(1) As used in this rule: (a) "Authorized staff" means the personnel who are responsible for creating and tracking electronic health record flags. (b) "Disruptive behavior" includes physically aggressive, harassing, or destructive behavior. (c) "Electronic health record (EHR) flag" means an alert generated within the electronic health record of a patient that notifies providers that a patient may pose a potential safety risk to themselves or to others due to the patient's history of violent or disruptive behavior. (d) "Flagging system" means a system used to identify, communicate, monitor and manage potential threats of violence or disruptive behavior by patients or other individuals, including caregivers or support persons, who may encounter health care providers and personnel. (e) "Visual flags" means paper-based physical cues, including wristbands, signage, color-coded indicators, symbols and other visible cues built within the care environment to facilitate immediate recognition of potential threats of violence or disruptive behavior without having to access an electronic health record. Visual flags, when used, must communicate essential information in a clear, respectful, and non-stigmatizing manner to promote safety and provide neutral alerts or reminders that guide appropriate action without assigning negative labels or implying violence. (2) Effective May 1, 2026, an agency shall implement flagging systems with the capabilities and functions to communicate potential threats of violence or disruptive behavior to providers and personnel using EHR flags and visual flags.	The agency has a policy that includes protocols and procedures for implementing and using potential threat or disruptive flagging systems. ___ Yes ___ No The protocols and procedures have been reviewed within the past 365 days. ___ Yes ___ No The protocols and procedures include criteria for: Initiating flags ___ Yes ___ No Continuing flags ___ Yes ___ No Inactivating flags ___ Yes ___ No Reactivating EHR flags and visual flags ___ Yes ___ No <u>EHR Flags</u> Designates which staff or staff type are authorized to initiate an EHR flag ___ Yes ___ No Describes training and education requirements for personnel authorized to initiate EHR flag ___ Yes ___ No Training includes: Identifying and preventing bias in the assignment of EHR flags ___ Yes ___ No Instruction on reducing unconscious bias to ensure EHR flags are not unfairly of disproportionately applied to individuals belonging to groups subject to historical and/or contemporary discrimination ___ Yes ___ No

Tag number	Rule	Tag Text	
319 cont.	OAR 333-027-0125 Flagging Systems	(3) Each agency must establish and implement written protocols and procedures for implementing and using flagging systems. The flagging system must address, at a minimum, the following: (a) Criteria and process for initiating flags, continuing flags, inactivating flags, and reactivating EHR flags and visual flags. (b) Requirements for new and revised EHR flags and visual flags that include: (A) The reasons for initiating or revising the flag; and (B) Specific recommended actions that agency providers and personnel should take when interacting with a flagged individual. (c) For EHR flags: (A) Designating authorized staff to initiate an EHR flag. (B) Training and education requirements for personnel authorized to initiate an EHR flag, including training on identifying and preventing bias in the assignment of such flags, and instruction on reducing unconscious bias to ensure that EHR flags are not unfairly or disproportionately applied to individuals belonging to groups subjected to historical and contemporary discrimination. (C) Provider and personnel responsibilities when an EHR flag is present. (D) Evaluating and identifying potential threats of violence or disruptive behavior. (E) Consistent practices for assigning, tracking, monitoring, and documenting information in the EHR flag. (F) Reviewing EHR flags every 12 months at a minimum, and updating EHR flags, as necessary, for purposes of determining whether to remove or maintain a flag. (G) Communication and collaboration about flagged conduct or behaviors recorded in an EHR. (H) Safety protocols and precautions for engaging with patients with an EHR flag.	<u>EHR Flags cont.</u> Describes provider and personnel responsibilities when EHR flag is present ___ Yes ___ No Describes protocols for evaluating and identifying potential threats of violence of disruptive behavior ___ Yes ___ No Describes protocols for ensuring consistent practices for assigning, tracking, and documenting information the EHR flag ___ Yes ___ No Describes protocols for reviewing EHR flags at least every 12 months ___ Yes ___ No Includes protocols for communication and collaboration about flagged conduct or behaviors recorded in an EHR ___ Yes ___ No Includes protocols for documenting safety protocols and precautions for engaging with patients with an EHR flag ___ Yes ___ No Includes protocols to protect patient privacy when an EHR flag is present ___ Yes ___ No Includes protocols regarding documentation of flag initiation, modification, deactivation, and reactivation ___ Yes ___ No Includes a description of process for patient or person authorised to make health care decisions on behalf of patient, may request review and removal of EHR flag ___ Yes ___ No

Tag number	Rule	Tag Text	
319 cont.	OAR 333-027-0125 Flagging Systems	(I) Patient privacy in relation to personnel safety, including compliance with state and federal privacy laws when communicating information through the electronic health record regarding an EHR flag. (J) Requiring that every flag-related action, including but not limited to initiation or reactivation, be supported by documentation for the action. (K) Establishing a process by which a patient, or a person authorized to make health care decisions on behalf of the patient, such as a caregiver or support person, may request review and removal of an EHR flag.	

Tag number	Rule	Tag Text	
319 cont.	OAR 333-027-0125 Flagging Systems	(d) For visual flags, education and training for authorized staff on: (A) Identifying circumstances and assessing behaviors and actions of patients and other individuals that may increase risk for potential violence or disruptive behavior; (B) Consistent approaches to initiating a visual flag; and (C) Safety protocols and precautions to take when encountering patients or other individuals when a visual flag is present. (4) Providers and personnel of an agency may not take any of the following actions based solely on the presence of an EHR flag: (a) Deny home health services to which the patient would otherwise be eligible. (b) Make decisions regarding the patient's access to care. (c) Prevent or restrict the right of the patient to file a complaint with the appropriate federal or state agency concerning the patient's right to privacy. (d) Deny or restrict the patient's right to access or obtain the patient's protected health information. (e) Contact, report or disclose information to law enforcement, unless it is necessary to prevent or lessen serious or imminent threat to the health or safety of an employee, patient, caregiver, support person, or the public. (f) Deny, restrict or withhold medical or nonmedical care that is appropriate for the patient. (g) Punish or penalize the patient. Statutory/Other Authority: ORS 413.042 & 443.085 Statutes/Other Implemented: ORS 441.201, 443.065 & 443.085	<u>Visual Flags</u>: Policy reflects provider has made training available on: Identifying circumstances and assessing behaviors and action of patients and other individuals that may increase risk for potential violence or disruptive behavior ___ Yes ___ No Includes protocols for ensuring consistent approaches to initiating a visual flag ___ Yes ___ No Describes safety protocols and precuations to take when encountering patients or other individuals when a visual flag is present ___ Yes ___ No <u>Prohibitions</u>: Reflects that providers and personnel may not Deny services based solely on the presence of an EHR flag ___ Yes ___ No Make decisions regarding a patient's access to care based solely on the presence of an EHR flag ___ Yes ___ No Deny or restrict patient's right to access or obtain patient's PHI based solely on the presence of an EHR flag ___ Yes ___ No Contact, report, or disclose information to law enforcement, unless it is necessary to prevent or lesson serious or immient threat to the health or safety of an employee, patient, caregiver, support person, or the public ___ Yes ___ No Deny, restrict, or withhold medical or nonmedical care that is appropriate for the patient ___ Yes ___ No Punish or penalize the patient ___ Yes ___ No

Tag number	Rule	Tag Text	
319 cont.	OAR 333-027-0125 Flagging Systems		Select a sample of 3-5 patients who have EHR or visual flags. For each patient answer the following: Sample patient #_____ <u>EHR Flag</u> Patient has an EHR flag ___ Yes ___ No When was the EHR flag placed? ___/____/_____ If the EHR flag was placed more than 12 months ago, is there documentation of a review of the EHR flag within the past 12 months? ___ Yes ___ No Was the EHR flag placed by a person permitted under agency policy to place EHR flags? ___ Yes ___ No Did the EHR flag include information describing specific threats of violence or disruptive behaviors? ___ Yes ___ No Does the EHR flag indicate provider and personnel responsibilities related to this flag? ___ Yes ___ No Does the EHR flag include safety protocols and precautions for engaging with this patient? ___ Yes ___ No Has patient or authorized person requested review and/or removal of this EHR flag? ___ Yes ___ No If yes, did the provider follow the protocols in reviewing the request to review and/or remove the EHR flag? ___ Yes ___ No

Tag number	Rule	Tag Text	
319 cont.	OAR 333-027-0125 Flagging Systems		Visual Flag Patient has a visual flag ___ Yes ___ No Does patient's record identify circumstances and behaviors that were the basis for the use of a visual flag? ___ Yes ___ No Does patient's record or visual flag include safety protocols and precautions to take as a result of the visual flag? ___ Yes ___ No Prohibitions Does record reflect that patient was denied services based solely on the presence of an EHR flag? ___ Yes ___ No Does record reflect that decisions were made regarding access to care based solely on the presence of an EHR flag? ___ Yes ___ No Prevent or restrict patient's right to file a federal or state complaint? ___ Yes ___ No Deny or restrict patient's right to obtain PHI? ___ Yes ___ No Does record reflect provider contacted law enforcement regarding patient? ___ Yes ___ No Does record reflect patient was punished or penalized? ___ Yes ___ No If answer is yes for any prohibitions, consult with Survey Manager