

# U.S. Department of Labor

Occupational Safety and Health Administration  
Washington, D.C. 20210



November 1, 1999

James A. Villier, MD  
3027 Chaucer Drive  
Charlotte, NC 28210

Dear Dr. Villier:

This is in response to your letter of August 10, 1999, requesting an interpretation of the Federal Occupational Safety and Health Administration's (OSHA's) Bloodborne Pathogens standard with regard to the need for handwashing facilities in exam rooms.

Basic handwashing remains a fundamental element of infection control practices. Facilities for proper handwashing need to be readily available in all areas where occupational exposure to bloodborne pathogens is anticipated, since gloves may not provide complete protection against bloodborne pathogens. All medical examinations do not have to assume contact with blood or Other Potentially Infectious Material (OPIM). Exam rooms where procedures are limited to taking blood pressures and temperatures or other simple non-invasive procedures, would not require handwashing facilities, or even gloves. However, for a medical practice which routinely performs pelvic and rectal examinations such as you described, contact with blood or OPIM can more than reasonably be anticipated.

Paragraph (d)(2)(iii) of the standard requires employers to provide handwashing facilities where employees have easy access to them. This increases the likelihood of use, minimizes the amount of time that contamination must remain in contact with the skin, reduces contaminant migration resulting from employees traveling to remote locations in order to wash hands, and fosters an attitude of compliance due to accessibility of proper facilities.

"Readily accessible" was not defined in the standard. However, an employee must not have to travel through several doorways, halls and stairways to wash his/her hands. This would greatly increase the risk of surface contamination in a far broader area than is generally considered the "work area." Since all work areas must be decontaminated after contact with blood or OPIM, OSHA would expect wash facilities to be suitably located to eliminate contamination of surfaces beyond the appropriate work area.

Please note that the North Carolina Department of Labor is operating its own occupational and health program under a plan approved and closely monitored by Federal OSHA. Compliance enforcement of the Bloodborne Pathogens standard in N.C. may differ from that of Federal OSHA as States standards may be different from but at least as strict as Federal OSHA's. The State enforces these standards for the private sector and city, county, and state employees. If you wish to pursue this matter further with the state of North Carolina, you may contact:

Harry Payne, Commissioner  
North Carolina Department of Labor  
319 Chapanoke Road  
Raleigh, NC 27603  
(919) 662-4585

Thank you for your interest in occupational safety and health. We hope you find this information helpful. Please be aware that OSHA's enforcement guidance is subject to periodic review and clarification, amplification, or correction. Such guidance could also be affected by subsequent rulemaking. In the future, should you wish to verify that the guidance provided herein remains current, you may consult

OSHA's website at <http://www.osha.gov>. If you have any further questions, please feel free to contact the Office of Health Compliance Assistance at (202) 693-2190.

Sincerely,

Richard E. Fairfax, Director  
Directorate of Compliance Programs

cc: FSO