Who determines where physicians and other health care workers can eat or drink while at work?

What is the issue?

Physicians and other health care workers frequently go long hours between meals or breaks and often need to eat and drink at their desk or work area. There is a perception that the rules regarding where physicians and other health care workers can have food or beverages tend to be overly strict.

What are the rules?

**The Joint Commission**

The Joint Commission has no standards that specifically address where employees can or cannot have food or beverages. Instead, Joint Commission Leadership (LD) Standard LD.04.01.01 requires that health care organizations follow licensure requirements, laws, and regulations, including OSHA’s Bloodborne Pathogens Standard.

**Occupational Safety and Health Administration (OSHA)**

It is important to note that OSHA sets standards that employers must follow. OSHA does not determine the specific locations where any employees, including physicians and other health care professionals, can consume food or beverages.¹

Understanding that health care services are provided in a variety of settings, each with different types of risks, there is not one single standard that applies to all health care environments. Health care workers face a number of serious safety and health hazards, including potential exposure to bloodborne pathogens.²
OSHA’s Bloodborne Pathogens Standard explicitly prohibits the consumption of food and beverages in areas that exposure or potential exposure to blood or other potentially infectious material takes place, or where the potential for contamination of work surfaces exists, or any area exposed to a toxic material.3

OSHA’s Bloodborne Pathogens Standard3 also prohibits consuming or storing food in areas where blood or other potentially infectious or toxic materials are located or stored, including the following:

- Refrigerators/freezers
- Cabinets
- Shelves
- Counters

Employers

As an employer, each health care organization has an obligation to assess and determine which locations are safe from potential contamination, and which locations might have the potential for contamination.1 While OSHA standards set minimum safety and health requirements, they do not prohibit employers from adopting more stringent requirements. The employer should make these locations and relevant requirements known to all employees.

It is important to note that while OSHA regulations apply to most employers, there may be additional state, local, or institutional requirements that must be followed.

Summary

Employees may eat, drink and store food and beverages in work areas and in other conditions where the employer has determined that there is NOT potential exposure to blood, bodily fluids, or other potentially infectious or potentially toxic material. As previously mentioned, this means that food and drink should never be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood and bodily fluids are present.

Frequently asked questions

Q: Are food, drink, and personal items for staff members allowed in patient care and staff work areas, such as nurse stations, registration areas, etc.?

A: The Joint Commission has no standard that specifically addresses staff food or drink in patient
care or staff work areas, to include nurse stations. Compliance with local or state authority is required, if applicable, per standard LD.04.01.01. For example, a number of states prohibit staff food and drink in clinical areas, requiring that they be consumed in break areas.

OSHA Bloodborne Pathogen Standard prohibits food and drink in areas where contamination is likely. For example, if laboratory specimens are handled in the area in question, the OSHA standard would prohibit food and drinks, as contamination might occur. Standard EC.02.01.01 requires that the organization establish a practice, based upon assessment of their particular circumstances and any controlling authority requirement.

The environmental risk assessment process should consider issues like infection control (see IC.01.03.01), aesthetics, clutter, image, etc. The organization's state and local health departments may also have a specific position on this issue. The survey process will validate that the organization is complying with its established policy through tracer activity. [EC.02.01.01] Based on the outcome of the risk assessment, each organization is responsible for defining which areas are considered "patient care" and "staff work areas" to which their policies apply.\(^4\)

**Debunking Regulatory Myths overview**

Visit the overview page for information on additional myths.

**Disclaimer**

The AMA's Debunking Regulatory Myths (DRM) series is intended to convey general information only, based on guidance issued by applicable regulatory agencies, and not to provide legal advice or opinions. The contents within DRM should not be construed as, and should not be relied upon for, legal advice in any particular circumstance or fact situation. An attorney should be contacted for advice on specific legal issues.

\(^1\) Occupational Safety and Health Administration. Standard Interpretations: *Requirements for covered beverages at nurses' stations*.

\(^2\) Occupational Safety and Health Administration. *Safety and Health Topics: Healthcare*.

\(^3\) Occupational Safety and Health Administration. *Standard Number 1910.1030(d)(2)(ix) - Bloodborne pathogens*.
