

**Question of the month:**

**Q. The Architectural Barrier Removal Plan that we submitted to Class Counsel listed several areas where the location of sharps containers were noted as barriers. We selected solution 1—to relocate them to a height of 46" AFF. Our infection Control Department has expressed concerns regarding the proposed height due to safety concerns for children and the public in general. Is it too late to change our response in the ABRP?**

**R.** It is not. We recognize that accessibility reach range requirements conflict with NIOSH's installation height recommendations. In this instance, it is appropriate when balancing access requirements with safety concerns to follow NIOSH's height recommendations for mounting sharps containers. However, affiliates must confirm that other accessibility requirements are not being overlooked. For example, if sharps containers are placed within required door maneuvering clearances or along a circulation route where they become protruding objects, they must be removed. For specific details on how to report the resolution of these barriers to Class Counsel, please contact Mary Ellen Medinilla at [MediniM@sutterhealth.org](mailto:MediniM@sutterhealth.org)

## SHARPS CONTAINERS MOUNTING HEIGHT

Over the last few weeks various project teams have submitted the following inquiry: **Should sharps containers and other elements such as glove boxes in exam patient rooms comply with accessible reach range requirements?**

As always the answer depends on specific conditions and various considerations and site specific analysis should always be performed. Many argue and most agree that sharps containers are not to be accessed by patients or public and they are installed in what is considered the employee side of the exam or patient room. Per ADAS 203.9, staff work areas (essentially) need only provide for a compliant approach, enter and exit, therefore most conclude that reach range requirements are not applicable.

However, 2013 CBC 11B-106.5 defines an Employee Work Area as: *All or any portion of a space used only by employees and used only for work. Corridors, toilet rooms, kitchenettes and break rooms are not employee work areas.* What this means is if the sharps container is installed or will be installed in a toilet room or break room or any common or public area, it must be installed at a reach range height that meets accessibility requirements.

In addition, recommendations under the National Institute for Occupational Safety and Health (NIOSH) standards should be taken into account. NIOSH is responsible for identifying the causes of work related diseases and recommends standards to prevent sharps injuries and exposure to bloodborne pathogens. The standards include criteria for functionality, accessibility, visibility and accommodation. Their recommendations for optimal height for wall mounted sharps containers at standing workstations is between 52" and 56" AFF and between 38" and 42" AFF for seated workstations. This strategy is to ensure that containers are secure from patient and visitor tampering while still facilitating unobstructed access and one handed sharps disposal by health care staff.

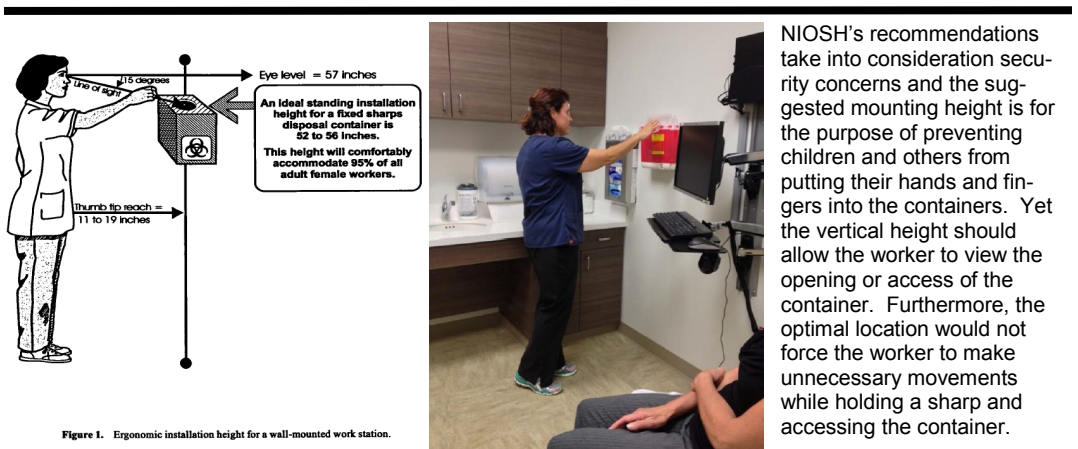


Figure 1. Ergonomic installation height for a wall-mounted workstation.

NIOSH's recommendations take into consideration security concerns and the suggested mounting height is for the purpose of preventing children and others from putting their hands and fingers into the containers. Yet the vertical height should allow the worker to view the opening or access of the container. Furthermore, the optimal location would not force the worker to make unnecessary movements while holding a sharp and accessing the container.