

Cal/OSHA Advisory Meeting
Housekeepers in the Hotel and Hospitality Industry
Tuesday October 23, 2012
Oakland, California

Chairs: Amalia Neidhardt, Steve Smith
Notes: Mike Horowitz, Bob Nakamura

<u>Attendee Names</u>	<u>Affiliation</u>
Ellen Widess	DOSH, Chief
Deborah Gold	DOSH, Deputy Chief
Pamela Vossen	UNITE HERE
Dorothy Wigmore	Worksafe
George Hauptman	OSHSB
Jack Saltzberg	Hotel Frank
Dorothy Wigmore	Worksafe
Baruch Fellner	CH&LA
Pilar Hamil	DLR
John Robinson	CAPA
Janice Prudhomme	DOSH
Chris Kirkham	DOSH
Ted Schwartz	HR Ideas
Rebecca Cohen	CDPH OHB
Ed Klinenberg	CIHC
Len Welsh	SELF
Linda Delp	UCLA/LOSH
Eric Myers	Davis Cowell
Valeria Velazquez	LOHP
Martha Reyes	UH Local 10
Alicia Granados	UH L2
Albertina Solorio	LH11
Sara Hernandez	UH L11
Jeanne Sears	University of Washington
Josefina Guinac	UH L19
Martha Romero	UN L19
Patricia Silva Cosea	UH L11
Marc Norton	UH L11
Powell DeGange	UHL2
Leonily Casipit	UHL2
Celso Arbolante	UH
Nathan Kuerschner	UNITE HERE
Mariana Casorla	UH L19
Domitra Jimenez	UNITE HERE
Maria Vivanco	UNITE HERE

Sarah Julian	UH L19
Francisca Carranza	UH2850
Matt Clark	UH2850
Gene Porshall	UH 2850
Niklas Krause	UCLA
Marites Talento	UNITE HERE
Jeremias Diala	UNITE HERE
Josephine Rivera	UNITE HERE
Xiu Zhen Seza	UNITE HERE
Senjing Huynh	UNITE HERE
Jahmese Myres	EBASE
Katylind Evelyn	CECRAOHN
Joe Berry	
Mildred Velasquez	UH L11
Soledad Garcia	UH L11
Areliia Valdivia	UH L11
Sonia Depaz	UH L11
Blanca Aldama	UH L11
Luis E Casorla	UH L19
Olga Gladys Manrique	UH L19
Anamorla Rodriguez	UH L19
Ana Maria Trevino	UH L19
Victoria Shifos	UH L19
Reglai Soto	UH L19
Yalila Horlla	UH L11
Veronica Rodriguez	UH L11
Rosa E Sandoval	UH L11
Valentina M	UH L11
Brenton Gil	UH L11
Becky Perrine	UNITE HERE
Lorena Reyes	UH L19
Maria Herrera	UHL2
Jessica Inouye	UNITE HERE
Ali Abid	UH L2
Nestor Gomez	UH L2
Lynn Mohrfeld	CH&LA
Chris Middleton	CLIA
Marti Fisher	CalChamber
John Manderfeld	CA Lodging
Kevin Thompson	CO Reporter
Mitch Seaman	CA Labor Fed
Daisy Bach	HR Ideas
David Kernazitskas	OSHSB

Amalia Neidhardt opened the meeting at 1005, welcomed attendees, thanked them for participating, explained that translation is being provided, and introduced staff from the Division of Occupational Safety and Health (DOSH). She reviewed the handouts, described the agenda, and explained that copies of articles in the reference binder could be made upon request.

Ellen Widess, chief of DOSH, made opening remarks. She said that this meeting was part of the Division's commitment to work with stakeholders, scientists and professionals to develop and implement effective strategies to reduce occupational illnesses and injuries in California. In January, UNITE HERE petitioned the Standards Board for a regulation to prevent musculoskeletal injuries to hotel housekeepers. These include disabling injuries to the back, shoulder and upper extremities because they are costly in terms of the negative impact on workers' quality of life. There are also monetary costs to workers and families, and high costs to employers, in workers' comp claims and lost productivity. According to the US Department of Labor, hotel workers are among the top 10 occupations (out of 800) in terms of DART (days away from work, restricted, or transfer) rate. At their June 2012 meeting, the Occupational Safety and Health Standards Board (Board) asked DOSH to convene an advisory committee to address whether a standard is needed, and if so, what it should contain. Researchers have found that hotel housekeepers are at increased risk of injuries. DOSH asked Dr. Niklas Krause to summarize the body of research. Cal/OSHA, Hawaii OSHA and Federal OSHA have identified a number of risk factors for injuries.

E. Widess said that DOSH does not have a proposed regulation at this time. The purpose of the meeting today is to gather information about the hazards, injuries, the possible control measures including training, and whether there is a need for future rulemaking. DOSH expects this to be the beginning of the process. There have been letters asking for future presentations; DOSH will be considering a format for that process.

A. Neidhardt reviewed the rulemaking process chart. She explained that this advisory meeting is a preliminary activity, and there is no formal proposed regulation at this time. If the Standards Board is going to consider a regulation, there will be a formal rulemaking process, with specific time frames, including a public notice which will start a 45 day public comment period, and a public hearing.

A. Neidhardt then introduced Dr. Niklas Krause, who is a professor at UCLA. N. Krause then made a presentation on injuries and illnesses to housekeepers.

N. Krause said that he used to be a clinician, then decided to go into prevention and became an epidemiologist at UC Berkeley. He has conducted research on hotel worker issues and is currently a professor in epidemiology at UCLA and director of the Southern California NIOSH (National Institute for Occupational Safety and Health) Education and Research Center.

He said that the goal of his presentation is to address these questions:

1. Are housekeepers at increased risk for work related injury?
2. Are they exposed to known occupational risk factors?
3. What is the association between risk factors and rate of injuries in housekeepers?
4. Can injuries be prevented?

He said that he is not addressing how to prevent injuries in this presentation, and that subject

would be discussed in the future by others.

A copy of N. Krause's presentation is attached.



DrNKrauseppt.pdf

Once the presentation was completed, A. Neidhardt introduced the Q&A phase and reviewed the goals for the rest of agenda (first, seeking input on risk factors and tasks, next looking at equipment and training.)

Baruch Fellner, representing the California Hotel and Lodging Association (CH&LA), said that the threshold which DOSH needs for rulemaking has to be data based and should not be anecdotal. He then asked N. Krause whether the principal health outcome for his studies, particularly the Las Vegas study, was based on 300 Logs. He asked whether N. Krause had physically examined any employees. N. Krause responded that he had not physically examined workers; the study had asked workers about their injuries and reviewed worker surveys. He said that the study had not concentrated on the 300 logs, the Buchanan study had been based on 300 logs.

B. Fellner stated that the OSHA logs and surveys are full of confounders and asked whether N. Krause agreed with this statement. N. Krause replied that this was not accurate and explained that the association between exposures and outcomes based on the surveys were adjusted for age and other possible confounders in the analyses. N. Krause clarified that with the data from the OSHA log, you can only calculate crude injury rates.

At B. Fellner's inquiry, N. Krause agreed that there was an extraordinary amount of variability in OSHA logs and that we were only looking at the tip of the iceberg in terms of injuries when it came to OSHA logs.

B. Fellner commented that due to the variability of individuals' interpretations on the instructions of how to fill out OSHA logs, information from the OSHA logs should not guide public policy. N. Krause responded that this is often the best data we have.

B. Fellner noted that the studies upon which N. Krause relied were observational studies that did not meet the Bradford Hills criteria to meet causation. N. Krause asked B. Fellner if he would like to explain his question so that the audience could follow.

B. Fellner said that since N. Krause understood the question he should answer it and that it was not important if others at the meeting understood it or not.

Deborah Gold interjected and explained that for everyone to participate, it was important that people understand what B. Fellner was asking about.

N. Krause explained that he described a study showing an effect and that those risk factors show an association with pain. B. Fellner inquired whether the cause is happening before the event or outcome, as it is important to be sure that the exposure to this cause happened before the event.

When conducting observational or cross-sectional studies, at the same time that they ask about the outcome, the relationship to cause is not clear. For example under time pressure, someone with pain may not be able to work fast, and that's why they miss their lunch break-because of disease or pain and not because of workload. Someone under a time crunch may be more inclined to hurt themselves, an important consideration. However, this does not mean that you cannot use observational studies to be clear about the cause. For example if you ask about the number of rooms housekeepers have to clean, [the answer] is not influenced by pain. You don't need to do a long prospective study to find out the answer; you get the answer by asking the housecleaners. N. Krause commented that it is not correct to dismiss studies just because they are observational or cross-sectional. It is not necessary and way too expensive to study every issue prospectively. You need to rely on the best available evidence for policy decisions.

B. Fellner questioned N. Krause on the 1997 Yellow NIOSH study upon which he was relying. B. Fellner said that this was the backbone of the federal ergonomic standard that was looked at by Congress and rejected. N. Krause replied that the ergonomic standard that was first adopted at the end of the Clinton administration was immediately rejected by the next administration.

A. Neidhardt asked B. Fellner to focus his questions on the information presented in N. Krause's PowerPoint.

B. Fellner asked N. Krause whether the acute traumas which were more than 50% of the injuries included slips, trips and falls. N. Krause replied that it did.

B. Fellner questioned why the comparison of housekeeping jobs to the service sector – since the service sector involves office jobs that are not done by housekeepers and asked whether this was a fair comparison.

N. Krause responded that BLS data are available only for relatively broad categories and that most BLS statistics published do lump all hotel workers together including clerical workers and other occupational groups. Among them, food services have also lots of MSDs, while others don't. Therefore, it is important to look at housekeeping rates specifically to understand if this group is at increased injury risk. That's what the Buchanen study achieved.

B. Fellner asked N. Krause about the part of the presentation where N. Krause was holding his arms out, demonstrating awkward posture. B. Fellner inquired if this was comparable to what a housekeeper does given the variety in the human motions that occur doing housekeeping.

N. Krause explained that people who work more than a couple of hours a day with arms above the shoulders are seen with shoulder problems in the doctor's office. He said that the example gave the feeling of what it would be like to use short tools to reach the ceiling, and that many hours are not needed before shoulder problems develop. N. Krause commented that this was probably the most under-estimated and most damaging risk, because untreated rotator cuff syndromes often take about 1.5 years to heal spontaneously. He said that the data shows that there is a problem with severe shoulder pain and it does no good for the industry to deny that.

B. Fellner read information from a study that he said stated that there was no significant

statistical increase in various pains associated with the number of rooms done by housekeepers. B. Fellner next asked N. Krause if the more work a housekeeper performs the more likely there is to be pain. N. Krause replied that it did.

B. Fellner question why then, in the 2002 Las Vegas study, was it concluded, that the union sites found no statistically significant increase in body pain, neck, upper body or lower back injuries associated with beds made per day.

N. Krause answered that the important word was "no statistically significant". He stated that the data shows there is an effect but that you would need to have more participants to achieve statistical significance. He commented that scientists sometimes reject findings even if they can be 92% sure that this is not a chance finding. The most common convention is to set the bar for statistical significance at 95%. That can lead to disregard of substantial effects just because is "no statistical significance." In this publication the number of beds had been crudely measured with only two categories, this decreases the power to detect statistical significant relationships. N. Krause added that more detailed and continuous measures of physical workload used in this study showed very strong and statistical significant associations with all pain outcomes that should not be ignored.

B. Fellner stated that they commissioned an ergonomic study conducted by Dr. Steven Wiker, who couldn't come today. B. Fellner clarified that S. Wiker is one of the foremost ergonomists doing biometrics studies on the work being done by housekeepers. According to B. Fellner, S. Wiker has preliminarily concluded -using NIOSH Lifting Equation and Liberty Mutual criteria- that in regards to pushing sheets in between mattresses and box springs the strain falls within and below the NIOSH action limit and is deemed safe by NIOSH. Additionally, the heart rate analysis showed that the physical demands of this work were between light and moderate activity and within ergo guidelines for 8-hour periods. B. Fellner said that the frequency and repetition of exposures fall below thresholds where NIOSH says prevention is necessary, and he further stated that he hopes S. Wiker would be given an equal opportunity to present at a future meeting.

E. Widess inquired as to when S. Wiker's study would be completed.

D. Gold said that these meetings are open to everyone, including Dr. Wiker. She also requested that B. Fellner provide DOSH with a copy of what he had just read.

Kathy Lindsay, representing the Bay Area Chapter of CA Association of Occupational Health Nurses (CSAOhn) asked N. Krause about the kinds of interventions done by hotels in Las Vegas.

N. Krause replied that they did not look at that.

Pamela Vossen H&S Director from UNITE HERE (UH) asked N. Krause how many publications he has done on this topic, how many years he has worked on this issue and the total number of journal articles he has published on this subject.

N. Krause responded that he had done 8 publications on hotel work since he started working in 1999 on hotel workers. He has published about 60 articles, about 4 per year during his entire research career.

P. Vossen asked about the Bradford Hills criteria, more specifically about biological plausibility and how does it apply.

N. Krause explained that what is meant by biological plausibility, in the context of what we know about the body was whether it makes sense that that factor caused the disease. He gave the example that it would be implausible for storks to cause pregnancy in women. In regards to injuries to housekeepers, he noted that there is no question that it is plausible, because there is biological, medical, and epidemiological evidence. He stated that there is evidence that mechanical load (like lifting mattress at the corner) affects the body. That is not only is that biologically and biomechanically plausible; but there is epidemiological evidence from lots of studies linking such lifting with musculoskeletal disorders. He said that they know that the mattress weighs a hundred pounds and that a person lifts thirty to forty or fifty pounds when they lift a corner. As for the forces on the back, he mentioned that in a good posture, it could mean compression forces of about several thousand pounds in the lower back. N. Krause remarked that because force is multiplied by leverage, people who've studied this for decades would say that the answer is about 4000 pounds due to the leverage and due to the force the small muscles of the spine need to exert in order to counteract the long lever of the bent body. He noted that even if some people say that it is within the guidelines, then the guidelines might not be adequate. He remarked that the NIOSH lifting formula that B. Fellner mentioned earlier, has been used by other ergonomists who have come to a different conclusion-that mattress lifting was outside NIOSH limits. N. Krause stressed that one found that mattress lifting was outside the guidelines by a factor of 1.3. He noted that another way to look at this finding is that even if close to 90% of people could safely lift this weight, then more than 10% would be injured. He said that there is really no doubt that the epidemiological findings presented are plausible.

P. Vossen asked N. Krause if he was familiar with Dr. Marass' work on spinal loading and with the biomechanical study.

N. Krause replied that he was. He mentioned that a motion monitor - a tool that can be used to assess risk - was used by Marass.

Dorothy Wigmore, Worksafe, said that she was trained as an ergonomist, that she has 30 years of experience in occupational safety and health and that she used to be a housekeeper. She indicated that she knows that there is a difference between job description and actual work and that there can be additional constraints, such as a bed too close to wall. She questioned N. Krause if he had looked at constraints.

N. Krause stated that there could be a huge variation - in terms of the number and type of rooms, and the number of occupants, the dirt left behind etc - and that this variation is hard to capture in

an epidemiological study. He stressed that his study used a detailed questionnaire to capture these variable determinants of the actual physical workload and stressed that the results using these detailed measures of physical workload showed very strong associations with severe pain and that these results were also highly statistically significant. He explained that unlike other studies, they also adjusted for all kinds of possible confounders that could play a role. Thus they were rather confident that the risks they observed were real risks.

Lori Douglass, CSAOHN asked if they adjusted for length of employment.

N. Krause affirmed that they adjusted for the years working in hotels in addition to age. He noted that they saw that the risk varied over time, and that it was not a linear relationship.

(Break for Lunch at 11:56. The meeting resumed at 1:10)

A. Neidhardt thanked participants and N. Krause and explained that in this part of the meeting DOSH wants to hear from people with experience in housekeeping or hotels and lodging establishments about how hazards are identified and the control methods are being used to help reduce risk.

Carisa Harris-Adamson, PhD in physical therapy stated that she has evaluated risks in hotel housekeeping tasks and that she had worked on a project to develop tools to help safely lift beds. She declared that she wanted to endorse the [petitioner's proposed] standard which agrees with the risk factors that she has seen. She said that one factor in studies is the difference between the balance of stay-in and checkout rooms. She noted that there is a problem in identifying the difference and that exposure varies widely depending on this factor. An employee that has only stay-in rooms can finish early; while another with checkout rooms and few stay-in rooms won't have adequate break times. One way to control exposure to these physical risk factors is to keep a balance between these different types of rooms. On the issue of lifting mattresses to tuck in linens, she noted that the easiest way to deal with it is to not require tucking. She said that if the hotel decides that it needs linens tucked, then the hotels should provide lifting tools.

A. Neidhardt asked C. Harris-Adamson about which hotels did require tucking or provided tools and which ones didn't. She replied that she was a consultant for a physical therapy company and that she was asked not to share this information.

Linda Delp, UCLA LOSH (Labor Occupational Safety and Health Program), talked about why a standard is needed and when it should be implemented. She stated that she has experience providing training and assistance to workers at the Hilton LAX, and commented that 5110 does not protect against acute injuries since it does not identify hazards before injuries occur. L. Delp noted that Section 5110 (the Repetitive Motion Injury Standard) requires that the injury be diagnosed by a doctor, that it be tied to work and that there be more than one injury with identical job tasks. She said that since the current standard is less than adequate, she wanted to speak about the [union's] proposal, which takes a public health approach and is specific to the industry.

A. Neidhardt said that DOSH wants to hear from workers and employers about the type of activities that cause injury, what has worked and what hasn't to prevent injuries.

Nanita, a housekeeper at the Hyatt Hotel in Santa Clara for ten years, stated that she came from the Philippines in 1996 hoping for a better life. She said that she is a 70 years old widow, mother of 5 and that on September 4, 2009, while cleaning 16 rooms, she felt pain in her arm. Nanita said that the workers have to place their whole arm under the mattress to tuck the sheet in properly. She stressed that she had never had such pain in her arm and that when she reported the shoulder injury to the house keeping manager, she was asked several times if she was sure that she had hurt herself at work. She stated that she went to a doctor, did physical therapy and missed about two hours of work each time. She was assigned to light duty—folding linen, cleaning showers-- which required use of the injured shoulder/arm. Because the work was not light duty, she got hurt again. Nanita noted that now she only has full use of the left arm and that the right shoulder still hurts and does not work. She commented that she had surgery this past June 14th, and that although the pain has reduced a little, her right hand and shoulder have not returned to normal. Nanita said that she had shared the story about her injury because she believes she is not alone; that many others also work with an injury and that all housekeepers deserve safe work.

Valeria Velazquez, LOHP (Labor Occupational Health Program) at UC Berkeley, stated that she collaborated with N. Krause in participatory research. She said that given her experience and the trainings she has done, this occupation presents persistent hazards of musculoskeletal disorders and traumatic injuries. She observed that effective intervention depends upon both management and worker input and that those workers deserve a voice. She noted that she and LOHP believe workers need to be able to provide systematic input on identifying the hazardous tasks and the tools that are needed. Thus, LOHP recommends that the standard require a labor management committee with 50% housekeeper membership, long handled cleaning tools and fitted sheets. V. Velazquez commented that a more comprehensive approach, such as looking at work environment, stress and demands can have more lasting impact than focusing on individual behavior. Furthermore, she is convinced that injuries are underreported due to fear among low wage immigrant workers, and that more effort and attention would be needed to solicit worker input.

Rosa Sandoval from Wilshire Plaza LA said that she has been a housekeeper for 15 years and that she is very proud of her work which is not easy work. She said that they do hard work which makes the hotels look comfortable in order to ensure that people will return. Rosa told us that some of them work with pain, leave work tired and some work injured. She noted that at the hotel where she works, they have fitted sheets and that she likes these fitted sheets because there is little or no lifting, it saves their backs and arms since the mattresses are heavy and weigh more than 100 pounds. She stated that the sheets look very neat on the bed and that only the housekeepers know the sheets are fitted. She said that she didn't understand why some hotels can't have fitted sheets and long handled tools so housekeepers have to clean floors on their hands and knees or climb up on the sinks and bathtubs. R. Sandoval observed that workers in other industries have the tools they need and that women in hotel rooms should have them too. That such small change would have a large impact on their daily lives.

Mariana Casorla from UH Local 19 related that she has worked in San Jose for 10 years and that she came as an immigrant in 1998 hoping for a better life. She shared that she has experience

with fitted and flat sheets and that fitted sheets are by far the best tool a housekeeper can have to make beds safely. Per M. Casorla, with fitted sheets workers tuck less, bend less, and strain their arms and backs less. She noted that with fitted sheets they don't have to lift the mattress, whereas with flat sheets they lift the mattress 8 times (two in each corner). She noted that as a housekeeper she knows what it takes to clean bathrooms; that there should be a law to prevent housekeeper injuries and that fitted sheets should be part of that law.

Mildred Velazquez from UH Local 11 stated that she works at the Hollywood Hotel and that she left Los Angeles at 4 a.m. today to come tell us their story. She said that she is currently on disability and that she dislocated a disc pulling a mattress that was completely against the wall. She expressed that their work is very difficult and dangerous and that they scrub toilets, wash walls and lift heavy mattresses. She added that sometimes they also clean the rooms with the guests still inside and with the door closed. That they push housekeeping carts through carpeted hallways and climb chairs to clean the walls. She noted that because the number of rooms to be cleaned has increased, work is very hard and it is very common to make dozens of beds in one day. M. Velazquez told us that the hotel has established incentives to encourage employees NOT to report injuries (a bingo game to win a \$25 gift card every month) and that the moment an injury is reported, everyone loses and the game begins again. That there are fliers promoting the safety bingo game with photos of cars and money attached and because workers don't make enough money, they don't report injuries out of fear that they will lose the opportunity to make this extra money. She expressed that laws are needed to protect and guarantee a worker's voice and to require training on the proper use of tools. M. Velazquez called on DOSH to establish a law that will prevent injuries on hotel worker and which will ensure that they have a voice in the workplace.

A. Neidhardt thanked M. Velazquez and encouraged employers to provide input.

John Manderfield, past president of the California Lodging Industry Association said that he was the president of a hotel management company with 2000 rooms. He clarified that they don't own, just manage the hotels and that they clean 500,000 rooms a year which include 600,000 beds. He noted that he has been doing this work for more than 40 years and that he deeply respects the housekeeping team and cares about their safety. J. Manderfield stated that he has cleaned a lot of rooms working side by side with housekeepers and wanted DOSH to know that fitted sheets will not prevent any injuries. He explained that they've never had an injury attributed to flat sheets and that they experimented with fitted sheets for 3 months, until the (fitted) sheets wore out. He related that workers hated them and asked to get rid of them and that fitted sheets presented problems during laundering (they don't store well, don't fold well and don't stack well). He added that it is harder to work with fitted sheets as the elastic wears out; that they are much harder to fit (requires strength to stretch to fit the corners) which means a lot of pulling on employees' backs. He said that someone suggested that housekeepers be limited to clean a certain number of rooms per day, but that that depends on the needs which change every day. He stressed that suites that have to be cleaned following check-outs takes more time, but that this gets accounted for in the individual assignments. J. Manderfield stated that their association is happy to support safety, but that the proposed [union's] rule would do nothing to help hotel safety and would hurt tourism in the long run.

E. Widess inquired if J. Manderfield had also experimented with tools.

J. Manderfield replied that he had no personal experience but that the issue of short- versus long-handled tools was interesting and that they do their best to provide tools. He noted that sometimes they provide a long-handled tool for cleaning overhead, but that long-handled tools are not suitable for small spaces (inside a refrigerator, or small closets). He commented that it would be inappropriate to mandate long-handled tools for all situations but that housekeepers should have available all the tools, both short- and long-handled they need.

Lori Douglass from CSAOHN said that it was her experience, while working with some employers in the hotel industry that some employees liked long-handled tools and others didn't. She said that she agreed with J. Manderfield (that having the tool available was very important) and that these tools should not be mandated, because what would work for one person would not necessarily work for another.

Eric Myers, attorney for UNITE HERE, said that the industry had a natural tendency to come into these regulatory meetings and say "No, there is no problem, no need to fix it, the science is all bad, and let's do nothing about it." He stated that it was better to look at what the industry has said about this problem; not when facing regulation, but when talking more honestly about the problem they've had and how they have been trying to solve. Per E. Myers, HEI Hotel and Resorts, a national company with many properties in California announced that Cadence KEEN innovations had developed a bed making tool. He said that it would be great to hear about this tool from someone who has used it and to have this tool demonstrated to this group. E. Myers noted that according to Cadence Keen, bed making was exceedingly dangerous and was straining muscles to the maximum. He added that recent studies say mattress lifting puts the back in its weakest position, that hotel workers lifting mattresses are 48% more likely to have injuries and that 50% of these injuries are more likely to be serious ones. He stressed that HEI and N. Krause agree and that these injuries cost the hospitality industry \$500 million in workers compensation costs.

E. Myers indicated that Hyatt Hotels patented a bed making tool similar to the one Keen is marketing and that on its patent application Hyatt said that the process of making beds and tucking sheets could be physically taxing. He observed that he understands that there may be problems with a poor quality fit and that it would be great if Hyatt would come and explain the strengths and weaknesses. E. Myers said that the PhD physical therapist who spoke earlier and who was not able to identify her clients was one of the names on that patent. He mentioned that Hilton had also done an ergo study which acknowledged excessive lifting and that he hoped that these hotel corporations would come forward and share their observations with us. He commented that there are major hotel corporations that do use fitted sheets without a problem and that the practice of not tucking the duvet occurred at some of the high class properties in California which are not losing business. He said that it is not always possible to follow the safe lifting steps and that although hotels train workers to lift from the knees, they require workers to squeeze into small spaces where they are unable do that. E. Myers said that the industry recognizes that there's a problem and should come here to offer solutions - perhaps some of the solutions that UNITE HERE has on the table. He reiterated that in order to find mutual solutions, the process needs to be more informed and honest.

B. Fellner said that the industry is committed to employee safety and said that it was morally wrong and economically contraindicated to injure housekeepers. B. Fellner said that the issue before the committee was whether there should be a mandatory standard that would require one

tool over another and one solution over another. He noted that the union proposed a part under which the Injury and Illness Prevention Plan (IIPP) was turned into a prescriptive rather than a programmatic find and fix standard. He said that Section 5110 has its problems, but he recommended looking at that standard for provisions that would be appropriate to protect all employees in CA. He said that it's inconceivable that folks in construction and in manufacturing are not experiencing the same signs and symptom as housekeepers. He suggested that the solution should not be a housekeeper-only regulation because that would be an invitation for every other industry and its employees to request, demand or convene an advisory committee to try to establish their own path in protecting employees. He recommended that the solution would be to find ways to resolve these issues on a state-wide basis - not necessarily in a mandatory context. He said that the proposed methodology is flawed because it is mandatory (not consultatory) and does violence to the nature of the IIPP. He also requested that industry be allowed the opportunity to address the data driven evidence from medicine, ergonomics and economics. He proposed that no standard be drafted until the advisory committee had the opportunity to hear from a panel of experts, including S. Wiker.

E. Widess inquired if B. Fellner had proposed speakers for the other two areas.

B. Fellner responded that he did not, but that they would submit names.

Jahmese Myers from EBASE (East Bay Alliance for a Sustainable Economy) said that her group had a significant role in 2005 in the passage of Measure C and that this measure established a wage and job load security for hotel workers in Emeryville. According to J. Myers, this ordinance included a day limit of 5000 square feet of cleaning per shift, or about the equivalent of 13 regular or 9 large rooms. She noted that in 2010, their 5 year report which monitored the effect of Measure C on workers, detailed that housekeepers said that the 5000 square feet limit made their work more manageable and reduced pain related to work and injuries. She suggested that DOSH take a look at measure C and its health and safety measures.

Mark Norton said that he was 63, that he has been in the industry since age 16 and that nearly all room cleaners were women. He commented that in our society women's work didn't get the same respect as men's. He stated that he felt that some of the spokespeople from the industry appeared to be saying leave us and our ladies alone. He requested that the women in this industry be treated with respect as deserved.

D. Gold reminded the audience that DOSH was trying to create an environment in which everyone would feel safe to speak; and that it was important to respect everyone including those we disagreed with.

Jeanne Sears, a researcher and nurse with the University of Washington, noted that she had a personal interest and experience with these issues. She related that 30 years ago she worked as a hotel housekeeper, that this was hard demanding work and that housekeepers face unacceptably high risks. She stated that these risks could be mitigated by the proposed [UNITE HERE] standard. She noted that there were some transferrable lessons, such as ensuring that the regulation includes an employee safety committee and employee rights. She commented that the voluntary process alone would not work and that enforcement would be needed. J. Sears said that there were short-term and long-term economic interests, that getting a certain number of rooms cleaned was a short-term interest whereas workers compensation costs were long-term interests.

Dr. Robert Harrison with UCSF stated that he diagnoses and treats diseases and that he works at CDPH collecting and analyzing data on injuries. R. Harrison had the following suggestions to assist DOSH in this process:

First, he recommended that someone from NIOSH provide technical expertise to the Division through their research process. R. Harrison offered to help identify a person that could come and present information; such as a biomechanical risk factor study. He noted that although these risk factors were not unique to this industry, there were thousands of studies which have identified and analyzed these factors.

Additionally, R. Harrison suggested that there be a presentation on biomechanical risk factors -- reaching, bending, stooping, pushing and pulling motions, to compare what's happening in other industries with the hotel industry.

He mentioned that CDPH has been looking at workers comp data, more specifically at housecleaning injuries and they could probably share some data in a couple of months. R. Harrison also offered to work with the Division on the analysis and that he hopes to be able to look at this data and identify where solutions would be needed.

Marti Fisher, from the Chamber of Commerce commented that their hotelier members are not evil, that they care about their employees and wish to provide them with a safe working environment. M. Fisher stated that they really don't know yet what the science says and that further research is needed. She noted that to avoid creating more hazards, recommendations should be data driven. She added that care should be taken to prevent putting employees in a position where mandates would be unworkable and employers would be required to discipline employees (under the IIPP). She said that they hadn't heard data that would show that interventions work and that all the studies that she has reviewed (on fitted sheets) show conflicting results. She stressed that as far as she knew, all their hoteliers provide their employees with the opportunity to use long-handled tools but that some employees don't use them, so their hoteliers train them on the safest methods to do their jobs. M. Fisher requested that the audience be respectful of employers.

D. Gold said that it would be helpful if the hoteliers could send to DOSH their experiences on which interventions work and which ones don't.

M. Fisher replied that they would be happy to provide information and answer questions, but that their members didn't want to be identified. She said that if DOSH had questions she could provide the information given this restriction.

D. Wigmore commented that changes such as bigger beds, more pillows and heavier covers have taken place and that this work was not like making beds or cleaning at home. She noted that although there are many hazards, the most common are ergonomic ones. She stated that in Europe, the HERACA (the European initials for this industrial sector) has ergonomics as the most prominent risk and that there are even books on MSD that address hotel restaurant and catering hazards. D. Wigmore suggested that DOSH look at published materials which have an emphasis on prevention and control. She mentioned that in France, the NIOSH equivalent agency has some good suggestions, that there is the Belgian Sorbonne method for housekeepers; and that in North America, Ontario and British Columbia also have publications. She added that the CA Labor has three sets of documents. She recommended the website of the Ontario's Hotelkeeper section and offered a quote from a former International Hotel business leader:

"Industry is well aware of the ergo hazard." D. Wigmore noted that there are good hotel management practices and that some examples include a hotel chain that introduced fitted sheets four years ago and an Australian hotel with a high rate of bed making injuries that designed a system of making beds with the beds standing up. She said that there is a New South Wales agreement in which the industry commits to developing best practices and training. She urged Cal/OSHA to consider the cost of the problem as well as the cost of the fix and stated that this is a female immigrant workforce that deserves the same respect as construction workers.

A. Neidhardt reminded attendees that DOSH is looking for everyone's input and noted that prior to wrapping up the meeting we wanted to thank the translators for their assistance.

Mariana Consuela stated that she supports the use of long handled tools and recounted that she used to clean bathroom floors with her foot. She said that she had requested a mop from her employer but the request was refused, so she bought a mop with her own money. She shared that now her foot no longer hurts and that these are easy solutions that can be done. She supports (UNITE HERE's) proposition so that housekeepers can work in a speedy and easier way.

Alicia Granados, a housekeeper from SF (Hotel Frank) stated that at her workplace, the problem was duvets because all four corners have to be tucked-in. She related that at this hotel, the number of rooms being cleaned went up, first to 14 and then to 16 per day. She noted that occupied or not, the duvets have to be tucked-in again and again. A. Granados stressed that only housekeepers can give testimony on the difficulty of their work.

P. Vossen spoke about their proposed standard and provided copies. She stated that their proposal notes the importance of having a job hazard assessment by qualified persons, and the need for controlling hazards. She mentioned that hazard control is necessary, but that hazards must be identified first. She stressed that since not every hotel is likely to have a qualified person to conduct an assessment, the components of a qualified person must be defined. She added that it is also important to have a plan. Based on the series of letters issued by OSHA, it is clear that ergonomic hazards exist and intervention is needed. She noted that employee input must be included and that it is essential to have a safe housekeeping committee that can meet regularly and provide recommendations. P. Vossen commented that such a law is long overdue and that it is important to acknowledge the effects caused by changes that have occurred in the last five years, on many beds and housekeeping tasks. She emphasized that citations have been issued by Hawaii, CAL/OSHA and Fed OSHA, that there is lots of information out there that document the hazards and that we have heard from some of those people today. She observed that the Canadian Centre for Occupational Health and Safety (CCOHS) identified 8000 body postures per shift and that hotels that have moved to fitted sheets have had a positive experience with fewer back injuries and no problems with industrially laundered and folded fitted sheets. She stated that the 1997 Milburn study found that lower beds increased injuries as did larger beds and that for 15 years, it has been recommended that there be unrestricted access to the bed. She commented that in 1999, Milburn and Barrett did a study using the dynamic lumbar motion method, which is a more effective measurement (1.5 to 2 times more risk) than what is seen with the NIOSH method. She told us that at future meetings we would hear from these experts, and that it would be important to hear from hotel companies that use fitted sheets and long-handled tools.

Becky Perrine, a researcher with UNITE HERE noted that although she was not an occupational health and safety expert, she wanted to speak about the fragmentation of the industry. She stated

that outsourcing of housekeeping work was a major trend in the industry and that sub-contracting undermined the safety of housekeepers. She noted that one hotel had 4 different sub-contractors and that this exemplified the need for regulations and not voluntary compliance because employers don't fully control their workplace.

A. Neidhardt thanked UNITE HERE for providing copies of their proposal and invited people to submit written comments (no deadline.) She reminded attendees that DOSH wants to hear from everyone: workers, employers, researchers, academics and that the minutes would be posted when available.

George Hauptman from the Occupational Safety and Health Standards Board inquired about the format that would be used in the follow-up meeting.

A. Neidhardt replied that hadn't been decided. She asked that anyone who may have a presentation of a tool or anything to please let us know in advance and that the next meeting would be sometime early next year.

The meeting ended at 3:10.

Second Cal/OSHA Advisory Meeting
 Housekeepers in the Hotel and Hospitality Industry
 Tuesday March 19, 2013
 Los Angeles, CA

Meeting Chairs: Amalia Neidhardt, Steve Smith
 Notes: Nancy Lopez, Grace Delizo

Attendees:

Name	Affiliation
Aleman, Cindy	
Alvarado, Shirley	SoCal COSH
Anaya Mena, Nelly	
Barrea, Isabel	
Bembo, Charito	Retired Hyatt Housekeeper
Blanco, Aurora	
Bland, Kevin	Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
Brito, Julia	
Casazza, Teresa	
Davis, Dina	
Delp, Linda	UCLA - LOSH
Evelyn, Katylin	CSAORN
Fellner, Baruch	CH&LA
Fisher, Marti	Cal Chamber
Gomez, Isaac	UNITE HERE
Graulich, Kevin	DOSH
Guia, Maria	
Hernandez, Maria	
Ibe, Nenita	Hyatt Housekeeper
Kennedy, Nola	CIHC/UCLA School of Public Health
Kernazitskas, David	OSHSB
Kochie, Mary	DOSH
Lopez, Nancy	DOSH
Martinez, Graciela	
Martinez, Jessica	National COSH
McLeod, Ben	Local 11
Mendoza, A.	
Mohrfeld, Lynn	CH&LA
Morales, Teresa	
Murphy, Joseph	UNITE HERE
Myers, Eric	Davis, Cowell & Bowe
Navarro, Cristina	

Negrete, Alejandro	
Nicholls, Andrea	AFL-CIO
Papanek, Paul	DOSH
Pineda, Ana	
Reyes, Martha	
Reyes, Milagro	
Rico, Argelia	
Robinson, John	CAPA
Roman, Manuel	UNITE HERE
Sanchez, Christina	Local 11
Sanchez, Sandra	
Sanchez, William	
Sarravia, Idalia	Holiday Inn Housekeeper
Tau Lee, Pam	
Thompson, Kevin	Cal-OSHA Reporter
Tor, Guadalupe	Housekeeper
Velasquez, Midred	UH L11
Velasquez, Priscila	
Vossenas, Pamela	UNITE HERE
Warner, Richard	
Weiss, Hal	Local 11
Westerbay, Mark	UNITE HERE
Widess, Ellen	DOSH
Wigmore, Dorothy	Worksafe
Wiker, Steven Dr.	

Amalia Neidhardt opened the meeting at 10:04 a.m., welcomed attendees, explained that translation was being provided, reviewed the handouts, described the agenda and requested that people sign in to ensure that they be kept apprised of meetings. She said that everyone was welcome to ask questions and provide input and asked to state their name and affiliation for the meeting notes. She added that the minutes from the previous meeting have been posted on the DOSH website and that copies of the presenters' slides will be posted on the DOSH website too.

Ellen Widess, Chief of DOSH, welcomed everyone to this second advisory meeting to discuss the injuries/health effects on hotel housekeepers to help determine if a standard is needed and if so, what it should contain. She explained that this advisory committee is part of DOSH's commitment to get input from all possible stakeholders.

Ms. Widess added that for the benefit of anyone who did not attend the first advisory committee meeting in October 2012, DOSH is responding to a request from the Cal/OSHA Standards

Board to convene an advisory meeting. This follows a petition from UNITE HERE requesting standards be adopted to prevent musculoskeletal injuries to hotel housekeepers.

At the first advisory meeting, there was a presentation from Dr. Niklas Krause, an epidemiologist at UCLA, who has done extensive research and summarized the body of literature on hotel housekeeping injuries, the scope and extent. DOSH has received a number of comments since that meeting.

Ms. Widess reiterated that there is no proposed regulation at this time. DOSH is trying to get as much information as possible to inform its decision-making. DOSH looks forward to hearing from the presenters who have requested time and which Ms. Widess feels can be learned from, as well as hearing from folks who have come far and have taken time to give the benefit of their experience. Ms. Widess appreciates everyone's participation.

Amalia Neidhardt reviewed the meeting agenda and informed attendees that after the afternoon presentations the floor would be open to anyone who would like to provide input or ask questions.

Ms. Neidhardt explained that DOSH does not have a rulemaking proposal and that these advisory meetings are considered preliminary activities. People who prefer to make comments in writing can do so at any time. Her e-mail can be found in the handout containing her slide presentation. If the Division develops a proposal and the Standards Board notices it for public comments, that will begin formal rulemaking. There would then be a 45-day window to provide written comments, as well as a formal public hearing. Once formal rulemaking is initiated, there is one year to complete that process. That's why DOSH is conducting these preliminary activities, since it provides time for full public input.

Ms. Neidhardt introduced the first speaker, Dr. Steve Wiker who is speaking on behalf the hotel and hospitality industry.

Dr. Steven Wiker stated that he is an industrial engineer, an ergonomist, a retired faculty from the University of Washington and from West Virginia University and noted that he is now doing some consulting and writing text books.

Dr. Wiker said that he was asked by industry to assess whether or not housekeepers are at risk for developing work induced musculoskeletal disorders. If not, why not. If yes, then make recommendation on how to mitigate that risk. He asked attendees to think of musculoskeletal disorders as an analog to the fire triangle, with three (3) legs: sufficient oxygen, fuel to burn, and heat source. He said that MSDs instead of having oxygen, heat and fuel, have a level of force greater than 20% of strength, postures that approach the range of motion limit for the body and duration or exposure that is four (4) hours per work shift or highly cyclic work. He gave the example of an automobile assembly line producing thousands of repetitive production movements and noted that there isn't a job that doesn't have a degree of exposure to these risk factors.

Dr. Wiker looked at housekeepers and at acute and cumulative musculoskeletal disorders. An acute injury occurs when the biomechanical stress on tissues exceeds the tissue tolerance, resulting in damage.

For cumulative disorders, he focuses on these threshold factors:

- exertion which is 20 – 25% of strength capability;
- awkward posture which is at range of motion limits, or joints at very non-neutral postures; and
- exposure durations over four (4) hours.

He said that usually, if there was an exposure that was two (2) hours with high force and awkward postures, it doesn't produce MSD's.

Dr. Wiker followed the NIOSH's Assessment Protocol which requires that you determine the thresholds for exposure duration, forces and postures. For his study, Dr. Wiker used the Michigan Biomechanical Model to assess the mechanical stresses and the body for acute risk of MSDs. This model uses anthropometric measurements of the workforce, primarily women, then measures and inputs the hand forces; then registers the mechanical stresses at the spine and at each of the joints. This model tries to reduce the stress inside the body; any compression force in here can cause the disc to herniate and either damage the spine or cause spine problems.

In Sweden, medical students volunteered to have transducers inserted into their intervertebral discs with cannulas. Then they did a series of work-efforts or activities. They had the model predict what the spinal stress would be and the .94 (referring to a plot on the presentation slide) means that it was a very good prediction.

Dr. Wiker used Kinematic Recording System and high definition video cameras at various angles of various housekeepers doing their work. When the housekeepers were recorded doing their work, they stood on force-plates. These force-plates register the forces acting from the feet on to the transducer. Per S. Wiker, when one has forces at the hand, those forces get passed through each length of the body and down the torso, through the legs and down at the feet. He said that when one pushes 50 pounds with the hands, at the bottom of ones feet there's a 50 pounds sheer force that represents the push force value. If one lifts 10 pounds, it's going to be registered on the force plate. Dr. Wiker said that if they put some kind of measuring devise in the housekeeper's hands, they would not get an accurate estimate and that the force-plates gives them the most accurate estimate of what the true hand forces are. He didn't just measure the static forces, he measured the dynamic forces. Dynamic forces are in addition to the static force. He said that he was over-predicting the hand forces.

Dr. Wiker explained that the NIOSH action limit for acute stress acting on the spines is about seven (7) times one's body weight above the lumbar spine. When there are dynamic exposures like ejecting pilots from their air craft, safe limits for spinal compression are 18 times their body weight above their spines. He said that the body has the capacity to adjust its tolerance to force based on the acceleration. Dr. Wiker said he was over-predicting the forces into the model by using the dynamic hand forces and using a low or static comparison level.

Dr. Wiker stated that they had 12 experienced female housekeepers, with no history of musculoskeletal disorders, which were paid normally during the test. The cart was a standard Forbs housekeeper cart and two conditions were tested, fully-loaded and empty. Dr. Wiker showed slides of the two portable force plates or Kisler plates and matching sub-floors that were created so they could walk and roll the carts across these plates without having to step up. These force plates were embedded into a working platform.

Dr. Wiker said that he looked at rice paddles that housekeepers use in San Francisco and wanted to see if there was a benefit to using these tools. He also looked at a commercially

available tuck tool with a set of four wedges. The wedges inserted between the mattress and the box spring raise the mattress a little bit off of the box spring and then the linen is tucked-in. He also looked at mop and bathroom scrubbing tools that had the ability to adjust their lengths.

Dr. Wiker provided a diagram of the path's that they looked at. This included:

- bed making, vertical and horizon wiping (i.e. bathroom counters or dusting surfaces, furniture in the room);
- moving furniture in the room (i.e. moving chairs);
- vacuuming the carpet and lifting the vacuum back into the cart;
- cart pushing – first with wheels straight, then turning the steering wheels on the cart 90 degrees to increase the pushing resistance, then pushing the cart along, then crossing transitions that represented $\frac{1}{2}$ inch to $\frac{1}{4}$ inch through doors (i.e. they go through a supply room where there is an elevator transition and they have to push the cart over that);
- bathroom cleaning – toilet, tub/stall, mopping, surfacing wiping and sink and mirror wiping

The chair that was being pushed was 58 pounds and the ground reaction forces with the housekeeping standing on the force plates produced 22.5 pounds force. He said that when they start to push, they lean their body into it and that their hand forces are an integration of their body weight and the resistance of the chair. Dr. Wiker measured the peak or maximum force in every exposure, not the average force.

Dr. Wiker showed a slide of what the transition looked like and indicated that it was duct taped to the carpet so that it was rigidly in place and provides a similar experience to crossing an actual door threshold.

The results of the cart pushing task were demonstrated on a slide. Dr. Wiker concentrated on the worst case scenario, which was that a housekeeper would push with a dynamic peak force of 50 pounds. They took this data and looked at a NIOSH study that was done on cart pushing and pulling. Some audience members yelled "more than that" (i.e. more than 50 lbs.).

Dr. Wiker said that because housekeepers are not supposed to pull the carts he discussed only the data on pushing-carts. He found that the spinal compression forces were well below the NIOSH action limit and said that the risk of injuring the back was considered nominal or safe. They then looked at bathtub cleaning, and found that housekeepers, to reach into the bathroom, were getting into kneeling or squatting positions, resting against the edge of the tub, and that this short-circuits the mechanical forces acting on the body. The person (on the slide) was supporting their torso with their hand and their hips with the rim of the tub. He said that these were safe biomechanical exposures to the back because it's fully supported and there is no transfer of forces into the spine.

He did the analysis looking at vertical wiping, where they stand in the tub and wipe on the wall or if they clean a mirror, standing while wiping. Dr. Wiker said that the compressive forces were well below the NIOSH action limit and they were safe.

In the vertical wiping, he looked at strength and said that because the hand is being supported when it is up against the wall, it assists and that this falls within the safe zone.

He studied various tools including long-handled tools and that the housekeepers used them the way they normally do. Dr. Wiker pointed to the wrist of the housekeeper on the slide and said that this was not a safe posture and that the housekeeper was dorsiflexing the wrist and applying a lot of force. Particularly when the person gets down low, they have to lean forward. He said that this was an unsafe posture and that it compromises strength and the ability to apply force.

When the housekeepers have to go high, they raise their hands above shoulder level and apply these forces to reach up with the tools. This is another example of an unsafe wrist posture. Once again, the housekeepers were leaning into the tools to get the force transfer. He said that if the housekeeper stood inside the bathtub and wiped it with the hand, they'd be much safer.

In mirror cleaning, they looked at cleaning by hand and with a tool. Here the long-handled tool fared very well because the amount of force that had to be applied on the mirror was not that great. The housekeeper was standing essentially vertical and their posture resembled that of someone paint rolling. Unlike the bathroom where the housekeepers have to scrub hard, the mirrors can be cleaned pretty efficiently with less stress.

In looking at the mechanical forces acting on the body, Dr. Wiker pointed to the action limit on the slide and stated that the housekeepers were below those levels in both cases. When looking at mopping he found that the lowest force was with the long-handled tool. The highest force was with the intermediate handled tool.

Dr. Wiker next talked about the model output for mopping. For the long-handled tool, the compressive forces were well within in the green or safe zone.

For sink cleaning, even though the housekeepers are leaning over, they have one hand supporting themselves on the counter and the other is pushing and scrubbing and this reduces the low back stress. The strength demands are within 96-99%, so he said this was a safe job from both acute and cumulative exposure.

When looking at bed making, he found that housekeepers use different strategies. He looked at two conditions, one in which a barrier was brought in to represent a wall, where the bed is too close to the wall. Some housekeepers were small enough to get in and do a stoop-tuck, others were too large and had to turn to the side and do the tuck. He found that in many cases if there was no obstruction, the housekeeper can get into a squat and in this posture they are not lifting the mattresses as much.

Both fitted sheets and flat sheets were looked at in this process. The sheets, whether flat or fitted, basically produced the same amount of mechanical force. The example Dr. Wiker referenced used a fitted sheet that had not been laundered, so there is no requirement to stretch the sheet. However, if the sheet is laundered and a flat no-wrinkle sheet is wanted, then the corners of the mattress have to be lifted a bit to hook the fitted sheet underneath. When this happens then the biomechanical stresses became equivalent, but he noted that they are still safe and under the NIOSH action limit.

Dr. Wiker showed a graph that illustrated the three postures he had previously demonstrated on a photograph, the lift-tuck with a barrier, squat/forward tuck, and the stoop/tuck. All three conditions are below the hazard limit. The best one found was the squat/forward tuck. From observation of housekeepers doing their job, this posture is used more often than the others.

The two that they would be using are the stoop tuck and the squat tuck, unless the bed is put too close to the wall.

The strength outcomes varied for the barrier condition. When the housekeeper has to turn sideways and do a 25 pound mattress lift and a 15 pound tuck, this is their worst condition. In regards to the dynamic forces – the torso strength dropped below 80, so they are down to about the 57-58th percentile.

Dr. Wiker summarize his findings of the commercial tuck tool and the rice paddles, by saying that there is effectively no change in postures and no material changes in the hand forces with or without barrier condition. He said that these tools don't improve things over using the hands but they don't hurt them either. So if these want to be used, Dr. Wiker will not discourage this.

Dr. Wiker also did a work sampling study to look at the exposure to these tasks; they looked at the postures and exertion levels. What he wanted to see was whether the duration of exposure to these tasks changed with king size rooms or double rooms, or whether it changed when doing a check out level cleaning (high mess) vs. a refresh cleaning (low mess). A low mess is where the guest doesn't mess up the room too much, not all the towels are on the floor, if they have a double, they only sleep on one of the beds and leave the other one tucked. A high mess is a double room with all the beds torn up, furniture is moved around, everything is disorganized, all the amenities in the bathroom are gone and towels are down.

He used wide-angled video cameras and the housekeepers wore heart rate monitors. The reason to look at heart rate is that it is linearly related to the aerobic power demand – how hard they have to work. Dr. Wiker provided a heart rate recording for a housekeeper doing the eight rooms. The heart rate was recorded for about 5 ½ hours, which included the lunch break. Dr. Wiker then showed the heart rate limit that the housekeeper must average through that exposure period to be considered safe by NIOSH, from systemic fatigue. Dr. Wiker pointed to the ergonomic design limit for the workload and the actual average heart rate. He stated that it was ok to get above this limit, but the worker should not exceed it on average. The housekeeper was most aerobically challenged during the bed making task.

The heart rates were looked at when making beds with flat sheets and fitted sheet. What he found was that there was a statistically significant increase in the aerobic power demand for using fitted sheets. The reason why was not related to the forces of the sheet application – it was how many times the housekeeper had to walk around the bed for the fitted sheet because they had to go to each corner to get the sheet on. And when stripping the bed, the housekeeper could not just grab the sheet and pull it off – they had to go to the head of the bed and pull the sheets off the corners so they could strip the bed. So, most of the increase that is seen on the graph is due to extra walking associated and extra time with the fitted sheets.

Dr. Wiker stated that in bed making this does not represent them actually engaging in applying or taking the sheets off the bed or doing activities. It's the total start to stop. So there is a lot of walking involved in the bed making. If Dr. Wiker removes the walking out of this, then the value drops down much lower than 41%.

Dr. Wiker concluded that the housekeeper job does not present a material or above nominal risk of MSD hazards. He said that they have hundreds and hundreds of studies that show with this kind of exposure when you are in the control group, then your incidence or risk of MSD falls within the nominal risk zone or is deemed safe by NIOSH.

In terms of their ergonomic aids, he said that there is no material benefit for bed making – the commercial tuck tool, the rice paddle, or the fitted sheet really didn't make any difference in their exposures. He did like the long-handled tool for mirror cleaning, and said that it's was a clear winner in terms of reducing the stresses. But that they did not like to see the long-handled tools being used in the stressful or awkward postures when cleaning the lower areas in the bathroom.

Questions/Comments:

Ms. Neidhardt reminded attendees that everyone's input is welcomed and to please be respectful of all comments.

Cristina (no last name provided), shared that it is so hard to work in a hotel especially when the guest is going late and the manager doesn't care how the job gets done, only that the job is finished. This is a big problem, when the guest leaves at the last minute and the job still must get finished.

Dr. Wiker responded that that's a problem with managing and that his study dealt with the risk of the housekeeper getting hurt.

Pam Tau Lee, retired from the Labor Occupational Health Program UC Berkeley, thanked Dr. Wiker for his presentation and stated she had a series of questions. She said that the cart used and tested was not a realistic cart that the women actually use. She started her second question, but Dr. Wiker interrupted and stated that he would like to answer right away and then go on to the next question. He replied that the cart was stocked at that level and there may be carts that are stocked higher and have more dirty linen and would have weighed more. He added the push/pull study that NIOSH funded showed that even if you double the hand forces, then the compressive forces and the strain acting on the housekeeper in terms of acute injury would not materially change. He said that it would change the heart rate and the physical workload in terms of the aerobic power and that there is a limit to this study based on 300 pound cart. If you increase it to 350 then it's going to increase the heart rate and increase the coefficient of friction when pushing the cart.

Ms. Lee indicated that her concern is with stocking the cart and that Dr. Wiker did not include awkward posture. She said that when the women stock the carts, it is done in such a way that they cannot see. The safety element is that the women need to push the cart like this [she demonstrated the position].

Dr. Wiker responded that if you are pushing the cart and try to abruptly stop it by pulling it backwards; you are going to get into potentially hazardous areas. He said that he did not ask workers to push the cart that way, but the way they normally push it and that is looking ahead.

Ms. Lee added that there are other factors in terms of the pushing; there was no information on the thickness of the carpet. The thickness of the carpet also plays a factor in terms of the weight and the force, so she is not sure if the carpet (on the slides) was reflective of the carpet used in many of the renovated hotels who use thicker carpets.

Dr. Wiker responded that Ms. Lee is correct. If the carpet is thicker or has more padding, it changes the frictional resistance of the wheels, and you get a different outcome. Dr. Wiker would expect it to increase the push force required to initiate the cart movement and if that happens, that increase will still keep you below the limit. Dr. Wiker said that in general, with a thicker carpet, it would be more difficult to move the cart side to side.

Ms. Lee said that the use of the cart often requires you to make twists and turns around room service trays, glasses, little kids, and also policies in which you are supposed to park your cart outside of a door. Parking your cart requires you to go back and forth, back and forth so that the cart is appropriately in front of the door. So she has her doubts in terms of some of the factors that Dr. Wiker did not consider and on his assessment that the cart was relatively safe.

Dr. Wiker responded that he looked at the mechanical stresses and that he was concerned with the potential for an accident. He said that an acute accidental injury is not related to MSDs and that those are problems that are operational hazards. Dr. Wiker stated that he looked at what is planned for the housekeepers to do and not at unexpected events, like accidents.

Dr. Wiker continued that when Ms. Lee is saying that the stress measurements are not right, what he is saying is that they are correct with some modifications for the overloaded cart, they still hold. But he agrees that these are factors need to be considered and addressed.

In regards to cleaning tubs, Ms. Lee whether Dr. Wiker had considered whether anyone used the tub before it was washed, because when guests use the hotel tubs, it gets dirtier, such as by using oil. For some reason when guests go to a hotel, they do things in a bath tub they normally wouldn't do at home. So she asked if they factor in that some rooms may need deep cleaning and if the room attendants selected the hand tools or did Dr. Wiker select them.

Dr. Wiker responded that the tubs they cleaned were clean before they started the test. So he has no way of answering the question as to whether oil would make it easier or harder. Ms. Lee then asked again if he selected the tool or if the room attendant did.

Dr. Wiker responded that the tools they used were those available at those hotels. In regards to Ms. Lee's previous question, he said that the scrubbing of the oil would increase the exertions. He said that he was sure that workers will experience the perceived level of effort of doing the work and that the heart rate will increase.

Ms. Lee said that the posture that Dr. Wiker showed on the slide is the force against the hard surface and that she can see the support in terms of the back, but that the risk did not come up on the impact to the shoulders.

Dr. Wiker explained that their design guidelines are based on the rotational forces and not the axial loadings into the joint. He said that even if you put down 20 pounds of force, if it is acting through the shoulder going through the joint, it's not creating a risk of injuring the joint.

Ms. Lee asked how heavy the bed was. Dr. Wiker indicated that it was a normal double bed for that hotel and that he did not measure the weight of the entire mattress. Audience objected.

Dr. Wiker said the he is only concerned with the force that's required to lift the part of the mattress associated with bed making. So the mattress could weigh 500 pounds, but the maximum they measured turned out to be about 25 to 27 pounds. He noted that the box springs support all the rest of the mattress. He said that you're only encountering the weight of the mattress that you are lifting up – that corner.

Ms. Lee stated that other people wanted to ask also about the bed.

Teresa, who works for the Beverly Hilton, said that most hotels do not have the mats that Dr. Wiker had. So, the housekeepers put their knees on the tile and that's kind of rough. She added that her hotel doesn't have all the equipment shown in the slides. She noted that with the carts, if these ladies know that they are going to be filmed, they are going to do things the way they perceive Dr. Wiker wants it to be done. Not the way they do it normally.

Dr. Wiker responded that he understands, and that the standard procedure when they clean the tub is that they are supposed to put a towel down and kneel on the towel. In terms of pushing the carts, all he can say is that they were asked to do it the way they normally did it.

Teresa replied that the cart she pushes is about 150 pounds or more.

Dr. Wiker stated that the carts in the study were close to 300 pounds but that you don't have to push 300 pounds to get the cart to move because it has wheels. So you have to overcome the inertia of the cart and the frictional resistance and that if you change the carpet, or change the padding or is really thick, then you change the rolling resistance of the cart. Teresa then asked if the carts stick when the ladies were pushing them.

Dr. Wiker answered that they went over the transition —half inch of elevation and the quarter inch so that represented crossing a doorway transition. If you have something on the floor in front of the cart that falls within half inch or below, then their study addresses that. If it's more than a half inch, Dr. Wiker does not know what the outcome is.

An unidentified Spanish speaking woman asked Dr. Wiker, why had he not conducted a survey about the use of extra beds or cribs in a room. Dr. Wiker responded that he did not look at that.

The unidentified women said this was very important. In 11 rooms, they have two beds, plus a roll away in the middle, plus four pillows in each bed. She said that management don't care how the work is being done or if you injury your back, shoulder or knee.

Another unidentified Spanish speaking woman said she works in an area where they put extra beds, that she has fallen five times and injured her waist. Her physician told her that if she wishes to continue being a housekeeper, she will have to wear her back brace for life. So she wears it because they add extra beds in her work area and noted that Dr. Wiker should have focused more in rooms where there is more than one bed and two cribs.

Ms. Neidhardt explained that many of the comments heard are more appropriate for the input process and that she would like to focus on questions regarding Dr. Wiker's presentation, such as those that ask about what was included in his study. Amalia stressed that it was not to discourage folks from speaking, but that this time is for questions on the study.

Dr. Wiker said that if there were any questions that go outside the scope of Amalia's instruction, he would be available to talk about the study, answer any questions, or get any suggestions for making the study better.

Midred (no last name provided) asked about the time period used to conduct the study because her employer makes her do 17 rooms in eight (8) hours. She doesn't think she could use any of the tools Dr. Wiker showed.

Dr. Wiker responded that they looked at about eight (8) rooms and reported the heart rate over about five (5) hours. They didn't go to eight (8) because the tools that NIOSH provides to test

the strain on an individual (aerobic power demand) can be sampled in less than eight (8) hours. Dr. Wiker said that he did not address how many rooms you should do.

Maria Patlan from the Hilton in Long Beach shared that the study Dr. Wiker presented is like a dream, not reality. Going back to her co-worker's previous question, she said that the housekeepers must clean their number of rooms in eight (8) hours.

Dr. Wiker answered that they were looking at the mechanical exposures and the duration of those exposures. He said that when you change the level of mess or the nature of the check-out, you change the time it took to clean it, but that the proportion of those activities in the room remain relatively stable. He looked at the stress associated with that room and found that the exposure to the threshold risk factors wouldn't be affected. Dr. Wiker said that they are asking about production, how many rooms they should do and that his study was not designed to determine how many rooms housekeepers should do.

Argelia Rico from the Embassy Suites in Irvine said that Dr. Wiker's study it's not based on the reality the hotel housekeepers are living. She would have like the study to include 45 beds in eight (8) hours which is what she has done in one day or suites that have mirrored walls and where they do not have tools to clean these. She said that sixty percent (60%) of the hotel industry work is not reflected in the study presented. Regarding the carts, she said that the cart presented is not realistic; she who is handicapped must push a cart of more than 50 pounds.

Erik Myers stated that he understood the triangle, postures, durations and forces. He also understands that Dr. Wiker found that there were some postures and forces that concerned him, but that none had reached the duration that would cause a risk of musculoskeletal injury. Mr. Myers asked what were the postures and forces Dr. Wiker considered to be dangerous.

Dr. Wiker responded that he never said they were dangerous, but that they would start to be a concern about the presence of an MSD hazard. He said that the strength demands when you are against a barrier (wall) trying to make a bed in which you have to turn sideways and you have to do a heavy lift. He noted that it did not present an over exertions risk because even though the person is in this posture, the hand forces are not high enough to cause risk for damage to the lumbar spine and that the arms are aligned nearly vertical. Dr. Wiker then referred to the slide with the strength plots and pointed to the torso strength and said that because the housekeeper is bent over, it's in the high 50s [percent of population strength] and they want it up in the 80's. He said that if you didn't have a barrier and they could forward tuck or they were small enough to forward tuck with a barrier – they were above the 80%.

Mr. Myers asked Dr. Wiker if he looked at a scenario where you have not a wall, but a night table at the head of the bed and the force plates were positioned further out. Dr. Wiker replied, no. He then said that when you have a night stand on the way, the housekeeper has to insert her arm through that clearance which is relatively small to do the tuck. So it results in essentially the same posture but the housekeeper is flipped.

Mr. Myers said that if she was flipped, she would be facing the wall, but her feet would be substantially further and she'd be engaged in a longer reach than she is currently pictured in the slide. If this were the case, would this affect the amount of force that Dr. Wiker would calculate?

Dr. Wiker answered that it wouldn't change the compressive forces, it would alter the torso strength and to some extent the shoulder strength but that he has already classified this task as a potential hazard if the exposure duration is high enough.

Mr. Myers asked Dr. Wiker to explain the exposure duration that he is using.

Dr. Wiker responded that the exposure duration he is using is what NIOSH uses, that he breaks down the path of the exposure area for classification of the control groups to four (4) hours and below and four (4) hours and above. The exception to that is if you're in a manufacturing/production line environment where the task behavior is highly cyclic, and that the housekeepers perform many exertions but they don't get up into thousands.

Mr. Myers asked if Dr. Wiker is saying it's a different task if it's lifting hair off the floor vs. lifting a sheet. Dr. Wiker responded that he did both. He looked at the aggregate exposure through the work sampling for the eight (8) rooms and also looked at the cyclic behavior for the individual exertion of the task. And if you aggregate them, they do not meet the cyclic definition that NIOSH uses for epidemiological purposes.

Mr. Myers asked if there were other postures or forces besides the awkward stoop and the bed lifting that Dr. Wiker found problematic. Dr. Wiker replied that he did not like the long-handled tools cleaning the bath tub at the lower levels.

Mr. Myers asked Dr. Wiker to go back to the slide where the housekeeper is on her knees then asked if he is focused on is lower back injury. Dr. Wiker responded that no, it was all joints.

Dr. Wiker said that he looked at the exertions that are associated with the development of MSDs but that he did not study the contact forces for prolonged periods in terms of the knees.

Mr. Myers said he had a similar question with respect to long-handled tools and the mopping and asked Dr. Wiker if he could isolate the task of getting down on hands and knees and mopping the floor with a rag and the dangers associated with that. Dr. Wiker said that he did not study that and that the presumption is they will not get down and scrub the floors by hand.

Mr. Myers asked what tools Dr. Wiker identified that had the most utility, most beneficial versus working without tools.

Dr. Wiker responded that he would start with the ones he didn't particularly like. He picked up a tool and said it didn't have spherical grip, it has cylindrical grip and where the grip is coming through the fingers and this tucking action requires him to get down and push with that tool. This is why many of the housekeepers either squat or kneel when they are tucking in. He then demonstrated what happens to the wrist when trying to push a particular way – he had signification dorsiflexion and trying to push hard against the joint and causes a lot of torque. For this reason he doesn't like the tool. Dr. Wiker also didn't like that the housekeeper has to walk around the bed and put the tool in between the mattress and the box springs which increases the amount of time they have to walk around the bed and the amount of stooping and exertions.

Doing it by hand, the housekeepers told Dr. Wiker that when they tuck, you get axial loading on the finger tips, by pushing against the sheets underneath the bed, which does is not reflected in the models. He said that from an ergonomic standpoint, the rice paddle is not a bad tool. Dr. Wiker feels that it could be improved.

Mr. Myers stated that another tool Dr. Wiker seemed to find utility was in the mirror cleaning tool and asked that Dr. Wiker compare it simply cleaning with a rag and using arm motions.

Dr. Wiker responded that he did and that biomechanically you are better off using the long-handled tool for that operation. The housekeepers told Dr. Wiker that for the most part, unless the mirror has to be substantially cleaned, they would prefer to clean it with their hand because of the time-savings. Otherwise, they have to go to their cart and fetch their tool and the cleaning solution and then clean. It takes longer to use the tool.

Mr. Myers stated that Dr. Wiker measured compressive forces and asked if other forces that work with musculoskeletal disorders, like sheering forces and other stresses were studied. Dr. Wiker replied that he only presented compressive forces because NIOSH has set acceptable levels for these, but that NIOSH has not yet set acceptable levels for sheering forces.

Mr. Myers asked who paid for the study and where it was conducted. Dr. Wiker stated that the study was paid for by Hyatt and that it was conducted at the Hyatt Bellevue in Washington.

Mr. Myers asked if the presentation was going to be published and Dr. Wiker said yes and added that he is providing a technical report and that he is pulling out sections to submit for peer reviewed journals that address ergonomics and biomechanics.

Pamela Vossen, Director of Health and Safety for UNITE HERE said that she spent the last eight (8) years studying and documenting housekeeper injuries, interventions and evaluations. Based on what she saw, the housekeepers' job is a non-stop, assembly line of constant motion and that it is cyclic. She noted that the Canadian Center for Occupational Safety and Health has estimated that housekeepers do 8,000 motions in a typical shift. She asked if Dr. Wiker recommends cleaning the shower wall with a rag over using a long-handled tool.

Dr. Wiker explained that if the housekeepers use the tools that they are provided to clean the bathroom stalls, they will use postures that ergonomists don't want to see. He said that if they can eliminate those postures and provide sufficient scrubbing force, he would advocate using those tools. He said that if scientific studies show the tools benefit the workers, then he would support using those tools.

Ms. Vossen asked if these were adjustable tools. Dr. Wiker responded that they were and that they were set at various adjustments so they had long, intermediate and short. He said that the posture was dictated by the long-handled tool and the nature of the work and that what has to be done is to scientifically analyze the job to find out when and what tools should be used.

Ms. Vossen stated that the whole idea is of using the right tool for the right job. The unsafe postures are because they are either not using the right tool for the right job or the worker has not been trained properly, which is a huge problem for housekeepers in the hotel industry. She finds it very disconcerting that Dr. Wiker is recommending a rag over long-handled tools.

Dr. Wiker clarified that what he said was that those were the tools that they have in their cart and that they tested the tools as they use them in their daily operations. Dr. Wiker talked to the housekeepers and the housekeepers don't like using those tools and feel it is less stress if they step into the bath and get close to the wall. He said that he did not make any recommendations to not use tools; he is just sharing his findings.

Ms. Vossen stated that the other thing she found disconcerting was that Dr. Wiker stated that the problem with the fitted sheets was they had to walk around the bed because they had to undo each corner and that flat sheets would come off easy.

Dr. Wiker responded that if you look at how housekeepers do their job, they can be at the base of the bed with flatted sheets and pull the sheets and they will come un-tucked at the top of the bed. You cannot do this activity with fitted sheets. The time that it takes to do this increases the power demands on the housekeepers.

Ms. Vossenias said that the real focus is MSD's and she has never heard an ergonomist recommend not taking a break from compression forces, by walking around the four (4) corners.

Dr. Wiker said that if the fitted sheets were loose so that you could just slide them down and not have to lift up the mattress corner, then there is reduced compression forces associated with using fitted sheets. If the sheets are laundered, then those sheets could not be put on the corners without having to lift the mattress corner to allow you to hook them underneath. At that point there is no difference in the biomechanical exposure from flat sheets.

Ms. Vossenias stated that they also know there's a training issue and that Dr. Wiker hasn't done any scientific studies on engineering controls.

Dr. Wiker stated that very often what you find is that individual workers select individual strategies to achieve their job. If you did not design the rooms and the tools to fit 5th to 95th percentile, then you introduce differential stresses in the workers. The workers are basically experiencing those exposures and they're choosing individually based on their anthropometry, their strength profiles and other things, to use different strategies to do the job.

Ms. Vossenias stated that the NIOSH lifting equation does not take into consideration any trunk movement, velocity, twisting, things that housekeepers are going to speak about later today and that are part of their every job. She said that low back disorders are considered to be due to a progression of events leading to disability.

Dr. Wiker said that what industry should do is follow best practices in terms of protecting the workers and getting the job done. He noted that study models can be improved in the future and that if they come back and say things should be done differently or set different thresholds, then they're in a different ball game. He said that what he has shown today is an over prediction of the true force, the true exposures and that these are still below the NIOSH criteria for hazard.

Dorothy Wigmore said that she is an ergonomist, occupational hygienist and stress specialist, working in the field of occupational health and safety for more than 30 years. She would like to be clear that there are other approaches in the world as well. Although she hasn't been trained in it, she knows that the lumbar motion monitor that has been used in terms of assessing hotel workers hazards. She said that Dr. Marras and his colleagues have used this monitor to measure dynamics forces and get dynamic information of what's really happening to the housekeepers and get quite different results from what Dr. Wiker did. She thinks it's important to recognize that others have used the lumbar motion monitor and that it would be good to use different tools to study this and find out what tools really work. In Dr. Wiker's 2011 report, Ms. Wigmore found that in terms of the heart rate and the housekeeper sitting down and resting for five (5) minutes don't represent reality for many housekeepers. Ms. Wigmore feels the other reality is that just because NIOSH's equation says that there shouldn't be a problem, doesn't mean that they don't exist.

Dr. Wiker responded that for the heart rate study that was done for CHLA on the fitted sheets, the worker sat down after putting on the heart rate monitors to get a baseline-resting

measurement. He said that if NIOSH accepted the lumbar motion monitor he would be happy to use that too. But, that it has its limitations because you have to estimate what the hand forces are and you have to determine the load measurements that go into it. So Dr. Wiker said he is using a matrix that NIOSH and federal and state OSHA programs use to make these assessments. Dr. Wiker's personal preference is that the Borg scale is directly related to heart rate so the heart rate data here directly predicts Borg scale, so you can go back and forth. He said that's why Borg published the scale because it allowed you to estimate what the heart rate was based on a perceived exertion.

Meeting paused for lunch break.

Amalia Neidhardt gave a brief overview of the upcoming presentations and stated that at the end of the presentations, the floor would be open for questions and answers. Amalia's presentation was made available in the handouts. Anyone who not received a copy could request one from Amalia. She also informed the attendees that they could e-mail questions and comments to her.

Ms. Neidhardt then began her presentation by stating that like Dr. Wiker who focus on a particular area, her presentation would focus on information that the Division of Occupational Safety and Health (DOSH) retrieved from the workers' compensation insurance's database. The first thing that the DOSH wanted to look at was what type of data was retrievable from the workers' comp insurance system and what information can be gather from the claims of occupational injuries and illness filed by employers with the Department of Labor Statistics.

The first was to go into the Bureau of Labor Statistics and look at NAICS Code 721 – Accommodation. Under this classification, the incidence rate is 5.1 nationwide per 100 workers and 7.8 in California. Amalia said that there is more detailed information available nationwide – all the way down to maids and hotel housekeepers than statewide. When looking at the 2011 nationwide data, maids and housekeeping cleaners had the 13th highest total incidence rate in regards to injuries for all occupations. When it comes to overexertion and bodily reaction, maids and housekeepers account for the 8th highest incidence rate – this is comparing it to other occupations. Repetitive motion is 2nd highest and fall on same level (for example a slip) is the 3rd highest.

In regards to musculoskeletal disorders, if you compare maids and housekeeping cleaners to other occupations, such as nursing aids, laborers, janitors, etc., the incidence rate is 121.1 compared to the median which is 38.5 nationwide. So, what can be seen is that musculoskeletal disorders are occurring to these maids and housekeeping cleaners. Because similar data for California is not available, Amalia went into the workers' compensation insurance data. The Division signed a confidentiality agreement with the Division of Workers' Compensation, so that the name of the injured worker and the like cannot be revealed. This is information that is reported by employers on occupational injuries and illnesses via the Employer's First Report (Form 5020) and is kept in a searchable database that is maintained by the Division of Workers' Compensation. DOSH asked for information on claim injuries for CY 2009 through 2011 and partial 2012. DOSH looked at not only musculoskeletal disorders, but injuries related to strains, sprains, and falls on same level; and during this time period there were 7,860 injuries and illnesses. Amalia was interested in seeing what kind of information she could retrieve from these claims. She reviewed 2,000 of them, one at a time as she was particularly interested in the job task that was being performed when the injury occurred. Of the 2,000 entries, 665 or 33% did not specify the job task – just said the person got injured while at work. Of the ones that did have information, a great percentage of injuries occurred while the

workers were cleaning bathrooms, for example cleaning the tub or shower or mopping the bathroom floor; or while making the bed; while vacuuming; or pushing or pulling a cart and other tasks.

With the goal of identifying the tasks that need attention, Ms. Neidhardt conducted text string search on all 7,860 injuries searching for injuries related to making the bed. Of the 1,971 injuries that occurred while making the bed, 984 provided no other information other than "injured while making the bed". Of the ones that did provide additional information, there were some injuries associated with lifting the mattress and others while working with sheets or linen.

When doing a text string search for the word "mattress", Amalia noticed that of the 333 cases, 296 injuries occurred while tucking under or lifting the mattress. There were also a few (8) related to pulling or relocating the mattress; slipped or tripped while moving the mattress (24); etc. The body part most reported as being injured was the back, followed by the hand then shoulder.

When looking at injuries that occurred while handling linen or sheets (651), the greatest percentage occurred while pulling the linen off or changing the bed. Injuries also occurred when bending to pick up the linen off the floor or while tucking; and by slipping on the linen. The body part most frequently injured was the back, followed by the shoulder, then the hand.

Ms. Neidhardt explained that this is preliminary data as she did not look at all tasks, such as mopping the floors, cleaning the mirrors, cleaning the toilet, etc.

Of the 1,022 injuries that contained information on bathroom cleaning, a large percentage occurred while cleaning the tub or shower and a smaller percentage while cleaning the bathroom. Of the 525 claims of injuries related to the tub, 101 occurred while the worker was standing on the rim of the tub. Workers stand on the rim of the tub to reach the back wall of the shower or to change the shower curtain. Workers, who were not standing on the rim, often got injured when stepping inside the tub to clean it. Either they were inside when they slipped or slipped when getting in or out of the tub to clean it. There were also injuries that occurred when bending down to clean the tub or getting up. The most commonly injured body part was the back, then the hand, shoulder and knee.

Injuries that occurred while vacuuming had a smaller number of claims. Some of these were associated with tripping on the vacuum cord; pushing or pulling the vacuum; lifting the vacuum to put in on the cart; going over the threshold; or they were struck by vacuum. The most commonly injured body parts were the back, shoulder and hand.

In regards to operating the linen cart, the majority of the injuries were related to pushing the cart on the carpet (resistance); pulling or steering (out of the closet or elevator); tipped or stuck (cart overloaded or wheel got stuck); refilling cart; lifting cart (over a threshold); or struck by cart (by other worker). The most commonly injured body part was the back, then shoulder and hand.

Ms. Neidhardt stressed that this is preliminary data and that the intent was to identify the tasks where the injuries occurred and to encourage the audience to provide input and share any effective control measures being used to minimize exposure.

Pamela Vossen, from UNITE HERE, gave the next presentation which included a review of previous ergonomic assessments that were done in 1997 and 1999 by Barrett and Milburn. Even back then, they found the difficulty of housekeepers making the bed because of the

furniture being in the way; provided recommendations on improved access and less twisting. The 1999 study is important because it shows how dynamic methods are actually far more accurate and that the static methods like the NIOSH assessments that Dr. Wiker presented underestimated the compression forces on the spine by anywhere from 1½ to 2 times, or even up to 5 times. Woods and Buckle had similar findings in 2000. In 2004, using the NIOSH lifting equation analysis on the king luxury bed it was found that it actually exceeded what NIOSH considers to be a safe lift, 1.29 which is greater than 1.0.

Ms. Vossenias said that Mr. Orr, also a CPE, used the Rapid Entire Body Assessment which showed that lifting exceeded the action level, so change or a remedy has to be implemented. Looking at the duvet which currently weighs 14 pounds, it required about eight or more rapid shoulder exertions. She said that later the housekeepers will share how this feels and the pain and injury they have suffered.

Ms. Vossenias said that a 2005 study using the Rapid Upper Limb Assessment with cleaning workers who do tasks like vacuuming and cleaning of toilets, found that immediate changes were required. Additionally, a survey that UNITE HERE Local 11 did of hotels with greater than 200 rooms in the LA area, found that nine hotels out of 26 hotels currently use fitted sheets. The nine hotel properties were from six different hotel companies. So, fitted sheets are not as uncommon as one may think. She noted that Chicago Industrial Dryer Corporation that services hotels that use fitted sheets have seen that 50-60% of Marriott hotels use fitted sheets.

At home, fitted sheets are used. In the Making the Grand Bed website, there is a quote from Hyatt that says that their luxury linens include fitted sheets for residential applications. So Ms. Vossenias asked why would employers not give housekeepers fitted sheets.

Ms. Vossenias talked about a study conducted by the Ohio State University researchers, who could not attend this meeting. The study used the lumbar motion monitor, as is a dynamic method of analysis that is used world-wide to predict low back disorders. She said that it can also determine the speed that the trunk moves, twisting, forward bending, side to side bending and the lift and has been used in over 400 high and low risk jobs. The first validation of it was printed in 1993 and has about 40 years of constant credibility in the peer-reviewed literature. The evaluation identifies the job as "high risk", "medium risk", or "low risk" and the likelihood of a low back disorder.

Ms. Vossenias said that the lumbar motion monitor low back disorder risk study was done on a full service, East Coast hotel where each housekeeper wore a lumbar motion monitor. She listed the cleaning tasks monitored that are commonly done by housekeepers and stated that the results showed that not one individual task registered as "low risk". Cleaning shower wall and dusting were both at the "high risk" level. Ms. Vossenias noted that the overall chances that the job can create a low back disorder are at 73%.

Another evaluation was performed in a Midwest hotel with one king bed and one double bed checkout room. As housekeepers said earlier, checkout rooms are far more demanding than what is called a stay over room because you have to clean everything all over again. Ms. Vossenias presented a list of the tasks monitored and again noted that not one task fell under the low risk category. Cleaning floor (by getting down on hands and knees to clean it with a rag), vacuuming, dusting and cleaning the shower wall and pillow tasks are very high. She said that the chances of having a low back disorder are 79% and that what really knocks it off the chart is how many times they are forward bending and lifting the bed.

Ms. Vossen said that a recent study in California compared the use of long-handled tools versus a rag or a short-handled tool by having twelve female housekeepers wear the lumbar motion monitor. This study showed that the amount of forward bending and twisting of the spine was statistically, significantly lower when the long-handled tool was used. Whether it was wiping the tub, wiping the shower walls or the floor, dusting an armoire or a night stand, it is statistically significantly lower with a long-handled tool. Ms. Vossen provided the low back disorder risk values and stated that for the three bathroom-cleaning and two dusting tasks all were statistically, significantly lower when using long-handled tools. She said that this study very clearly indicates the value of long-handled tools, especially when using a dynamic method.

Lynn Mohrfeld, with the California Hotel and Lodging Association (CH&LA) gave a presentation on what his association does and on the safety and training that they've had. He said that they have an education foundation and that this foundation does two things, research and scholarships. Dr. Wiker's presentation is an example of the research that CH&LA has done, another is the English and Spanish program they did to connect service animals and the disabled community, both with the industry and with law enforcement. Mr. Mohrfeld noted that they are committed to education in the industry and give about 20 scholarships a year for employees and students. He also said that they have a northern and southern California conference with day-long events and a trade show where they demonstrate the latest products and services. They also have a conference on safety and security based in Anaheim for law enforcement and the industry. In 2011 in addition to webinars, they did housekeeping seminars across the state which included various topics.

CH&LA has 5,500 properties with about half a million rooms throughout the state. Performance in 2012 was 68.8% occupancy. Per Mr. Mohrfeld, on any given night in California, every hotel is only two-thirds full. This year they had a relatively good year, which is a 3.6% increase. Santa Monica was the best performing market and South Lake Tahoe was the worst. There are roughly 100,000 employees in the market and unionization is about 6.5% of all the market.

In terms of housekeeping studies, Mr. Mohrfeld indicated that there is a Green Lodging Program put together by the Department of General Services, a public/private partnership that gets properties to be greener. He said that for downtown Los Angeles they get a lot of business travelers who are in town for only one or two days and so there is more sheet changing than at a resort property where some stay four or five days. Water saving programs for California manifests itself in the towel program and hanging the towel so that it is not washed and use less water and even controlling the showers within the rooms.

Mr. Mohrfeld said that he talked to a lot of hotels, and that in terms of the safety and training that the hoteliers did, there are several different approaches. One was a week-long training program. A new housekeeper comes in and they are shown how housekeeping integrates with the rest of the property, they are trained for about a week, and then they are turned loose and they do their job. Another one is a job shadow and then kind of a twist on that – a job shadow and a reverse shadow – where a job shadow takes either a housekeeping supervisor or takes a long-tenured housekeeper and the new hire follows that person around for a set period of time. He mentioned a hotel property in the Bay Area where the experienced housekeeper followed around the new housekeeper and that this seemed to be a way to get the knowledge through and to actually translate the training into practical usage. Another method is a team rotation but that this was more of an employee orientation than a housekeeping part.

Mr. Mohrfeld said that every hotel has an IIPP and that some of them have weekly meetings. Sometimes it may be slip and falls, or incorrect posture, what they do on ladders, etc. He noted

that another approach was to go with weekly and quarterly re-enforcement and that they also had the injury and re-focus, which is the one Mr. Mohrfeld liked. With this approach, on a weekly basis if a particular worker, not necessarily in housekeeping, has an injury, they would take that and apply it across the hotel and talk about the injury, how it can be prevented, and appropriate safety procedures that have to be followed.

Mr. Mohrfeld said that one of the things they see in safety is standardization, the three C's – the continuity, the comprehensiveness and the consistence. For instance, at one property where there was no utilization for ladders, they skipped ladder safety. But as employees moved around in their organization, they would go to other properties where ladders were in use, but they had no ladder safety training. They standardize so that when employees move around, everybody gets the same training.

He noted that all hotels have a safety committee, not just a housekeeping committee but a company-wide committee which provides a venue for input. So you have the engineers within that safety committee that can state what the issue is and then you have champions and it's all brought up to management and brought up to a corporate level. Mr. Mohrfeld added that they are committed to safety and training and that in order to continue the improvements they are going to ask the American Hotel & Lodging Association Foundation for a research grant to look at best practices. They will look at best practices, model IPPs, safety and training so that properties will know what others are doing. Whether they were going to adopt those or not, they were very interested in hearing a different perspective. He said that they want to work with Cal/OSHA and focus on best practices to see what they can do from a larger perspective.

Brian Atkinson with EcoLab introduced a tool kit that consists of an expanding pole so that it adjusts to the height of the cleaning needs and makes it easier to maintain a straight back. He said that the pole also comes with a scrubber and a microfiber pad to clean inside of showers, and that this not only speeds up the process, but makes it easier for the individual. Other attachments they have for the pole are a squeegee for large areas with glass windows, so they don't have to reach up high and a roller, so that when they can use the roller to take the hair off the ground. They developed this tool kit to address everything that housekeepers need to clean more effectively and safe, so that they will have less to carry around from room to room.

They also developed a pump up foam sprayer especially for bathrooms so that with a couple of quick pumps there is enough pressure to spray the entire shower area. This saves the housekeepers from the repetitive motion, since on average they do about 25 to 30 trigger pulls.

Andrea Nicholls with the LA County Federation of Labor gave a presentation on the hospitality industry in Southern California, specifically in Los Angeles, and the impact it is having on workers in LA County. She said that they are proud that so many workers, hotel housekeepers that are at the meeting were speaking up to get changes so they can be safe at work.

She said that the hospitality industry in Los Angeles is the 5th largest labor market in the US and that tourism in LA has increased despite the economic downturn. Ms. Nicholls noted that occupancy rates have exceeded their pre-recession rates, the number of visitors has increased and that revenues for the hospitality industry are also increasing because LA is a tourist and business destination. She said that according to the LA EDC report, there are 406,300 employees in the hospitality industry in LA County and that in 2012; the hospitality industry added 21,600 jobs in LA County. But that at the same time of this employment spike, they are seeing that companies are actually still reducing their labor costs. So business is going up, revenue is going up, employment is going up and labor costs are going down. Ms. Nicholls

pointed out a slide with national data that shows the ratio of workers per 100 occupied rooms: In 1988, there were about 71 hotel workers per 100 occupied rooms and in 2008, there were about 53 hotel workers per 100 occupied rooms. So basically it shows that no matter how many new jobs are created, no matter how many new facilities are being built, no matter how much revenue is being generated, workers are still having more and more work piled upon them because the industry is reducing their labor costs and increasing their profits. She believes this practice is directly contributing to worker injuries because of the increased workload.

Ms. Nicholls stated that increased workloads/increased pace of work are significant risk factors for hotel housekeeper injuries. She said that housekeeper injuries already exceed the rates of injuries for other employees in hotels and other sectors, and that they are considered dangerous jobs, such as mining and building construction. She noted that if only the NIOSH safe limits are being looked at and housekeepers are still getting injuries, there is something wrong and that those limits are simply not accurate any more for this population.

Ms. Nicholls stated that the control measures proposed by UNITE HERE, like long handle tools, fitted sheets and motorized carts are needed because workers are performing difficult tasks that involve heaving lifting, repetitive motions, awkward postures for eight (8) hours a day and this is what is causing these injuries. She said that when workers get injuries, the blame is often times put on them because they weren't being careful enough and that the conversation cannot be limited to worker behavior. Yes, training is important. Yes, safety committees are important, but they are not the whole picture. The industry has a responsibility to implement engineering controls. That means re-designing the work so that it eliminates or at least reduces workers exposure to the hazards.

She noted that fitted bottom sheets would reduce the number of times that housekeepers had to lift the mattresses and that long-handled tools would eliminate the need for housekeepers to get on their hands and knees to clean the floors, to reach low or high to reach areas. It's a simple, effective, low cost tool that will effectively eliminate those risk factors and hazards that workers are facing. Ms. Nicholls stated that motorized carts eliminate the strain of maneuvering heavy carts completely and that Cal/OSHA enforcement used this as a recommendation in their citation to the Hyatt San Francisco and that NIOSH also recommends it for safe housekeeping.

Ms. Nicholls stated that at the root of all this is how we value our workforce. As a public health professional, as an advocate for worker rights, and as a representative of LA County Federation of Labor, she whole-heartedly supports those three (3) engineering controls and the proposal that UNITE HERE has put forth.

Ms. Neidhardt then opened the questions and comments portion of the meeting.

Dr. Wiker indicated he had a couple questions. One was related to the incidence rate on the first graph that Amalia presented. There are two (2) denominators used to compute incidence rates. Dr. Wiker asked if the same denominator was used on both of Amalia's slides to calculate it.

Ms. Neidhardt replied that they are not using the same denominator. One has a link toward Table 1 and that has a different denominator than Table 18. The incidence rate of 5.1 is per 100 full-time workers and the other is per 10,000. The BLS links are attached to each slide.

Dr. Wiker asked if the risks being discussed mean that it is 5% total of all occupational injuries and for MSD's it is closer to 1%. A Neidhardt responded that they have different denominators and that if you look at the incidence table (referring to Table 18) and you look at the average for

all occupations, you have 38.5, but for maids and housekeeping cleaners nationwide you have at least three (3) times that amount (121.1).

In regards to Ms. Vossen's presentation, Dr. Wiker would like to clarify a couple things. One is that people who were not ergonomists could take a look at a job but that if you have a RULA or a REBA score that says you need analysis but not that you have injury. Ms. Vossen's replied that she was just presenting the findings in the literature.

Dr. Wiker said that he believed that Professor Marras' lumbar motion monitor had inaccurate biomechanics calculations because its design does not incorporate information about pressing hands on walls or leaning on top of the edge of bath tubs or having any kind of support. Ms. Vossen's asked Dr. Wiker to clarify which part he was referring to.

Dr. Wiker said that anywhere where your arm supports the body, such as while cleaning the tub or in the sink, you're not getting an accurate combination of those forces and that this makes the lumbar motion monitors no longer prescriptive.

Ms. Vossen's responded that in the section that was on long-handled tools, there wasn't body contact with other surfaces and that it was all about using the tools. She said that it is not like the study Dr. Wiker did where he has very unsafe postures. She asked how long can they endure that and how likely is that they're going to be able to clean every part of the tub with one hand. She stated that they just disagree about the lumbar motion methodology.

Dr. Wiker pointed out that it has been in the literature for 30 years and that the study that Ms. Vossen's is referring to had a 49% accuracy which means that half the time it miss-predicts the stress and the other half it says it was safe when it wasn't.

Ms. Vossen's stated that she is an epidemiologist and Dr. Wiker is comparing apples with oranges. She asked if Dr. Wiker knew where the BLS data comes from. Dr. Wiker responded affirmatively. Ms. Vossen's then stated that the BLS data are coming from surveys that the BLS does of OSHA logs that are maintained as required by law by employers. She said that they are rates of injuries based on OSHA logs that are sampled from across the country and that there is an underestimation of injuries on OSHA logs. She has an entire presentation using BLS data that shows that hotel and motel workers have higher incidence rates than the national average for private industry.

Dr. Wiker asked Ms. Vossen's if she could cite any federal or state government that has adopted the lumbar motion monitor predictions. Dr. Wiker stated that there is no standard for health and safety based on the lumbar motion monitor predictions. Ms. Vossen's said that there is no standard based on the NIOSH lifting equation.

Dr. Wiker said that what Ms. Vossen's is predicting, the 79% large incidence rate, are not found anywhere in the country.

Baruch Fellner representing CH&LA asked Ms. Vossen's if she was very much committed to the methodology represented by the lumbar motion monitor (LMM). Ms. Vossen's replied that she feels dynamic methods are more appropriate for the housekeeping job than static method.

Mr. Fellner asked Ms. Vossen's if the LMM in her view is that kind of a dynamic method and she replied that it is one of them. Mr. Fellner asked if she was familiar or involved in the

suggestion of Professor Allread for the Hyatt Fisherman's Wharf Hotel and if her presentation was about that Cal/OSHA investigation.

Ms. Vossenias responded that her presentation was about the lumbar motion monitor. Mr. Fellner asked Ms. Vossenias if she was aware that Professor Allread did not use the lumbar motion monitor in the investigation of Fisherman's Wharf.

Ms. Widess interjected and stated that that case was not relevant at all. Mr. Fellner said that the record will show that Professor Allread did not use the lumbar motion monitor, which was so strongly endorsed by Ms. Vossenias.

Ms. Neidhardt reminded everyone that their input was welcomed and to please step to the microphone and state their name for the record. She also stated that everyone's questions and comments are respected.

Linda Delp, director of UCLA LOHP noted that the problem with the existing repetitive motion injury standard is that it does not go into effect unless workers are already injured, so from the public health perspective it is fundamentally flawed. It is also limited to repetitive motion injuries and as seen from Amalia's presentation, there is a predominance of back related injuries which are more acute trauma. Ms. Delp had a question and a suggestion for Cal/OSHA. She was curious if we had any sense of what the disparities might be from the work that has been done looking at injuries and illnesses in California musculoskeletal disorders, of the extent of underreporting. She would also like to encourage two (2) things: (1) that there be more investigation into those disparities and level of underreporting of musculoskeletal disorders in OSHA logs in California and (2) speak for the need and importance of what's proposed in terms of doing a job hazard assessment and the safe housekeeping plan with housekeepers input so that they look at preventing injuries and controlling and eliminating hazards instead of looking at a plan that goes into effect only once workers have an injury.

Ms. Neidhardt replied that there is no sense as to how much underreporting there is and clarified that the workers' compensation data was not specific to just musculoskeletal disorders. That the injuries also include those from strains, sprains and falls on the same level.

Ana Pineda has worked in LA Downtown for eight (8) years which was previously Marriott. She said that there are simple things that hotels can do to make their job easier and avoid any injuries. In her hotel, for example, they have sweepers, short and long mops to clean bathroom floors, so she does not need to get on her knees to clean the floors. They also have fitted sheets and they are all in love with these. The only things they need to do are bend over a bit and stretch the sheet over the mattress. There is no need to lift the mattresses. The mattresses weigh over 100 pounds. At this time, the hotel is undergoing renovations. They have new furniture, paintings, pillows, sheets, everything, but they still have fitted sheets. She does not understand why hotels don't use fitted sheets and give housekeepers adequate tools and said that these are small changes for hotels that will have lasting impact on their lives.

Argelia Rico works for Embassy Suites in Irvine and said that as a handicapped person it would make her job easier if there were fitted sheets. In one work day, she lifts one mattress eight (8) times to put the sheets and she must use her left foot to lift the mattress so she can put the sheets under the mattress. She said that a fitted sheet would help avoid any back or hand injuries and that personally she has not reported her injury for fear of losing her job and believes there are thousands in the same situation. She believes there isn't a higher rate of injuries because there are thousands who fear of losing their job. If she reports her injury at this time, she would have to stop working and she would not have the money to put her daughter through

college. She has to tolerate the pain in her back, hands and knees to maintain economic solvency and afford to pay for her daughter's college. She said that the hotel industry does not care about her health and only cares about money. She asked that workers be taken more into consideration as human beings.

Pam Tau Lee, with the Labor Occupational Health Program, complimented the work that Andrea Nicholls discussed regarding increased workload. Ms. Tau Lee shared that in the 1980's she worked in hotels cleaning rooms and that the workload was a twin bed and a double bed. She said that these were the days before coffee pots, heavy mattresses, before the many pillows and the days when housemen delivered linen to the rooms, did the deep cleaning, and changed the shower curtains. She recommended folks go the annals of history to look at the pictures and compare.

Ms. Tau Lee said that in the 1990's she was at the Labor Occupational Health Program and received a call from one of the room attendants representatives there that was basically responding to the complaints about the carts, so they picked one particular hotel to address. Ms. Tau Lee, with the union, put them in contact with Dave Rempel with the ergonomics program at UC Berkeley. Through a few weeks of discussions with the unions and the hotel, the hotel agreed to do an assessment of the carts. The assessment involved Ira Janowitz, an ergonomist from the center. Mr. Janowitz asked that the room attendants set up the scenarios in which people actually used the carts. Other scenarios were set up involving room service trays, luggage, guests, being able to measure how the cart worked on different surfaces, the thresholds – in terms of going in and out of linen closets and elevators; lifting; sharp turns in hallways; measuring the speed in which they traveled to get to the next rooms. One of the observations that was made had to do with the wheels of the cart kept turning to the left so the room attendants demonstrated what they had to do to avoid hitting and scrapping the walls because they would get written up if the walls were damaged. Another observation had to do with the property stocking of carts so that they could fulfill the supply needs of each room but found that this would obstruct their ability to see over the cart. Another thing that was taken into account was the pushing of the cart at a slight tilt to facilitate maneuvering and view.

She also said that the attendants were also asked where they hurt and that this information was included in the assessment. Ms. Tau Lee said that a room attendant suggested that it would be nice to have a motorized cart. A few weeks later, the union received a call asking them to look at a motorized cart, but before any action was taken it was suggested that that room attendants test the cart. Room attendants tested it and loved it. The motor easily turned on with the push of a bar. It moved and could be easily steered. They demonstrated how they could use it with one hand and how it reduced many problems. Suggestions were made in terms of stocking the lined and how shelves could be put at different heights. Through the testing and the input, the cart was made even better afterwards. She noted that this was over 21 years ago and it was not science-fiction.

Steve Smith, DOSH, asked Ms. Tau Lee if she could provide the assessment. Ms. Tau Lee responded that they could ask Mr. Janowitz to dig through his files to see if he could find it.

Ms. Winess commented to Ms. Rico, the worker from Embassy Suites, that she could appreciate her fear in reporting the injury and wanted to make it very clear that it would be illegal for any employer to in anyway restrict her work, fire her, or take any action for reporting a work injury. This would a case that DOSH would take very seriously if notified of such an event and would report that to the labor commissioner of California and encourage prosecution. She said

that the State of California and the Labor Agency are deeply concerned and want to do something about this problem.

Enedina Alvarez said that she has been a housekeeper for 12 years at the Westin hotel in LAX. About five (5) years ago, they pushed regular carts weighing about 150 pounds, because of all the supplies but that the company changed over to electrical carts and that they are happy working with these because all they have to do is push one button for the cart to move forward, and one button to move back. She is happy that they no longer push the heavy carts because they hurt their shoulders, back and wrists.

Maria Patlan stated that she has worked in housekeeping for 14 years at the Hilton in Long Beach. She said that as housekeepers, they are at risk of injuries and that she has had multiple injuries due to the lifting of mattresses and the cart they use to work which weighs about 125 pounds. She noted that not all hotels are the same and that some hotels have more rooms and others have fewer beds. She said that at the hotel where she works, the space is very limited and this is where she first injured her wrist, elbow and neck. This is why she would like the bed making system changed, it would be easier for them to use fitted sheets, and the cart should also be changed. This would facilitate the work and reduce employee injuries. Ms. Patlan noted that previously the company would give them an opportunity to do light duty, but that they no longer have that so she is now at home disabled. She came to share her work situation because she doesn't know if she will return, but also so that it can improve for her coworkers.

Nenita Ibe said that she has been a hotel housekeeper at Hyatt Santa Clara for 14 years and that she came to the US from the Philippines in 1996 as an immigrant hoping for a better life. She said that on September 4, 2009, she was working at the Hyatt and fell and has pain on her right shoulder. She said that after her injury, she went to see a doctor and a therapist. When she returned to work she was assigned light duty folding linens and towels. This required her to use her injured arm. She would wake up in pain every night. In June of 2012, she had surgery in her right arm and it is better now, but her arm is not the same as before. In January of 2011, she injured her left shoulder tucking under the mattress. Last month, she had surgery in her left shoulder and is currently in disability. She said that she traveled six hours from Santa Clara to share her story because all housekeepers deserve to be safe and have a workplace with proper tools to do the job.

Jessica Martinez with the National Council for Occupational Safety and Health (COSH) said that they are a federation of local COSH coalitions across the country interested in promoting and advocating for worker health and safety. She noted that they have learned that across the country there is a need to re-engineer work practices that allow for long-term safe work places. They are present to make a call to Cal/OSHA to lead the nation forward in supporting a comprehensive standard. Ms. Martinez said that they openly and wholeheartedly support a comprehensive housekeeping standard proposal by UNITE HERE. She stated that they are here to make a request that there be a change that will allow for a new standard that protects workers and which will focus on engineering controls and not so much individual worker behavior.

Shirley Alvarado del Aguilar a coordinator for the Southern California Coalition for Occupational Safety and Health (SoCalCOSH) said that they are a grassroots coalition of health and safety activists, workers, legal professionals, and researchers dedicated to eliminating hazardous working conditions in Southern California. She noted that they have been involved in supporting the struggle of housekeepers for many years and that in May 2007 they assisted in the fighting of a complaint by two Latina housekeepers employed at the LAX Hilton Hotel. This

complaint was for violations of the repetitive motion injury standard, which is only effective when the injury has already happened. She stated that they provided support and assisted these housekeepers in their fight for equality and justice in the workplace and that Cal/OSHA issued two (2) citations, one was general and one was serious, including the first ever RMI citation against a hotel. Through this and other efforts SoCalCOSH has been able to meet with hotel workers to hear their testimony and stories of pain, injury, high stress and illnesses. She said that they have witnessed hotels whose health and safety policies include incentives not to report injuries and illnesses, neglecting their duty to correct hazards. These are the reasons why she is here to support the proposed standard that will implement available and effective interventions.

Cass Ben-Levi, director for the Southern California Education and Research Center at UCLA and UC Irvine, said that they are supported by NIOSH and that their continuing education program tries to obtain grants so they can give workplace health and safety training to low-wage workers. She said that between 2007 and 2012, they were fortunate to get a couple grants from the California Wellness Foundation so they trained over 1,100 workers in the hotel and tourism industry, most of them housekeepers and supervisors. She noted that the training sessions lasted from two (2) to four (4) hours and that the main top included ergonomics and musculoskeletal hazards; slips, trips and falls; burns and cuts; and chemical hazards. They also produced a 40 minute video for service workers that includes best practices and posters which are available in English and Spanish.

Ms. Ben-Levi added that training is not often in the budget of organizations that employ low wage workers and they were able to provide this training because it was free due to the generous funding. According to the evaluations they received, the workers and the supervisors were glad to have the training. She said that workers were able to see the workplace in a new light, identify hazards they hadn't seen before and put into practice some of the ways of removing themselves from danger, but that this is not always practicable. Workers may be aware of what the hazard is and even know what the best practice is, but if the control isn't there and the tool isn't there, and the light-weight, long-handled cleaning equipment isn't there, then the training is lost. If the controls are there and people are not trained to use them properly, they're still not going to be used in the most efficient manner.

Ms. Ben-Levi noted that she is not just advocating that there be controls, but that training go along with it. Training is an inexpensive way to make sure the tools are used successfully and that injuries and illness can be reduced. She said that unfortunately, their grant ended in July of last year so they are unable to continue. If they are able to find additional funding, they would like to continue to do training and act as a liaison to help identify and control the hazards.

Ms. Vossenas commented that one of the things that Nina said about the carts that didn't get translated was that her cart weighed about 700 pounds. She also doesn't want anyone to have the impression that the motorized carts go run wild all by themselves down the hallways. They have a motor so it makes it easier to push, but they don't go down the halls by themselves. She said that there is a company called Hostar that sells housekeeping carts to large hotels. She noted that they recommend motorized carts for hotels with more than 300 rooms and that there are several casinos in Las Vegas that use that brand. She said that the money from the cart can be recouped within 12 to 24 months just in savings from injuries and improved productivity and that these carts have 8 to 10 inch casters which help the ease of movement.

Ms. Vossenas said that she looked at the cost of injuries and that a 2012 study by J. Paul Leigh, researcher at UC Davis Center for Healthcare Policy and Research showed that several low wage occupations account for the greatest total cost in injuries and illness due to days away

from work. The number one was retail, the second was janitors and cleaners and the third was maids and housekeeping cleaners.

Ms. Vossen stated that in 2010, NIOSH released a report, in collaboration with BLS, called the Use of Workers' Compensation Data for Occupational Injury and Illness Prevention. She noted that one of the published papers was from Adam Seidner, a physician at Middlesex Hospital. Dr. Seidner did a study of a managed care database and that from January 2006 to January 2008 he pulled out 1, 976 claims where he found that the job title with the most frequent number of claims was room attendant. The description of the injury was sprain, lumbar region and that the most frequent cause of injury was strain from lifting.

Ms. Vossen said that three university occupational health centers and UNITE HERE evaluated 3,716 employee reported hotel housekeeper injury cases in the 2000-2004 period from 102 union hotels operated by Hilton, Hyatt, InterContinental, Marriott, and Starwood and that they found that 44% of the injuries were strain and sprain injuries. The second most common was bruises and contusions which indicates the acute trauma plus the strain and sprain injuries. The event exposure most common was contact with objects and the second most common was over-exertion. The body part most affected was 32% at upper extremities and 22% at the trunk, including the back. Ms. Vossen felt this was very much in line with the finding presented today.

Eric Myers stated that he had a few questions for Mr. Mohrfeld and asked if the educational foundation is a relatable entity to the CH&LA itself. Mr. Mohrfeld responded yes.

Mr. Myers asked if it funded the lodging industry study conducted by Dr. Wiker. Mr. Mohrfeld replied that it did.

Mr. Myers asked if the study was commissioned in order to provide ammunition against the SB 432 bill. Mr. Mohrfeld replied no and that it commissioned to look at fitted and flat sheet.

Mr. Myers asked if the industry had ever made any efforts to study the safety and health impact of room cleaning prior to introduction of legislation. Mr. Mohrfeld replied that he did not know and that their study focused specifically on flat versus fitted sheets so he could not comment on what the industry did or did not do.

Mr. Mohrfeld said that in terms of research, his organization did the fitted/flat sheet, and they participated in the housekeeping study that was presented this morning and they've done the *We Welcome Service Animals*, which can be called research and community outreach program. This has been the extent of their research.

Mr. Myers stated that he heard from Dr. Wiker that Hyatt funded the presentation or research this morning, and asked if it was Hyatt and the Hotel and Lodging Association jointly. Mr. Mohrfeld stated that he did not know how to answer that. It was heard this morning that Hyatt funded the study. Mr. Mohrfeld said that in terms of presenting within this forum, this is Cal/OSHA and therefore they wanted to present the best data possible and they felt it was Dr. Wiker's study. Hyatt was kind enough to allow them to use it and they feel it is a good tool in terms of presenting the risk and safety issues of the housekeepers.

Mr. Myers asked if the Hotel and Lodging Association has contemplated any studies in California, for example – the study being in Washington, a single property study in Washington, perhaps survey type studies.

Mr. Mohrfeld responded yes and that the study they are contemplating is a best practice and that it is going to be funded from the Education Foundation of their national organization. He also stated that this is what he explained at the end of his presentation and that what they are interested in funding is best practices and model IIPP's. This is a start. They want to work with Cal/OSHA, in terms of what Cal/OSHA would like them to study as well.

Mr. Myers asked if there were best practices that some hotel employers are using and that other employers perhaps don't want to spend the money to implement or maybe they don't know about them or maybe they don't care, if Mr. Mohrfeld would agree that it would be of benefit of all workers and to the industry, generally, that there should be a kind of standardization of those best practices. Mr. Mohrfeld replied that he did not.

Mr. Myers stated that he thought Mr. Mohrfeld had an item called "Safety standardization enhances continuity, comprehensiveness and consistency". Mr. Mohrfeld said that it seemed to be a trend that was coming through in terms of the industry and that in terms of best practices, there are several different hotel types, different workers and different size of rooms, so he does not advocate for standardization.

Mr. Mohrfeld said that they are interested in safety and training, and in providing information about best practices at educational conferences and that they want the industry to be better.

Mr. Myers shared that so far two studies have been shown that seem to suggest that there is no problem. Mr. Mohrfeld stated that he would not agree with that. The first study was a comparison between fitted and flat and showed there is no difference, so that in terms of problems or no problems, he did not feel that was a fair categorization. In terms of Dr. Wiker's study, he felt Mr. Myers should direct those questions to Dr. Wiker as he is not there to speak of his research at all.

Dorothy Wigmore from Worksafe shared that she's been following the conversations and efforts to improve hotel housekeeper's health and safety. She was a hotel housekeeper back in the late 1960's and had to leave the job because of the issues she had with putting sheets on beds. As an ergonomist and hygienist, she is used to taking a public health approach to things and doesn't get hung up about arguing over measurements, but is more interested in hazard assessment and recognizing hazards and trying to fix them. In that context, there is much that is already known, both in terms of the hazards that are recognized literally around the world, that are in quite in sync with the kinds of things that have been brought up today and somewhat in contradiction to Dr. Wiker's findings. She wanted to remind Cal/OSHA about the long list of documents that she put together in November that have solutions literally from around the world. Everything from the arrangements of rooms, to a spiffy Australian device that lifted the bed so that bending would not be required or do anything in terms of making it.

On the underreporting, Ms. Wigmore asked what kind of information is needed to get a better picture of the state of underreporting, particularly for musculoskeletal diseases. There have been a number of reports about these kinds of things, official peer reviewed publications and others. She has a large state of them in her office, but doesn't know what would be useful. Ms. Wigmore stated that she'd be happy to help and can round up others to do so as well.

Ms. Vossen said that in talking about the pros and cons about fitted sheets, one of them is the limited number of lifts, and very importantly that less tucking is required. She noted that this is why some hotel housekeepers bring in their own rice paddles, because they find it easier, and

because it is the rice paddle that is getting wedged between the mattress and the box spring, not their fingers. In the OSHA log there would be less sprained fingers and less sprained wrists. She feels that looking at tucking and reducing number of tucks is very important.

Ms. Vossen as continued to say that in 2011, Cal/OSHA issued an information memo and that Hawaii OSHA issued one at the Hyatt Waikiki. In 2012 Federal OSHA issued a letter identifying ergonomic risk factors to the Hyatt Corporation regarding inspections it did and they all make recommendations for interventions. Based on what Mr. Fellner and Dr. Wiker have said, it seems to Ms. Vossen as that these were based on evaluations that were done using a static method. Even using a static method, it appears that the OSHA agencies felt behooved to issue warning letters that recommended interventions. Ms. Vossen as feels that this is a very important point.

Ms. Neidhardt closed the meeting by stating that all comments are appreciated. For those who did not get an opportunity to do so, she informed them that written comments are being accepted. She shared that her e-mail information and said that she would be happy to give them her business card with phone number. There is no due date for comments and for those who may have been afraid to speak up she reminded them that all input, comments and suggestions are welcomed. She thanked everyone and said that the information would be taken into consideration and that the Division would be getting back to them.

Meeting adjourned at 3:26 pm.



**Third Cal/OSHA Advisory Meeting
Housekeepers in the Hotel and Hospitality Industry
Thursday, February 27, 2014
Oakland, CA**

Meeting Chairs: Amalia Neidhardt, Deborah Gold, Juliann Sum

Notes: Peter Scholz, Mike Horowitz

Roving microphone: Steve Smith

Attendees:

<u>Name</u>	<u>Affiliation</u>
Adela Sandoval	Unite Here
Allison Davis-Brown	Marin Management
Alma Caravarin	Unite Here
Amy H. Lee	Unite Here
Ana Alvarado	Unite Here (Hyatt Emeryville)
Ana Diaz	Unite Here
Anamaria Rodriguez	Unite Here
Anand Singh	Unite Here
Andrew Hamilton	Center for Public Interest Law
Ann P. Dinl	Unite Here (SF Marriott)
Anthony Bahno	Marsh
Armando Galvez	Spanish Interpreter, Excel Interpreting
Benjamin Martinez	Unite Here Local 2850
Bricia Espino	Unite Here
Bridget Boyd	CA Hotel & Lodging Association (CHLA)
Carisa Harris Adamson	Samuel Merritt University
Carmelita	Unite Here Local 2850
Carmen Macias	DOSH/Calico Lab
Carmen Velasquez	Unite Here Local 2850
Cheryl Dickerson	Unite Here Thunder Valley Resort
Chris Middleton	California Lodging Industry Association (CLIA)
Cliff Henderson	Excel Interpreting
Daisy Herrera	Unite Here
David Kernazitskas	OSHSB
Dorothy Wigmore	Worksafe
Eric Myers	Davis, Cowell & Bowe, LLP, Attorneys for United Here
Erica Hardaway	Unite Here
Fabiola Benavidez	Unite Here
Gemma Pavon	Unite Here
Gregoria Regalado	Unite Here

Irma Perez	Unite Here
Jennifer G. Joe	Unite Here
Joan Carlos Murcia	
Jose Lee	Unite Here
Kathleen Lind Evelyn	CA State Assoc. Occupational Health Nurses(CSAOHN)
Kathleen Edmunds	Samuel Merritt University
Kevin D. Bland, Esq.,	Ogletree, Deakins, Nash, Smoak & Stewart, PLC
Laura Michaels	Hyatt
Laura Stock	U.C. Berkeley
Luis Soledad	Unite Here
Lisa Lum	Unite Here
Maija Leff	
Marcos Ramirez	Unite Here
Maria Aguilar	Unite Here Local 2850
Maria Molina	Unite Here
Mark Worthen,	Accurate Ergonomics
Marti Fisher,	California Chamber of Commerce
Mary Kochie,	Cal/OSHA Medical Unit
Meghan Loper	
Mitch Seaman	CA Labor Federation
Dr. Niklas Krause	U. C. Los Angeles
Pamela Vossenias	Unite Here
Patricia Alcalas, Local 49 Sacramento	Unite Here Local 49 Sacramento
Reyna Sanchez	Unite Here
Rose Rodriguez	Unite Here
Sarah Julian	Unite Here
Sergio Rangel	Unite Here
Dr. Sheila O' Halloran	Balance and Motion for Health, Accurate Ergonomics
Silvia Medrano	
Stevenson A. Collins	Unite Here Oakland Courtyard Marriott
Veronica Camacho	Unite Here
Yulisa Elenes,	Unite Here Local 2850
Yesenita Zamora	United Here Local 19
Yolanda B. Carmona	Unite Here

Acting Chief Juliann Sum opened the meeting at 10:13 AM, welcomed the attendees on behalf of DIR Director Christine Baker and thanked the labor occupational health programs of UCLA and Berkeley for providing the translation equipment. She said that today's subject is a very important area of health and safety for a significant group of California workers and thanked all for their participation in the process.

Amalia Neidhardt recapped the previous two advisory meetings and reminded participants that this meeting, too, was a preliminary activity. There was no proposed rule yet, only a discussion draft. She described the rulemaking process and said that in the previous meetings, there had been presentations of various field studies and comments from many housekeepers on the mechanics of their job tasks, the risks and hazards of these tasks and the injuries that had been suffered. She added that the purpose of today's meeting was to get input on what should be included should a regulation be proposed. As indicated by the agenda, the Division wants input from everybody, point by point, on each element that

would typically be in a regulation. Oral or written comments are welcomed, and written comments would be accepted no later than March 28th.

A. Neidhardt asked if there were any comments on subsection (a) on scope and application, which normally is a section of all health and safety regulations.

Pamela Vossen, Unite Here Health and Safety, said the scope of the regulation should specify "performance of hotel room cleaning" rather than "housekeeping activities" specified in the draft.

Bridgett Boyd, California Hotel and Lodging Association said that since the last meeting Dr. Wiker's report has been completed, a copy delivered to the Division, and articles about the study have been submitted for fall publication to the Journal of Occupational Medicine and the Journal of Applied Ergonomics. She noted that they have been gathering data from hotel managers, housekeeping employees, supervisors, and occupational medicine and risk management professionals on housekeeping health and safety and they are focusing on developing a Model Injury and Illness Prevention Program (IIPP). They are also working on an instructional educational video in English and Spanish and are hoping that Cal/OSHA will give them input on their draft Model IIPP when it is completed in about six months. In regard to draft section (a), they think it's confusing because it establishes mandatory provisions in conflict with Sections 5110 and 3203. Employers won't know how to comply without being subject to employee complaints and DOSH enforcement. They will provide additional detail about this conflict later in writing.

The discussion moved on to subsection (b), definitions.

P. Vossen said there should be additional definitions such as "safe work practices" which Unite Here will be submitting later in writing. In the definition of "housekeeping", they want this to spell out that this is about hotel room cleaning, which is a term not currently included. Wherever the draft talks about housekeeping activities, they recommend it talk about hotel room cleaning.

D. Gold asked if P. Vossen wanted to differentiate that from activities that might occur outside a room, like hallway cleaning. She asked if they did not want to include such activities.

P. Vossen said these other activities could be in addition, but that the focus should be on hotel room cleaning, and they didn't see it mentioned. There is talk about cleaning bathrooms, but no talk about hotel room cleaning and they want to make sure it is specified.

Eric Myers, representing Unite Here, added that the word "housekeeping" could sometimes have a broader meaning than just the rooms; it could include lobbies, and if it is a casino, it could be the casino floor, as that is cleaned by workers designated as "housekeeping." But they'll submit this in writing.

Dorothy Wigmore said that "program" was not defined, and that the word "evaluate" should be included.

Fabiola Benavidez said she worked at the Westin Hotel in San Francisco. She said the draft definition of "housekeeping" did not include such tasks as cleaning the mirrors, window glass, drapes and cleaning bathrooms and other tasks that should be included.

Marcos Ramirez said he works at Redwood Hotel as a supervisor but has been a houseman. He noted that some things need to be completely defined so that employees can clearly communicate their concerns to management. Housekeepers and housemen don't just vacuum the rugs in a room; they clean everywhere. For example, there is high dusting. Managers should know what they are complaining about.

Dr. Niklas Krause noted that in his research the distances that housekeepers traveled is an important determinant of the injury risk. How many floors they had to travel, whether or not elevators were available, whether they had to go to different buildings; that all this affected the time they had available and is one of the predictors of injury.

P. Vossen paraphrased the Unite Here definition of housekeeping from its proposed standard as "housekeeping employees whose assigned tasks include cleaning guest rooms or assisting those who clean guest rooms and include such job titles as housekeepers, maids, room service attendants, guest service attendants, runners, housemen, inspectors, etc." This is to give an idea, to be more specific and to identify particular jobs. Specifying the job will help specify the intervention to reduce the injuries.

A. Neidhardt asked for comments on the definition of "lodging establishments." Since there were no comments, she said that comments could always be submitted in writing.

D. Gold said that the approach taken was a performance-oriented approach which says that you will create a plan, perform a job hazard analysis to figure out what are the tasks and the risks involved, and then create solutions in consultation with employees. This approach follows the Injury and Illness Prevention Plan regulation, a copy of which is available on the handout table. In the discussion draft's subsection (c)(2)(B), there is a list of five specific tasks and risk factors. So, after evaluating the risks of the tasks, the next step is to develop control measures. D. Gold noted that the discussion of the language was now opened and that the draft allows for either having a stand-alone program, or one incorporated into the existing Injury and Illness Prevention Plan. She added that one way or another, the plan has to address these issues listed in subsection (c) and asked if there were any comments on the general section of subsection (c). Dr. Krause made the comment that the issue of travel should be included as a risk factor.

B. Boyd said the CH&LA would like to see "musculoskeletal" throughout the entire draft removed because it was a limiting term that did not accurately describe the draft. For example, the draft extends to slips and falls that result in traumatic injuries generally not included in the kinds of biomechanical concerns addressed by ergonomic standards.

D. Gold said that this issue was dealt with in the context of safe patient handling, where the definition of musculoskeletal injury includes both acute injuries that might occur as a result of a slip or fall and a long term musculoskeletal disorder. The attempt was to broaden term, rather than to limit it to something that might be seen as more chronic. When they looked at injuries, the sprains and strains and traumatic injuries and broken bones that happen to housekeepers, presented by Amalia at the last meeting, it was found that a lot of the injuries were traumatic. There were slips, trips and falls. But they were part of the job design, part of people standing on the edge of tubs in order to reach the far wall. That's why they didn't see a point in separating out or having an all-encompassing definition. They didn't want this to compete with Hazard Communications training on chemical hazards, for example. She added if

people thought there was a better term than "musculoskeletal," that's more encompassing, that would be great.

B. Boyd said she wanted to remind everybody that Dr. Wiker's study evaluating ergonomic risks of housekeepers found that all housekeeper tasks were found to be within acceptable zones. In regards to subsection (c) they would like to add the word "potential hazard" on line 3. They believe this proposed standard relates to the IIPP, a "find and fix" requirement and that if "musculoskeletal" was added, the standard will assume the existence of a variety of hazards associated with housekeeping rather than require the employers to first find them and then fix them.

Katherine Evelyn asked if, under scope and application, hotel room establishments with less than 10 employees, similar to the IIPP, would be exempt or would be held to this new developed standard.

D. Gold replied that smaller employers with less than 10 employees are not exempt from having an IIPP, that it just changes what has to be in writing and some record keeping requirements. She added that the same applies in this draft, but that this certainly could be up for discussion.

E. Meyer addressed B. Boyd's comment that "musculoskeletal" was under-inclusive because under one reading it doesn't address slips and falls. He suggested that a definition of "musculoskeletal" should be added to the definition section to reflect D. Gold's description of including both acute and cumulative injuries so that there would be no question of under-inclusiveness.

N. Krause said that from the perspective of his experience and research of how injuries are recorded and as an orthopedist, it is nearly impossible to differentiate between acute and cumulative traumas. He explained that sometimes an acute trauma is the straw on the camel of a cumulatively weakened body and seconded the idea to use the most inclusive definition.

D. Wigmore asked why was an option given of including the housekeeping plan within the IIPP or having it separate. She questioned if this would lead to enforcement problems.

D. Gold said that this option is a format often used in Cal/OSHA. Some employers prefer to integrate specific programs into their IIPP while others prefer to have stand-alone programs. In the Division's experience, neither approach is more effective than the other. They go to facilities all the time who integrate programs, and it works fine. They want to give people the option. They've always taken that approach with programmatic regulations, as this one is shaping up to be, that they want flexibility in how it's accomplished, as long as it is accomplished. If it is required to have the program, and there is no program, then it doesn't matter if it is part of the IIPP or not.

D. Wigmore said that her experience in ergonomics and enforcement leads her to agree with those who would define "musculoskeletal injury" in the broadest possible way. The British Columbia document listed in the draft's appendix has a very broad definition and is useful and it has been successfully implemented. Another point is that programs have to be evaluated to find out if things aren't working, she mentioned that the Manitoba, Canada regulation required evaluation of programs like this and that she could supply a copy of this Manitoba document. She noted that on hazard assessment, some may have difficulty in separating ergonomic hazards from safety or physical hazards as they are all entwined and can't always be separated out. For example, working in a humid environment, it's going to affect

your ability to hold on to things, to step on to things and your ability to keep on going. So she encouraged a more holistic approach that recognizes that one can't often separate these hazards.

D. Gold asked for questions on the subordinate subsections to (c).

B. Boyd said that on (c)(2), after the word "identifying" and before the phrase, "evaluating housekeeping hazards.", they would like to insert the phrase "whether or not hazards are present, and if present...". They'd like similar language inserted in (c)(2)(B) by changing "...hazards related to..." to "...whether or not hazards are related to..." These changes would keep the language more in line with the "find and fix" purpose behind the IIPP. She noted that without these insertions, the Division assumes the existence of such hazards which is in contrast to the findings of Dr. Wiker's report.

D. Gold said that (c)(2) is the part about conducting a job hazard analysis for the purpose of identifying and evaluating hazards and that subsection (c)(2)(A) says there needs to be an effective means for involving housekeepers in the identification and evaluation of the hazards. It also gives the option of using a labor/management health and safety committee for this purpose as permitted in Section 3203 and the Labor Code. She asked if there were any comments about this requirement.

Andrew Hamilton noted that the definition of "lodging establishment" encompassed a broad range of sizes of employers, from Bed and Breakfast inns, resorts, motels—some of which may have smaller number of employees and would not be represented by unions. He added that draft language for (c)(2)(A) didn't specify the number of employees that must be included on these committees and that where there is no union, employees would have less push while on these committees.

D. Gold asked what he would suggest for the non-union environment to ensure that such committees functioned effectively.

Hamilton recommended that there be an equal number of employee and management representatives on the committee.

D. Gold asked if there were other comments about the union/non-union issue.

D. Wigmore said the wording on the size of the committee should be "at least as many worker as employers." She also said it should address that there should be no retaliation against people because of their committee activity. Third, instead of saying that Labor/Management committees *may* be used, the standard should state that where Labor/Management health and safety committees do exist, they *shall* be used for involving employees in the identification and evaluation of housekeeping hazards.

D. Gold asked Wigmore to clarify if she was saying that if a Labor/Management health and safety committee existed, then it shall be used.

Wigmore said yes, and that she's assuming that this could be a relevant subcommittee of the Labor/Management health and safety committee; the full committee needn't be responsible for this in particular.

D. Gold noted that the employee involvement language is also found later in some other parts of the standard.

Mitch Seaman from CLF, said, responding to things that have been said from the definition of housekeeping, that it was hard to imagine any hotel where this sort of activity didn't lead to hazards. He noted that it would not be wise to go too far down the road of employers assessing whether or not these hazards existed and stated that wherever these activities exist, these kinds of hazards exist. He added that he would like to see the scope kept as broad as possible and not be limited to employers who have a large number of employees or employers who think there is a hazard. The issue is not whether a hazard exists; the issue is whether or not the activity takes place.

D. Gold noted that section (c)(2)(B), was based upon analysis of:

- injury data provided by Dr. Krause;
- California Workers Comp data;
- descriptions of activities provided by housekeepers who have participated in our advisory process;
- hazard assessments that were reviewed from federal OSHA;
- hazard assessments in the context of the Hyatt investigation in California; and
- activities Dr. Wiker looked at for his quantitative analysis of certain tasks.

D. Gold said that there seemed to be a consensus that there is a minimal set of activities that housekeepers do where they are getting injured and that attempt was made to list these activities in section (c)(2)(B). This was not meant to be an exclusive list, so section (c)(2)(B) has the words "at a minimum." The following have been called out: bed-making, the cleaning and scrubbing and polishing of floors, bathroom and bedroom fixtures and surfaces, the supply cart (which addresses issues such as pushing and pulling of the supply cart, its motion over carpet which may be thicker or thinner, cart motion over distance, supply cart loading, weight and maneuverability) vacuuming and trash collection. These five tasks keep coming up in publications—everyplace they are seen, these same activities are associated with injuries. She asked for comments on this list.

Stevenson Collins, a houseman at Courtyard Marriot in Oakland, said housekeepers there have about 15 rooms to clean per day. He noticed that they do not have the long-handled mops to clean the floors, which would make their jobs easier, so they wouldn't have to clean floors on their knees or with shorter-handled tools.

Dr. Krause said, although not mentioned in the literature explicitly, that a lot of injuries are classified as struck by objects. From talking with housekeepers, he knows that these injuries are often from striking the sharp edges of furniture. The rooms are too narrow, so when they move around they hit their knees. There are lots of injuries to the lower extremities from striking sharp edges and this hazard needs to be contemplated too.

Dr. Sheila O'Halloran, Accurate Ergonomics noted that other things to consider were tripping over towels and sheets. She said that kneeling is a tremendous risk and would recommend no kneeling at all. There's ways to get around that in the bathroom and that the only kneeling should be to get under the bed.

Gracie Rivera has worked as a housekeeper at a large hotel in San Jose for 19 years. She said that housekeepers had fitted sheets to work with but that they were taken away by management. She added that the work is heavy, and most of the housekeepers have back problems and can no longer do

all the tasks such as lifting the heavy mattresses. Also, to do the job the linen carts have to be heavily loaded.

Benavidez said that the job is very hard, that they have to push the heavily loaded carts down very long hallways. As the doctor over there said, it is very hard to push the carts over carpeted floor. She said that they have tried to speak to management about the difficulty of pushing carts loaded with heavy water bottles down the long hallways. She noted that bottled water is heavier than the sheets and that they have to put two bottles of water into every single room. To complete their jobs they have to walk fast or run down the hallways, and sometimes management hassles them because they are not supposed to run or surprise the guests. To do everything they are supposed to do to clean 14 rooms a day, sometimes they don't have break or lunch time. No one talks with them about their inability to take breaks. Management does not ask about what kind of tools or carts they need; they buy whatever they want. They are not the ones who work in the room; they are not the ones who push the carts. Last month they bought new carts that are terrible which made it hard to remove the back of the carts to pull linens. She said that management needs to ask them what they need.

Irma Perez has worked as a housekeeper at Courtyard Marriott in downtown Oakland for 14 years. They have similar problems as F. Benavidez. One problem she'd like to emphasize is taking off the curtains in the bathroom. They are very high and even those of them who are a little taller have to stretch a lot. But most of her workmates are not tall, and they have to stand on the edge of the bathtubs to get the curtains off. Right now there is a pregnant woman who does this, standing on the edge of the bathtub to get the curtains off.

Yolanda Babon Carmona works at the Hyatt in Emeryville where the big problem right now is that the majority of housekeepers are injured which is not taken into consideration. The hotel has just been remodeled and they are now required to clean and make up six double bed rooms which also include a sofa bed. She said that when they pull the sofa bed, there is a risk, as this hurts their arms. This is a large workload; their arms are swollen—all the housekeepers have that-- and fingers deformed. They keep adding more work and they don't have time to take the ten minute breaks the law requires because they don't have enough time to clean the ten to eleven rooms assigned to them every day. In fact, they are not rooms, they're suites. The suites have kitchens with dishes, stoves, microwaves and refrigerators to clean. In 45 minutes they cannot clean a suite.

Erica Hardaway works at the Oakland downtown Marriott Courtyard. She said that in regard to (c)(2)(B), that her concern was not having the right equipment for scrubbing and polishing floors. They don't have mops. So she thinks the word "equipment" should be added. There is also the problem of working from your hands and knees when you clean floors and rugs, as they don't have kneepads.

E. Meyers said in regards to point number 3, that "supply cart" is not an activity, it's a thing, a noun. The term "room supplying" would be more consistent grammatically with the other activities listed. For example, he has videotaped workers who are supplying the cart, unfolding each towel to make sure it doesn't have stains, and then folding it again—doing 35 folds in five minutes. That's part of room supplying. He added that he has talked to workers who go down to the laundry room for bags of clean towels, because they don't have housemen.

P. Vossen said she agreed with Myers. She said that you have supplying the cart, and then you have cart movement. Pushing of carts is a serious problem, which is why they have recommended motorized

carts. She added that the literature of vendors who sell motorized carts speak of cost efficiencies for hotels with 300+ rooms, so it's very important that cart movement be included. She noted that there were a number of other tasks that were missing: moving furniture, mopping, sweeping, handling soiled linen, high dusting, and trash collection/removal. All of these tasks are listed in the Cal/OSHA "Working Safe, Working Easier" publication as common tasks. The other issue is picking up towels from the floor. If you go into many hotels, they will say hang the towel on the rack or put it on the floor if you want a new towel. They would like to remove putting towels on the floor from hotel policies, because there are actual workers who have to bend over.

Luis Soledad works at the Hilton. He said that all of them do a hard job for which they need proper tools to do our work. He has seen many coworkers getting injured to the point of having the ambulance come. They've injured their backs, their knees. So far there has been no discussion on the laundry department, where there is also very hard work. Often they are understaffed in the laundry. When they go to management, they don't listen to them. They are told to complete the work on time, or face disciplinary action. As others have mentioned, sometimes the laundry workers have to travel long distances and that this is another risk that management needs to be conscious of.

Silvia Medrano works at St Francis Drake Hotel in San Francisco. She said that after the hotel was renovated, full size beds were replaced with queen size beds. She noted that they cannot make the bed because between the bed and the wall and the dresser there is not even 6 inches. Because it is so difficult to make the bed, many coworkers are injured.

Dr. O'Halloran said regarding reaching the top of the shower curtain, that there is a foot-high stool with slip resistant rubber feet that fits on the supply cart. She added that the risk benefit of using this stool, compared with standing on the edge of the tub, should be considered.

Mark Worthen, Accurate Ergonomics, said that he agreed that "supply cart" needed more of an active orientation, and suggested that maybe "supply cart handling" might be a good term to capture the nuances that have been discussed. He noted that another thing that hadn't been mentioned was dusting, like using a feather duster. Many of the injuries that housekeepers get are the result of repetitive tasks like dusting which are seen individually as low risk, but cumulatively, after 14 or 17 rooms of dusting, the injury occurs in the next room being cleaned.

D. Gold acknowledged that there has been discussion on tasks, and that people have also been giving a pretty good description of the risk factors relating to these tasks. She noted that the next section (c)(2)(C), discusses risk factors relating to these tasks such as extreme reaches; acute trauma related slips, trips and falls; prolonged or awkward static postures; kneeling, repetitive lifting above shoulder height, torso bending, over-exertion and fatigue, or an inadequate period of recovery between tasks. If she is doing an activity that strains one muscle group and then does another activity that strains the same muscle groups, then that doesn't give her the period of recovery that the muscles need to reset themselves. She explained that in (C) they've tried to capture a lot of what they've been talking about and encouraged comments to see if any of these risk factors had been left out.

Dr. Krause asked how the draft's language about recovery periods came about.

D. Gold said that they were just trying to capture that phrase and asked if there was a better phrase.

D. Krause said that recovery was needed for several reasons. One is recovery for the musculoskeletal system, but that the cardiovascular also needs to recover after heavy physical work. He added that the mental system also needs to recover. His research has shown, and as several have already spoken about, skipping lunch breaks leads to higher injury rates. He said that this needs to be captured and that it's the intensity of work.

I. Perez said that the employer gives safety training every few months, like how to bend down, how to get up. The problem is that they have to clean 15 rooms and they don't care how it gets done. If someone gets hurt, the worker was negligent, because they have the knowledge. They signed that they understood the safety regulations. They deal with it as negligence by the worker for not having done the job as indicated.

F. Benavidez said there are sometimes "special projects" such as cleaning the VIP room in which the cleaning has to be perfect. Four inspectors check the room, and if anything is even slightly amiss she has to go back and do the work again. Forty minutes to do this kind of cleaning is not enough time. She has to scrub the bathtub, dry the bathtub, fluff the linens, then blankets, and it calls for too much. When the inspectors make her go back, they don't consider that she has to finish the rest of her job.

Cheryl Dickerson, Thunder Valley Resort, said she noticed that bed making and moving of furniture had been mentioned, but as Benavidez said when there are special projects, the work can be extra hard. She said that sometimes mattresses have to be moved, king or queen size, all the way down the hall. She asked if anyone had touched on removal of linen that has been treated for bugs where there is a risk to those moving soiled linens of bug bites. Also there is a risk of breathing in mixed chemicals from the polish used in the bathrooms mixed with the chemicals used to clean rugs in the hallways. Lastly, she had one thing on the supply carts. There are not just supply carts, they are "ginormous" carts for the removal of soiled linens and supply fresh linens up to the landings.

D. Wigmore said, back on the phrasing of what the analysis is to cover, that there are hazards that lap over. In particular, the central hazard is how the work is organized—whether it is the time, the equipment. So the language about the analysis should first state that you are to first look at the overall job, and then you are to look at some of the specifics. So that you capture some of these things people are talking about that don't quite fit into these categories. Last year there was a study, "Hotel housekeeping work influences on hypertension management" that shows that a holistic view of the workload is necessary. Hypertension is a result of the integrated effects of hazards on workers' bodies. She recommended that there be phrasing to allow for an overall look to allow the issues of time and workload to be addressed, as well as the individual activities that have been mentioned.

D. Gold said there was time for a few more comments on this item, and encouraged people to also send their suggested language.

P. Vossen agreed that the work organization was important, as, for example, the type of room. She noted that what's in a room varies, and this can really change the injury risk for both musculoskeletal and acute trauma. On section (C) she wanted to add contact pressure, which is a recognized risk factor. When the right tool is not given, housekeepers end up kneeling and pressing up against the tub, so it's very important to have contact pressure.

E. Meyers wasn't sure what "imbalance" meant in the term "workload imbalance." He thought "workload intensity" would be more specific.

A. Hamilton said that the weight of the equipment should be added to (C), such as of carts, and also the number of rooms cleaned per shift and distance of travel.

B. Boyd wanted to reiterate that "musculoskeletal" should be removed from this section. She said that their model IIPP will specifically address all of these injuries and the musculoskeletal risk factors will be included in their education. She wanted to reiterate that from the hotel and lodging industry's perspective, there is no evidence that the industry has any different ergonomic issues than for example the health care industry or other industries such as janitors, warehouse workers, beverage distributors or retail. They believe that adopting a standard instead of letting the industry handle it will open up a Pandora's box for dozens of other mini-ergonomic standards.

M. Worthen said that twisting should be added in the risk factors. Twisting is a high risk task because of the way the spine is made.

Dr. O'Halloran said in regard to the blood pressure issue, that since most hotels provide meals to the workers, there has to be an examination of the vending machine offerings and how much sodium these contain, or how much sodium is in the meals served to the workers. That sodium intake is probably the greater potential for causing blood pressure problems.

M. Worthen said that in regard to the supply carts, the height and weight should be considered. These factors can cause thousands of pounds of stress, or lead to twisting or uneven forces applied to the shoulder with one-hand pushing.

A. Neidhardt reminded people to provide written comments. She asked for comments on(c)(2)(D), written notification of job hazard analysis to housekeepers.

D. Wigmore wanted to add temperature and physical hazards. She also recommended separating "awkward" and "static postures" because they can be different. Under (D), she asked to add "appropriate language that people can understand" and that each housekeeper be given the written notification. The worker representatives on the job hazard analysis committee should also be assured of getting a copy. Lastly, she said that for the purpose of later access, this written notification should be treated the same way as other records.

P. Vossen asked that the written notification be posted for 14 days, and that there be a time definition saying, for instance, that it should be posted within two weeks of it being finalized.

Sarah Julian said that besides having the notification in different languages, that literacy be taken into consideration. She didn't know if it was possible to have a video or audio way for housekeepers to get the information besides having to read a list of the hazards.

S. Collins as a houseman responsible for cleaning the perimeter of the Marriott, said that sometimes he would be on a scissor lift cleaning the awnings without a safety harness, and no galoshes to control exposure to the water. After cleaning the awnings and with soaked clothes he would be expected to go back inside the hotel to finish the rest of his day without any change of clothes or dry socks.

Marti Fisher, following up on the CHLA comments, noted that the Chamber represented a number of hotel clients. She said that this program looks like an IIPP, which really supports a concept of a compendium of best practices, a model program, developed by the industry in concert with Cal/OSHA. They support that idea and think it would address these concerns. She noted that as some of the housekeepers have pointed out, a lot of the rooms are different, a lot of the functions are different, and a lot of what they are providing and how they operate are different so there is a need to consider the unique differences in each workplace.

Meeting paused for lunch break.

There were no comments on subsection (c)(2)(E) on the job hazard analysis. D. Gold asked for comments on the next subsection, section (c)(3), procedures to investigate injuries.

P. Vossen said that the section speaks of musculoskeletal injuries only, so acute trauma should be added.

D. Gold said that they could do that or define musculoskeletal injury.

Ana Alvarado said she has been affected by shoes that housekeepers are required to wear at the Hyatt, Emeryville, where she has worked for five years. She said that they don't listen to them and that the shoes bother her toes and other workers' toes. She added that they are humans, and that they deserve respect and good shoes to work comfortably at their jobs.

P. Vossen said that the injured worker's opinions should be added to (c)(3)(C).

B. Boyd said that they would like that the following "which would have materially have reduced the likelihood of injury" be added to the end of the sentence in (c)(3)(A). In (c)(3)(B), they would like to delete the word "required." They would like to delete (c)(3)(C) altogether because it assumes that supervisors and employees have medical knowledge and would create misleading medical conclusions for which they may not have the data.

P. Vossen said that Unite Here believes that if this is going to work, it has to have employee participation, and thanked the agency for proposing to include employee participation.

D. Wigmore said that the literature and studies confirm the importance of employee participation and that this was the best approach to both identifying hazards and solving them. She noted the toolboxes and other documents from Canada, particularly from the Institute for Worker Health which engage workers and supervisors in identifying and solving ergonomic problems. She added that near misses should be included in some way because if ignored these hazards could lead to acute trauma and serious injury later. Also, investigations should be tied into a reporting system so workers can report hazards, injuries and near misses without fear of retaliation. In (C), prevention should be discussed in addition to controls.

A. Hamilton said that for (c)(3), injury investigations should also investigate whether any other employees have been injured due to the same task.

A. Neidhardt, asked for comments related to (c)(4), correcting hazards, and assessing that methods to correct hazards are appropriate.

B. Boyd said that the following “or methods to make the task more comfortable or efficient”, should be added after the last word in the first sentence. Also that they believe this insert expands the draft from being directed exclusively at finding and fixing hazards to a more ergonomic-focused draft.

Yesenia Zamora, who works at the Fairmont Hotel in San Jose, said it was very important that a safety committee be added. No less than five housekeepers chosen by their coworkers should be on the committee so as to have a voice and not be intimidated and to be able to speak about the work or equipment. She noted that in their job new equipment was implemented that could have hurt their bodies but added that at their workplace they have a committee. The committee spoke with management, and an agreement was reached to allow them to perform the same job without using the equipment that was hurting them. That is why it is important that safety committees be added to this regulation.

M. Seaman suggested looking at (c)(3)(C) and (c)(4)(C) and tying them a little more closely together so that if employees or supervisors or both come to a decision that there might be a tool that may prevent some injuries from recurring at a workplace, that those solutions should be seen to clearly fit in section (c)(4)(C), and that those solutions should be made available. He added that “Sufficient and appropriate” was a good start but that it may fall a little bit short because people might have different opinions about what this means. It would be great if it was made clear that if it looks like the evidence is pointing towards a specific tool or procedure as a good way to prevent injuries, then this should ensure that the tool would find its way to the worker. It may be that the language already does this, but it would be great to ensure that the language is as clear as possible.

Carisa Adamson of Samuel Merritt University said that it might help this section to include a list of some examples of the tools that have already been used successfully. She noted that providing examples would be helpful.

P. Vossenas said that the labor management committee requirement should specify that the employee members be *affected* employees, that is, housekeepers, and they would be selected by their coworkers. As for tools, as tasks are prioritized, they believe that there has to be a list of tools that are recognized, such as the tools already listed in the Cal/OSHA publication, *Working Safer, Working Easier*. She noted that if tools are not identified and named in this document, it won't contribute as strongly as needed to prevent these types of injuries. She added that they'll provide a list of these tools.

A. Hamilton said the introductory sentence of (c)(4) should be changed to read, “methods and/or procedures for correcting hazards identified in the job hazard analysis so as to prevent workplace injury” to give the idea of prevention. He also agreed that this section should include more specific tools and practices, including specifying which long-handled tools need to be provided and which cleaning practices need to be implemented. He added that Cal/OSHA should give strong consideration to limiting the number of rooms that can be cleaned during a shift.

C. Adamson said that it's not just the number of rooms, but also the combination of the rooms. This means not allowing hotel room cleaners to have too many check-out rooms, but having balance. This follows the work organization and what might be effective in reducing overall exposure.

B. Boyd said that the industry would like to deal with the potential issue of requirements for tools in their individual IPPs and allow individual hotels to make that determination. She noted that it would be difficult to set it by standard, considering the different types of hotels and what housekeepers are required to do at different properties. They feel that this is something that should be addressed in the IIPP, individualized by hotel.

D. Wigmore said that in the first sentence beginning "methods and procedures..." there should be some way to ensure that folks are not just looking at their broad hazard analysis, but that there are also reviewing the 300 log and other reports of injury. She noted that (c)(4)(B), should specify the means by which tools are identified, assessed and implemented and evaluated again. She added that evaluation and action as a result of it is really important.

D. Gold asked if the draft language didn't already say that.

D. Wigmore suggested that the line read, "identify, assess, implement" and then "evaluate" to ensure that they evaluate the actual use of the tool in real life—and not before they get it out into the workplace. She said that's part of the problem with evaluating things theoretically.

A. Neidhardt next asked for comments on (c)(5), procedures to ensure employee compliance with the program.

P. Vossenas wanted to remove the "non-supervisory employees" reference because employers should have procedures that ensure that supervisors comply with the program and are able to demonstrate safe housecleaning practices, that they are knowledgeable on these procedures and are able to demonstrate them to employees. And if there are any problems using the tools, the supervisory employees should be able to investigate what the problems or obstacles are. With all interventions employees have to be trained, but the supervisors have to be able to train the employees and have a thorough understanding of how the tools are going to reduce that hazard.

B. Boyd called for the deletion of section (c)(5) and said that it was a nonstarter for their industry because this makes it a mandatory rule of enforcing discipline and requires implementation of housekeeping practices, whereas housekeepers have a strong preference for how they want to do their job. Disciplining housekeepers for exercising those preferences may have ramifications between labor and management. She added that under no circumstances can any equipment or tools used by housekeepers be equated to personal protective equipment whose use would otherwise require appropriate enforcement.

Kathleen Lind Evelyn said that some reference should be made to personal protective equipment and that this might be the right section to do that. It would be "appropriate housekeeping tools, equipment and personal protective equipment" for (c)(4)(C) and (c)(5).

D. Wigmore said she was discomfited when she saw terminology such as, "tools and equipment *deemed* appropriate" and question who was making the decision about appropriateness. She noted that this is an instance in which the committee ought to be agreeing on what the appropriate housekeeping tools and equipment are. She added that if the phrase "non-supervisory" was not deleted, workers would be disciplined for doing their jobs in a way that would be hurting them. Employers or workers wouldn't

want that to happen, and that there has to be agreement about the tools and equipment that are appropriate. She said that this wouldn't necessarily mean that there has to be one tool or piece of equipment suitable for all and that they should take an ergonomic approach.

P. Vossen said one way to simplify (c)(5) would be to state "procedures to ensure that supervisors and employees comply with the program" period.

A. Neidhardt introduced discussion on (c)(6) on communication.

Maria Aguilar said housekeepers need a clear mechanism to comfortably communicate with management when they have some type of problem because some bosses demonstrate pressure which makes housekeepers scared to communicate. They need a place where they can communicate with the bosses without fear.

P. Vossen suggested changing the phrase, "may be used for this purpose", from the last sentence of (c)(6), replacing it with "shall be used for this purpose" and then add the sentence, "worker involvement shall be permitted without fear of reprisal." She added that wherever employee participation was discussed, they would want "without fear of reprisal" added.

D. Gold sought and received clarification from P. Vossen that she wanted labor management committees mandatory in this section. P. Vossen said that in all places that the draft discusses the labor management committees, the form should be "shall" instead of "may." D. Gold asked attendees if there were any comments on that, and if not, people could send their comments in writing. D. Gold said she wanted to call people's attention to this proposal, because it is significantly different from the *optional* usage of labor management safety committees that exists in the IIPP regulation.

Kevin Bland said that after listening to the listing of IIPP-like requirements of the draft and the focus on tasks, it sounded like what is needed was a listing of best practices since there is already an IIPP requirement in 8 CCR 3203. He noted that a lot of the energy of this discussion would be better utilized by creating a best practices guide. As to the labor management safety committee, he said that the option is already available in 3203 and that it is important to keep in mind that one size doesn't always fit all. He added that different establishments have different ways; some may already have labor management safety committees in place, and some may not and cautioned against pigeonholing too many things rather than allowing broad options like it is now.

D. Gold introduced (c)(7), annual review of the plan to determine its effectiveness and take corrective actions and the need to re-evaluate tools. She noted that part of its language comes from bloodborne pathogens and other standards that involve employees in reviewing the plan as it applies in their work area and to ensure that there be a system of on-going communication to prevent inappropriate tools, from having to wait for the annual review to be able to learn about problems that arise with the tool. She added that they have found the annual review of the plan to be very useful in healthcare.

P. Vossen said that this would be the place to also review the OSHA injury log—what are the injuries, where are they happening and that a review of the employer's injury record is an important part of job task analysis.

A. Neidhardt introduced discussion on subsection (d) on training.

Irma Perez said that when a new tool is introduced in her workplace, housekeepers are given at best ten or twenty minutes with which to become familiar with it. She noted that she would like management to take the time to show employees how the tools work.

D. Wigmore said in regard to section (d)(1)(A), that it is important for people to be trained before they start work with a new piece of equipment or before implementing a new work practice so that housekeepers will know what they are doing before they start doing it. It is also important in (d)(1)(C) that the additional training *shall* address the new equipment and work practices and how they fit with existing tasks, equipment or procedures. She noted that one of the problems of introducing new things is that people don't often think about the context into which they are being introduced and that people learn by doing. So it's not just by showing what to do, but it's by doing it, practicing it, before they are actually expected to carry out this task.

P. Vossen said that Unite Here had read hotel companies' training standards, and noted the example of a cleaning standard that describes the tasks that housekeepers have to perform to clean a room, such as "use a rag to clean the bathroom floor." She added that these corporate level standards are distributed throughout a hotel chain's group of hotels. She said that it would be a good idea to incorporate some of these safe task performance instructions but noted that some of the standardized descriptions might have to be changed. For example, instead of saying use a rag to clean the floor, it would say use a mop, or instead of using a rag to clean a shower wall, use a long-handled tool. That would get not just to training, but would instruct in the required way a housekeeper is supposed to clean a room.

A. Neidhardt introduced discussion of section (d)(2) listing elements of training.

D. Wigmore commented on (d)(2)(B) saying that reporting concerns should not be limited to the concerns listed; these could be examples, but there has to be a mechanism or process for reporting any type of concern about any part of the program or its implementation. As a result, when it comes time to do the evaluation, the employer would have a relatively full set of data to inform next steps.

Gemma Pavon, a cafeteria worker and Unite Here member, said that she was relaying concerns of housekeepers she has spoken with on (d)(2)(B) and that the issue of timeliness should be considered here. She noted that sometimes only the most outspoken member of the work group is willing to bring forth a concern. The manager may listen only to that one worker, but it should be clear that often the one worker speaks for the mass. She said that this section needs a time frame in which the manager has to make a response, perhaps putting it on the bulletin board. She gave the example of a new bistro that opened in their hotel which resulted in guests bringing dishes into the hotel rooms. Now housekeepers had to clean dishes from the room, and that was not discussed by management with them. So there is conflict between the bar employees and housekeepers as to who is taking care of the dishes in the room. The opening of the new bistro should have been cause for some training as to what the new tasks were to be.

A. Neidhardt solicited comments on (d)(2)(C), safe practices.

P. Vossen said they would like a definition of safe practices and that Unite Here would be submitting a proposed definition that relates to the hazard.

M. Worthen said that one thing that should be considered is the qualification of the trainer on body mechanics. He added that training on tools and equipment will get them 50% there, but that the rest requires really dynamic training.

B. Boyd said the CHLA would be submitting comments on this section.

A. Neidhardt next solicited comments on (d)(2)(D), manager and supervisor training.

C. Dickerson said that where the section speaks about problems needing correction; they would not like this to be held as a discipline against people that are actually learning. That even if people were being observed, the correction should not be implemented as a discipline. She noted that at her workplace, housekeepers are called into the office, told they were observed working in a certain way, and then given a write up without the worker being allowed to explain that the procedure didn't work for them.

D. Gold said that the intent of this part of this subsection was to talk about effective communication—the idea being to promote a cooperative approach instead of a default disciplinary approach. She added that she would welcome suggestions on how to word this to make it clearer.

P. Vossen suggested to use the word "evaluate" housekeepers' practices or more language related to "assessment," rather than "observe" which has a lot of other connotations.

D. Gold asked for comments on section (e) on records which clarifies that if you are doing a study, making measurements of forces or things like that, that you have to inform people of the results, as is required in section 3204. In order to let employees know that they have made the measurements and to let them know the results. She noted that one of the things included in that is physical hazards and that this is just calling people's attention to the fact that when an ergonomics study or measurements are made, that it comes under 3204.

D. Wigmore said that she was pleased to see availability noted but wondered where the job hazard analysis results would be kept. She asked if these would also have to be kept as records.

D. Gold said that the next section (e)(2) references 3203(b), and that it speaks to job hazard analyses and training records. She noted that there is an "out" for very small employers, a reduced record keeping requirement which also applies to public employer entities. D. Wigmore said that it might be helpful to explain this somewhere. It's useful to have connections to other standards, but that she would be providing some recommendations for some clearer language so that workers and employers know what to expect.

D. Gold said section (e)(3) is the section on the 300 log, where employers have to follow the rules for logging injuries. She noted that this is more of bookkeeping for Cal/OSHA than for housekeeping hazards. There being no questions on (e)(3), she said that section (e)(4) refers to availability of the written program and references section 3204 to establish a framework for responding to a representative's request for a copy of the program or the records maintained under the program. She added that this subsection sets up the means by which employees or their representatives can access records.

P. Vossen asked if this was the same requirement as for keeping OSHA Logs. D. Gold replied that no, that (e)(3) covered that.

D. Gold next explained that (e)(5) covered Cal/OSHA access to records and that the final section is a non-mandatory appendix. If the industry comes out with a model program or guidelines, they'd certainly want to add that. She explained that Appendix A is a place where people can go for more information, but since it is non-mandatory, it can't be enforced. It just lets people know that there are resources out there. She added that they are certainly open to other references or disputes about these references.

A. Hamilton said that they had been confused by what non-mandatory meant, so they thought a definition of non-mandatory would be in order. They would also recommend some sort of brochure or poster mandatory—something similar to the "Working Safer Easier" poster for janitors.

E. Meyer said that although it is commendable that industry is working on a model program, no one has seen it so they don't know at this point whether it should be included as a reference in the appendix. Just that caveat. D. Gold reiterated that the appendix would be non-mandatory, a place for people to go for more information but has no other legal effect. E. Meyer said that if it's intended to provide compliance assistance for employers and employees, and say this industry guidance is followed, it doesn't have any bearing on whether or not they complied with the standard. D. Gold said that's right, it is just pointing people to other resources. She said that perhaps non-mandatory appendices made more sense before the internet and Google and that they were open to hearing if people think there is a value to having a non-mandatory appendix.

P. Vossen asked if any California regulations had a mandatory appendix. D. Gold said there were many, including the respiratory protection and aerosol transmissible disease standards. D. Gold noted that mandatory appendices are sometimes used to provide explanatory material that sometimes you don't just want to plop in the middle of the standard. For example, the respiratory protection mandatory appendix on fit testing might be 7 or 8 pages. If an employer doesn't use a mandatory appendix, then it is enforceable by the language in the standard that references the mandatory appendix

P. Vossen said one concern is that there may be references that haven't been approved by any regulatory agency. She also recommended that the Ohio State training material link be changed to the one on the federal OSHA website because that Ohio material was actually the product of an OSHA grant. They are also concerned that there aren't mandatory guidelines, as injuries to housekeepers have been very well documented, and established guidelines listing appropriate tools are very important.

D. Gold said that an alternative would be to make a mandatory appendix that includes a checklist and asked if there was anyone who would want to suggest that, to please let them know. They will take it under advisement, and noted that both mandatory and non-mandatory appendixes are ways to provide a lot of explanatory information without putting it in the middle of the standard.

P. Vossen said that as far as best practices, the International Housekeepers Association is one of the associations with whom Ohio State carried out all of its training, which is how Ohio State developed their material. That may be on the OSHA website, in English and Spanish, or they can provide it.

B. Boyd said they would like Dr. Wiker's study included in the appendix. D. Gold replied that no studies were included, including Dr. Krause's study because the references needed were of the nature of how to do a job hazard analysis.

D. Wigmore said she would prefer a mandatory appendix for people to use. And added that at a previous advisory meeting she mentioned a lot of other materials (besides British Columbian), including

a document in French, specifically for housekeepers used in Europe and which uses the same approach by the Canadian Standards Association. She noted that she did not see it on the list and that she would be happy to make many of these that are in the public domain available to you.

A. Neidhardt replied that she needed something practical that people will use as a guideline and wouldn't want to be responsible for translating something in French.

D. Gold reiterated that the Division was open to receiving anything that people want to suggest. This is a non-mandatory appendix with references and that they can improve the references. They could have a non-mandatory appendix with guidance for doing a job hazard analysis which is constructed and reviewed by Cal/OSHA. They could have a mandatory appendix detailing how a job hazard analysis is to be done or they could just require a job hazard analysis and leave it up to people's own initiative to look up references on the internet, or rely on the industry's model program. D. Gold noted that they identify that requirement of conducting a job hazard analysis, but that they didn't put a lot of meat on the requirement. The alternative would be to put more language in the standard itself or take one of these three or four approaches she just outlined. If you look at other approaches to musculoskeletal issues taken around the world, there are different levels of specificity about the different kinds of tools that are used. Some of these specific tools helpful in another industry, such as on an automotive assembly line, may not be helpful for assessing the hazards of hotel room cleaning. They will take a look at any ideas people send in. The plan is to get feedback over the next month and review it and all the other feedback from the previous two meetings. Then they will evaluate whether at this point there is sufficient feedback to put forth a proposal or whether another advisory meeting and a new draft would be needed. They'll be discussing this within the Division, the Department of Industrial Relations and with Standards Board staff. If another draft is circulated, people will be kept apprised through the contact information already given. If a standard is sent to the Standards Board, at that point the mailing list that has been compiled for this project gets passed to the Board who will provide notice of Board actions.

A. Neidhardt reminded people to provide legible email information. She said that if anyone here did not receive an email notification for this meeting, they should provide their email information anew before they left. She also reminded people that anything previously submitted to the Division during this process is posted on the website.

P. Vossen asked if the previous meeting's minutes had been posted on the website.

A. Neidhardt said they had been, as had Dr. Wiker's study.

D. Gold thanked all for attending and participating.

**Advisory Committee Minutes
Of the 4th Cal/OSHA Advisory Meeting on
Housekeeping in the Hotel and Hospitality Industry
May 13, 2015 – Oakland, California**

Meeting Chairs: Amalia Neidhardt, Steve Smith,
Cal/OSHA introduction by: Juliann Sum, Chief and Eric Berg, Acting Deputy Chief
Notes: Valerie Royo, Mike Horowitz

Attendees:

<u>Name</u>	<u>Affiliation</u>
Carisa Harris Adamson	Samuel Merritt University
Maria Aguilar	Unite Here
Mary Banks	Housekeeper
Yolanda Barron	Unite Here
Maria Beltran	Unite Here
Fabiola Benavidez	Unite Here
Teresa Cheng	Unite Here
Carmelita Cotton	Unite Here
Nathan Dobbs	Unite Here, Local 49
Baruch A. Fellner	Gibson-Dunn (Partner)
Marti Fisher	California Chamber of Commerce
Josefina Garcia	Unite Here, Local 483
Aida Mojica	Unite Here, Local 49
Anna Gutierrez	
Ricardo A Hermide	Unite Here, Local 483
Mirna E. Hidalgo	Unite Here, Local 483
Zenaida Jabines	Unite Here, Local 49
Sarah Julian	Unite Here, Local 49
Monica Kaitz	Unite Here, Local 49
David Kernazitskas	OSHSB
Ed Klinenberg	CIHC
Mary Kochie	DOSH
Chuck Lam	
Angela Luna	
Runyao Luo	
Silvia M.	
Nicole Marquez	Worksafe
Barbara Materna	CDPH-HESIS
Jennifer McNary	CDPH
Martha Mendoza	Unite Here, Local 49
Lynn Mohrfeld	CA Hotel and Lodging Association
Tessie Navarro	Housekeeper
Irma Perez	Unite Here
Annabel Ramirez	
Sergio Rangel	Unite Here, Local 483
Carmen Reyes	Unite Here, Local 483
Argelia Rico	Unite Here

Estela Rivera

Unite Here

John Robinson

CAPA

Sandra Rodriguez

Unite Here, Local 19

Adela Sandoval

Unite Here

Nathan Schmidt

OD Legal

Mitch Seaman

Cal Labor Federation/AFL-CIO

Brett Smith

CDPH-OHIB

Laura Stock

U.C. Berkeley

Steven Wiker

Ergonomic Design Institute

Mei Juem Yen

Joyce Yip

Tiffany Yu

DOSH Chief Juliann Sum welcomed the attendees and opened the meeting. She noted that the Division has been moving at a fast pace on many regulations, and that this issue was also a high priority. She is confident that progress can be made to reduce ergonomic injuries.

Ms. Sum introduced the people sitting at the panel table: Steve Smith, Eric Berg, Barbara Materna from the Occupational Health Branch Chief, CA Department of Public Health, Amalia Neidhardt, Nathan Schmidt; with Mike Horowitz and Valerie Royo assisting with the minutes.

Steve Smith recapped the OSHSB's Petition 526 and noted that this is an informal process often used to obtain information on how to best address an issue such as this, where there is a high prevalence of injuries, to look at how to best reduce that injury rate. He mentioned that there are a number of methods to do that, such as outreach, doing different stakeholder groups, looking at amending existing regulations or promulgating new regulations.

In January 2012, a petition was sent to the Occupational Safety and Health Standards Board (OSHSB) to consider adopting a regulation on hazards unique to hotel housekeeping. That petition was evaluated by Cal/OSHA and Standards Board staff to determine the necessity, and whether to grant or deny the petition. It was a unique situation where the Board initially granted one decision on the petition in May, and then reconsidered and granted a modified decision in June. That is where it was determined that there is a high prevalence of these injuries, and a need to look at those injuries and methods to control those injuries. The advisory committee meetings began in 2012.

Amalia Neidhardt gave a brief report on the advisory committee process to date. The Division convened an advisory committee to talk about the occupational hazards faced by housekeepers and held 3 advisory meetings one each in 2012, 2013, and 2014. At these meetings, the Division gathered information and input from stakeholders regarding the illnesses and injuries faced by hotel housekeepers in California. The Division, as well as the industry and labor advocates, gave presentation and housekeepers shared their experiences. All presentations, handouts, meeting minutes and written comments received were posted on the DOSH Hotel Housekeeping website.

Ms. Neidhardt noted that as part of the process of determining whether a rulemaking action should be initiated, the Division needed to gather information on all possible alternatives and their effectiveness in addressing the health and safety hazards faced by hotel housekeepers. Conclusions reached from the data collected established that there is a high number of injuries faced by hotel housekeepers in

California. These include disabling injuries to the back, shoulder and upper extremities and injuries due to slips, trips and falls. US Department of Labor data demonstrated the high incidence rates faced by maids and housekeeping cleaners. DOSH presented data from the California Workers Comp Information System highlighted by the tasks where these injuries most frequently occurred. Data from OSHA logs and inspections conducted by Cal/OSHA, Fed OSHA and Hawaii OSHA identified injuries and risk factors.

The goal is to address these injuries and not on whether or not they should be categorized as repetitive motion injuries, musculoskeletal illnesses or injuries due to slips, trips and falls. As such, the Division needs to gather information on all available alternatives and their effectiveness in addressing the injuries faced by hotel housekeepers. Not only is this input necessary to determine whether a rulemaking action should be initiated, but to also identify all viable solutions.

Ms. Neidhardt enumerated the possible alternatives to addressing these Health and Safety Problems:

1. Adopting new regulations
2. Amending existing Repetitive Motion Injury and IIPP regulations
3. Preparing a model IIPP with HESIS and stakeholders

Regarding alternative 3, Ms. Neidhardt reintroduced Barbara Materna, OHB Chief from CDPH who gave an overview on the HESIS approach to developing effective educational tools.

Ms. Materna noted that the Occupational Health Branch is a part of CDPH, another state agency, which is non-regulatory. They have a long history working with Cal/OSHA to make recommendations on health standards be more protective and effective. One of their activities is to develop practical information for employers and workers on how to work safely. HESIS has a contract with the Division, and their activity is to develop information for employers and workers, and they're here today to hear what role educational materials can play to help address the high rate of injuries.

Ms. Materna stated that HESIS has health education staff and stressed that for materials to be effective, it needs to be very clear what the need is, who the audience is, and just as critical, that there be input from beginning to end from the impacted audience. If they were to develop a model IIPP, it would be something employers use to comply with IIPP requirements, and everyone would have to feel it's useful to comply with the regulations. They would convene a group of stakeholders to do the development project, so there would agreement from all parties involved on the need and what they are trying to achieve. They would also want to make them user friendly so that it would help in reducing injuries. Ms. Materna concluded that they were there to listen and understand the needs better.

Ms. Neidhardt continued listing possible alternatives:

4. Providing materials and guidance on best practices under existing statutes and regulations, and
5. Other alternatives.

Next, Ms. Neidhardt explained to attendees that the Division was seeking input on the pros and cons of each alternative. The goal is to hear the pros and cons, advantages and disadvantages on the

alternatives to see if they are viable solutions. She asked the audience to be respectful of everyone's input and asked commenters to please state their name, mention if they're a worker or industry representative, as the meeting was being recorded.

Pamela Vossenias from Unite Here asked the panel to please explain why there was a discussion of alternatives at this point in time when a discussion draft had already been released. She asked if the alternatives #1-5 for a new regulation or were alternatives to high rate of injuries.

Ms. Neidhardt explained that in the event the Division was to move forward with rulemaking, there would be a need to say that the Division looked, listened and heard all possible alternatives. The Division hasn't yet made a determination. There is also a need to look at solutions, so the input is extremely valuable in order to effectively address these hazards

Ms. Vossenias noted that the second advisory meeting was held to specifically talk about solutions and that the first meeting was to establish the hazards. She reiterated that there has been discussion.

Mitch Seaman from the California Labor Federation thanked the Division for organizing the meeting and added that putting something worth enforcing in regulations sends an important message. If the problem is identified, then this needs to be serious and it has to be enforced. They believe that the severity and frequency of these issues has been demonstrated and needs to be put in regulatory language for it to be enforced. Employers may not follow model IPPs, and there should be consequences for that. These are injuries that have not gone away, and given the effect on the workers' ability to provide and lead lives, it is necessary to prevent these injuries as much as possible. He asked the Division to send a message to employers about the seriousness of the problem by using regulatory language. Workers need to be able to call Cal/OSHA for help. They urge the Division to move forward with the discussion draft, and believe that helpful comments have already been submitted.

Ms. Neidhardt asked to clarify if he was asking the Division to adopt a new regulation. Mr. Seaman replied yes.

Ms. Vossenias noted that they clearly support a new regulation, and also understand the legal and administrative requirements to explore alternatives. She added that the next steps should be to revise the discussion draft in response to comments that were submitted. There has been sufficient time to establish hazards with urgency, and a revised discussion draft should head towards a new regulation. They are encouraged to see that the majority of comments are in support of Cal/OSHA's discussion draft so they think that those in support have similar comments. It would be a fairly feasible process to work towards finalizing a draft regulation. Their petition included much more of a prescriptive standard where they talked of fitted sheets and defining safe working practices, and still think that is the most protective standard one could have. They also submitted comments and felt they would be of value to the Cal/OSHA draft, which is more of a performance draft or a job hazard assessment program. They propose a release date of July 1st for the updated discussion draft. They understand how busy the Division has been, and they have seen the amendments to the heat stress regulation, as well as to the workplace violence petition. They understand that there are competing priorities, but noted that they submitted their petition in 2012.

Baruch Fellner, California Hotel & Lodging Association stated that they submitted a study with a letter from Lynn Mohrfeld. He noted that housekeepers are the face of the Hotel and Lodging association, that they interface with their customers, the people who enjoy their stays at their hotels and B&Bs. If

housekeepers are suffering, their problems and pains will come through to the public, and that will affect the Hotel and Lodging Association and its members. Mr. Fellner noted that this is not a question of us vs them, but a question of them working together. They want a common solution to these difficulties and it makes good sense to find appropriate solutions together. He added that their preferred alternative is the model IIPP which they attached to their submission and which can be tailored to the individual hotel. No two hotels are the same. They will be responsive and should be responsive to the issues that have been raised. They have opposed the UNITE HERE effort to impose a one-size fits all regulatory mandate on the hotel industry. Their prescriptions require specific numbers, exact equipment, fitted sheets, etc. There is some movement on UNITE HERE to a less prescriptive standard. Their effort is to find a regulatory solution. They think both directions are mistakes. There is no scientific correlation between number, type, and sequence of housekeeping tasks to injuries. California is the only state in the union that has an ergonomics regulation that requires two diagnosed repetitive motion and musculoskeletal injuries. This doesn't include falls and slips, but there is an IIPP.

Mr. Fellner said that California already has two unique enforcement prongs which can be used in order to appropriately protect housekeepers. DOSH has used 5110 and 3203 in issuing citations for housekeeping. If there is a standalone housekeeper standard, it would be an extraordinarily unfortunate precedence and every other industry will take a look at housekeeping and say that their injuries are even worse than what housekeepers have. A regulatory route will invite every other industry to legitimately come before the Board and say "me, too". This morning Barbara Materna indicated that one of the reasons she is here is to learn, and that may be an alternative as far as HESIS guidance and educational materials goes. If that is an alternative, they would welcome that. They look forward to being an active stakeholder to come up with guidance that would be very helpful to individual hotels to respond to the legitimate concerns that are articulated by the housekeepers. Mr. Fellner noted that the NIOSH study attached to Pamela's letter dated May 11th was not science. What these showed on a quick read is that "they (housekeepers) report working in negative and adversarial climates. The reason he quoted that is that this study established what the Boeing study established in the 80s: none of these concerns are physical but psychosocial.

Nicole Marquez, WORKSAFE noted that there has been a lot of work before this, and that they are very much in support of adopting a new regulation. They understand the Division's burden to reflect alternatives and believe there is overwhelming support to demonstrate the need for a standard required to address health and safety concerns for hotel housekeepers. The alternatives being reflected upon today give concern. The repetitive motion injury standard is a very onerous standard for people to meet. Hotel housekeeping is specific to that industry. Language to prevent these injuries should be in its own standard. 5110b is really just to minimize injuries. The new regulation would prevent injuries for hotel housekeepers. Looking to amend the IIPP is also too general. There have been past situations where IIPP applied to outdoor heat, and yet there were specific issues with agricultural workers exposed to heat illness. There is a heat illness standard that addresses their needs. They also need a hotel housekeeping standard to address housekeepers' needs. The Division is charged with protecting worker safety, so if other industries come forward, then the current law is not addressing their needs, and they need laws to have those needs addressed. They believe the third recommendation is great, but if without an adopted standard the issue of best practices could be problematic. They are confused with the HESIS approach, and feel that a specific standard addressing hotel housekeeping ergonomic issues is the best route.

Lynn Mohrfeld, California Hotel & Lodging Association said that they have taken a training and education approach. Safety is paramount for our workers. A housekeeper's job satisfaction cannot be stressed

enough. They've done presentation and articles, and tried to educate the entire industry. Their guide was professionally developed, looking at no less than a dozen IPPs and insurance company models in trying to come up with best model guide they could. If there are bad actors, they encourage Cal/OSHA to go after them. He added that the analogy to Pandora's box is correct. They are training how to lift, how to make beds, etc. They are encouraged by HESIS with educational tools, and think this makes most sense. They thank the Division for giving them the opportunity to participate. Mr. Mohrfeld was asked if he was suggesting training and outreach under alternative 5, or under option 3 as trainings are sometimes generalized and don't specifically address the tasks. He replied that he would like to talk more to HESIS to know about that.

Mr. Mohrfeld said that they were going with option 3. With training, one has a model IIPP, and one size does not fit all. In terms of their presentations, that's when they get into specifics, going over lifting and bending, etc. Both approaches are needed, but the educational approach is where they come from.

Marti Fisher, Cal Chamber echoed the comments from Baruch and Lynn, and agreed with education and outreach. It is great that HESIS has stepped in with training materials, and they wonder why that hasn't been started already. They also appreciate the IIPP approach and customizing approaches particular to their property.

Steven Wiker, Ergonomic Design Institute noted that he was commenting from a practicing ergonomist standpoint and asked that it be based on good science and on good processes. If overlapping standards are developed, employers will comply with the easier standard and attorneys will argue about which standards are more appropriate. Standards that are prescriptive tell one what the goal is. Standards that are performance tell us what one has to do.

Standards would focus on musculoskeletal, but what is it that they are going to add to the federal regulation. The federal regulation uses sciences. He would like to know that it is healthy as an intervention and does not overlook the primary problems in housekeeping, which are slips and falls.

Mr. Wiker inquired as to what is currently prohibiting the Division from going after the bad actors. He said that it helps him when he has to go to intervene in an industry to understand recommended changes. He added that educational process should not be overlooked. Housekeepers clean rooms and bathrooms differently. Even if those exposures are safe, they could be reduced further. The state could help by introducing best practices on the job, based on good science. If there is negative psychosocial issue, he doesn't know if one has to provide for that. Architects and interior designers also affect workload for housekeepers. They increase or decrease the amount of work as part of the design. Some education should be addressed towards architects and interior designers on décor issues. Educate those professions to design rooms that are easier to clean, safer, more usable for housekeepers and guests.

Argelia Rico, Housekeeper (Spanish), said that this was a very important meeting over body injuries faced by housekeepers. She noted that she is very proud of her job, and flew from Los Angeles to speak. She noted that she has a work injury as result of the job, and has been attending meetings for 3 years to share their stories and testimonies on injuries. Cal/OSHA is now aware that their work is heavy and dangerous, and since 2012, they have explained every year what is happening. Enough is enough. They want to end worker injuries. Now is the time to have a law that will protect them. This is what Cal/OSHA can make happen. This is a very important regulation for all housekeepers, most importantly for women, women of color, immigrants and low wage workers with no union. These are the demographics of the housekeepers in California. The health of the housekeepers is important, and they ask for a new law to

be established. She added that day in and day out, their bodies are hurting, that it's stressful and depressing to go get treatment after treatment that cannot resolve their injuries. Now is the time to establish new laws to protect working women. They are getting injured at work, and have to go home and care for their families. She asked about how many more times she has to come back.

Ricardo Hernandez, Housekeeping department (Spanish), stated that he understands that all hotels are different. He worked in a historical hotel with 3 floors and no elevators. They have to carry all the supplies, including heavy linen and soap, on their shoulders. The layout is not flat, and more strength is required to carry materials. Lifting mattresses causes body pain and muscle aches. Some hotels don't follow the law; don't have emergency kits or appropriate tools to do jobs. When hotel management hires supervisors, they're not trained on how to train housekeepers on how to do their jobs. They only push workers to do more work in less time, causing more injuries. He noted that they are asking to pass a new law now and provide services for hotel industry employees and their families.

Fabiola Benavidez, Housekeeper, stated that this is her 3rd time coming here and that it is time to pass a new law. She has not heard from OSHA on when they will pass a new law. She works in 600-room hotel, and they have problems. Some people say they have the tools, but they don't have tools, education, or training. Only when they have problems with money or complaints would management respond. They need tools, uniforms, and more protection for themselves and their jobs. All her coworkers have pain. Six years ago, she had an injury and an ankle brace. The doctor said she had to keep working. Every day the hotel puts more things in the room, which are hard to clean. The bathtubs with glasses are hard to clean, and they don't teach them how to clean it. They just have to do it. They are the face of the hotel, and sometimes they don't have the manager or anyone to protect them. It's time for Cal/OSHA to pass the law.

Ms. Neidhardt clarified that the Division is holding these meetings to gather input and explained that there are requirements that need to be followed, and that a decision has not yet been made.

Carisa Harris-Adamson, Samuel Merritt University, said she would prefer moving forward on a policy to protect women. She has worked with them for 10 years as a physical therapist/ergonomist onsite. She has experience observing these jobs and the training provided by different hotels. Trainings vary widely; guidance is needed as not all trainings are alike. They fear that relying on just a general training will put burden on room cleaners and not the hotel. There are tools that are available that can make the job easier but they're not being used. More research is needed to look at the newer tools but there is evidence in place that documents the exposures that the women are exposed to on a daily basis. This agenda is a step backward. She wants to see a discussion about the edits and feedback provided a year ago to the proposed regulation. There shouldn't be a reliance on general training that doesn't have formalities or implementation policies attached to them.

Ms. Harris-Adamson was asked to clarify if she was showing support for option #4 or option #3. She replied that yes on both. An IIPP with a regulation is a good idea. A best practices IIPP as an appendix to a regulation is what is required to protect these women. She added that they have been looking at exposures and are hoping the findings will be out later this year. The level of exposures that they were quantifying, heart rate and blood pressure responses to making beds, are quite high. It's really a concern. They need to protect these women, and it can't be done without a regulation.

Ms. Materna noted that part of the intent of this meeting is looking at both pros and cons. She would appreciate the last commenter addressing training and would like to encourage more discussion of

educational materials. She asked, what would be needed if they were prepared. She stressed that this was separate from the question of doing a regulation and noted that often times when regulations are put in place, is the perfect time to roll out educational materials on what needs to happen. She told the industry reps, that she hadn't seen the model IIPP that was submitted with the letter, and asked that if it had been developed and rolled out to their members, if they could share more about how helpful it was, how much it has been used, and what more were they looking for.

Mr. Mohrfeld said that the development guide had only recently been released so there was no anecdotal information. They took a dozen other IIPP from major hotel companies, insurance companies, and management companies, and combined them into one model IIPP. It was well received by the industry.

Ms. Materna inquired as to what they would ask HESIS to add.

Mr. Mohrfeld replied that they would like a review with Cal/OSHA to see if they got it correct.

Mr. Fellner said that there are specific training programs that ought to be vetted by HESIS. He would encourage interaction with stakeholders and HESIS on coming up with a program that is incorporated with the guide on IIPP.

Ms. Neidhardt asked Mr. Mohrfeld if the guides had been developed with worker input. He replied yes.

Mr. Wiker noted that NIOSH has put out training programs for various types of hazards and that they have an extensive one for musculoskeletal. New training materials should not just replicate what NIOSH put together. It's important to assist hotel industries to apply training to hotel work. Hotel housekeepers usually have on-the-job training. They shadow experienced housekeepers, and this practice is widespread. In the study that he did for hotel bed making, there were different strategies amongst different housekeepers. Some are better, some are worse. It would be better to provide real solid training on different ways to make beds, and the risks involved. Training support should be tailored and relevant, and not just NIOSH guidelines. Regarding heart rates, he looked at 20 different housekeepers, and highest rate was 140 bpm, 190 bpm. It shows they're working, but not at a hazardous rate, based on NIOSH criteria. He added that it is important to drive down exposures to make it easier to do the job, like providing long-handed tools. The housekeepers carried these things, but didn't use them. The space in showers and bathrooms were too tight, so the tools could not be utilized without getting into awkward positions. They couldn't clean very well, so it took housekeepers longer to do their tasks. When thinking of standards, it would be hard to get housekeepers to adopt protocols that would make it harder for them to do their jobs. Tools should be researched and proven that they help. Providing that information to tool developers on how these tools should work in that environment is important in educational materials. Hotel companies should also make sure that these tools actually help. Housekeepers should be involved in evaluating the tools.

Ms. Vossen said that they were glad that progress was being made. This discussion is very important in allowing issues to be raised.

In Cal/OSHA's discussion draft released last year, there was a section on training. That's very important to have, and they were glad to see it. On the website, UNITE HERE has already submitted comments on training. In the discussion draft, there is mention of a possible health and safety committee, including

hotel housekeepers, and they think that would get to the issues that Dr. Wiker pointed out as to the right tools to have. It follows the similar framework of safe patient handling.

Regarding NIOSH, she wanted to mention that the most recent abstract they distributed is actually part of a research team from a number of different universities. NIOSH is the government research agency for workers health, and it is the research arm of OSHA. Training issues is one of the topics that are covered in this setting. The 5th paragraph talks of accessibility of job-related trainings. Training is being looked at, and lots of information is gathered on types of trainings they've received.

In Cal/OSHA's discussion draft last year, appendices included training materials, like the Ohio State University's training material, which was funded by an OSHA grant. They encourage training for managers and housekeepers. They support training as part of a new regulation, and support training as stated with their comments on the Cal/OSHA's discussion draft of 2014.

Mr. Wiker echoed Ms. Vossen's comments. It is important to train managers as well so they understand what housekeepers are doing. If they catch something that housekeepers miss, they should train. He asked if the Division has something similar to Federal OSHA's consultation program, as it would take some time to develop a regulation. In the meantime, there is access to free consulting by Cal/OSHA. Hazards slow people down, and it can make a good argument to implement internal processes to improve operations to save money. Some of that money should turn back to the housekeepers to help them do their job.

Ana Gutierrez, Housekeeper (Spanish) said that where she works 1/3 of the housekeepers is injured. There are a total of 33 workers, and 11 injured. The idea of training is great theoretically, but in practice, it's hard to implement and carry on. As a housekeeper, she has seen how companies do trainings for them when there's a remodel or on how to treat guests. However, there is no training on how to protect their bodies. She has been in the industry for 23 years, and has not seen training on that. They need a new regulation that protects their bodies. Year after year, when companies make changes, they never take into account the workload or impact to housekeepers. Housekeepers are not machines. She supports a new regulation.

Ms. Neidhardt reminded workers that Cal OSHA can be contacted to report workplace injuries.

Irma Perez, Housekeeper from the Courtyard Marriott Oakland (Spanish), said that she has worked for 14 years, and that it is important to talk about training. She got training on how to bend and lift mattresses, but doesn't have the time to practice this training. This is very important, and they also need a new regulation to set a number of rooms to clean. Training is beautiful when they teach you how to do things in slow motion. But as a housekeeper, they don't have time to bend down, shift, and get up because they are rushed. She personally cannot work without a waist belt. When she has to bend, she has to have a waist belt to deal with pain she already has. She feels really lucky to be a member of the Local 2850. Through the union, they are able to negotiate a contract that establishes the number of rooms to clean a day. She is here to speak for those who don't have a union or a contract. They have to clean 20-25 rooms. Our room quota is 15. She asks how it is possible to clean 20-15 rooms in pain. She knows of room attendants that are pushed to clock out but then forced to work afterwards. She is here to support a new regulation. She doesn't know what agency can establish room quotas, but those without unions are threatened to be fired. If they speak up, they can be retaliated against. A new regulation would help.

Mr. Fellner inquired if a specific room quota was off the table or being considered.

Ms. Neidhardt noted that input was being accepted from everyone, and that it was not the intent of the Division to limit the input.

Mr. Fellner noted that he would like for the Division to give them a chance to respond when the proposed view is released.

Mr. Wiker noted that with regards to the person that mentioned that housekeepers are cleaning up to 20-25 rooms, he didn't think that, under any hotel room design, this would fall below NIOSH guidelines. He recommends if packages are put together on educating hotels, it should give information on met rates. It would be useful to show hotels that there has to be a limit on metabolic burdens. Some hotels use temporary workers who don't know their protocol, but it would be useful to educate hotels if there is a limit on rooms based on biomechanics and metabolic burdens.

Ms. Neidhardt reminded attendees that they can send comments via email as well.

LUNCH BREAK

Ms. Rico noted that she supports the adoption of a new regulation.

Ms. Benavidez noted that she supports the adoption of a new regulation.

Annabel Ramirez noted that she supports the adoption of a new regulation.

Estela Rivera noted that she supports the adoption of a new regulation.

Silvia Medrano noted that she supports the adoption of a new regulation.

Yolanda Barron noted that she supports the adoption of a new regulation.

Mirna Hidalgo noted that she supports the adoption of a new regulation.

Ricardo Aniso Hermide noted that he supports the adoption of a new regulation.

Nathan Dobbs noted that he supports the adoption of a new regulation. He was hurt and the hotel didn't follow OSHA standards. He had chemical burns in both eyes, and the casino didn't have protective wear. He went to speak to management, but they were not sure what to do to ensure proper usage of PPE. A lot of people are getting hurt at Thunder Valley, and no one is helping when they get hurt.

Mr. Smith asked if anyone had filed a complaint. Mr. Dobbs replied that he did under Worker's comp, but he went to the hospital for 4 hours.

Mr. Smith told Mr. Dobbs that he did have the right to complain to OSHA, but that since the hotel was in an Indian Reservation, it would fall under the jurisdiction of Fed OSHA. He was asked to speak with a Cal/OSHA person afterwards.

Carmen Reyes noted that she supports the adoption of a new regulation.

Maria Beltran noted that she supports the adoption of a new regulation.

Aida Mojica, worker at Thunder Valley in Lincoln noted that she supports the adoption of a new regulation. She wanted to speak a little about what happened to her. A door smashed her hand because she was hurrying to finish a job. Not once did management do anything to help or tell her what to do. She was trained through shadowing and was taught that person's way on how to clean. She wasn't taught proper protocol, and had to learn as she went along. A lot of people there that do get hurt are scared to speak up, and management brushes it off. They don't try to alleviate the problem or explain how to do things. They don't carry the right equipment in their carts, and nothing is being done. She had to teach herself how to use carts, but they never taught her when asked. Women need protection. When one is queued for a room, they have to clean as fast as they can because a guest is waiting. She got hurt in a suite where doors are big, and there is no training on how to clean a suite.

Adela Sandoval noted that she supports the adoption of a new regulation.

Tiffany Yu noted that she supports the adoption of a new regulation.

Runyao Luo noted that he supports the adoption of a new regulation.

Maria Aguilar noted that she supports the adoption of a new regulation.

Irma Perez noted that she supports the adoption of a new regulation.

Maria Beltran noted that she worked as a housekeeper for 9 years. In last 2-3 years, there were renovations and lots of new things that required to be cleaned. As she was doing work, she injured her back from rushing with the new additions. There are many of them who can't take a second rest break because they're so rushed. It is very stressful because they can't rest. They clean 11 rooms, and management has said that if they don't complete assignments, they get disciplined. They end up forfeiting their right to rest to avoid disciplinary actions. She supports the adoption of a new regulation.

Sarah Julian said that UNITE HERE represents 25,000 hotel workers, and the Local 19 is part of the Northern California hub. In California, UNITE HERE represents 47,000 hotel workers. They have read OSHA logs on hotel workers injuries. They've been coming for 3 years for these meetings to tell their stories. They keep asking why it keeps taking so long and when will there be a regulation for them just like there are for health care and construction. House keepers have been telling OSHA about injuries since 2007 since the first injury, and they still continue today. More continue to get injured. As a local union leader who has worked with workers for the past ten years, this issue is extremely important to this membership. 90% are women, immigrant women, and these women have lost the means to earn a livelihood for their families, and can no longer feel positive as productive members of society, and live daily with pain and suffering. This is difficult to accept because it is preventable, and does not need to happen. It is time for Cal/OSHA to fulfill its mandate to create an injury prevention standard for hotel housekeepers. They can't wait any longer. They ask for a revised Cal/OSHA draft regulation by July 1st, and a meeting 30 days after the draft regulation by August. They feel it is their turn now. Housekeeper health matters.

Ms. Vossen said that they know that the Division has been busy and that a lot has gotten done in the past year and there aren't unlimited resources. Their sense of urgency comes from having started in

2012. There have been other petitions that have made progress. Now is time for this to move forward. She wants to thank all the people who have spoken today in support of a new regulation. This is the only thing that will make a difference in occupational health. There is lots of evidence that it is hazardous to worker health. The first presentations by Nicholas Krauss dealt specifically with hotel housekeeper health. There are easily 20 scientific articles that are just about housekeeping work being hazardous. Cal/OSHA as an agency issued information memos in 2011 where they couldn't meet the bar on standards. California had repetitive motion standards. They did recommend an evaluation of work tasks with bed making and cleaning to identify exposures and recognize ergo risk factors. She would like to remind the agency that the things recommended in 2011 are in the discussion draft. It does pertain to what has been recommended to control hazards. Cal/OSHA as an agency has done work towards reducing housekeeping injuries, and the discussion draft captures that. There were two very thorough ergo assessments at two hotels in California that looked at ergo hazards.

Ms. Vossenias noted that she submitted into record these articles. She thinks that the agency has made useful progress that can be incorporate in a regulation. She is a big believer in doing things collectively, which is why she has dedicated her life to occupational safety and health as part of a union. When their petition was voted down in May 2012, and then in June when there was a vote to move petition forward, there were a number of options that the Standards Board had. There were four voting options. The unanimous vote was the one that was voted up. That really made it very clear that Cal/OSHA's mandate was to create regulations as protective as possible. She doesn't want anything held up because labor and the business side of things are too far apart. She has worked as an epidemiologist, and has been in the field for 28 years now. She has spent the last 10 years documenting hotel housekeeper injuries. All these workers need to be trained and protected on the job. This industry is growing as far as jobs because this industry is profitable. They're operating out of regulation while workers are still being injured. She added that they would like to have a revised discussion draft by July 1st, and would like another meeting in august. They cannot afford to lose another year.

Mr. Seaman stated that this had been incredibly informative and helpful. A point worth emphasizing was what might sound like a big disparity between the hotel association and what workers were describing. The issue is that something is still failing. There are too many stories of painful injuries. Workers will typically live their life with these injuries. All the research and science out there can come together in a new regulation. They need something out there that puts some sort of system in place to keep workers safe. These need to be brought together in some way, and a new regulation would be able to do that. The only sensible course is to draft a regulation. They will do whatever they need to do in order to make a regulation that works better. But all comes down to making a new regulation.

Ms. Marquez stated that she supports adopting a new regulation. Everyone has heard the hotel housekeepers. There's a pattern, a trend in the stories. They're getting injured, and there is no recourse or prevention. Their needs are not being addressed, there needs to be action, a regulation that addresses this. Non-unionized workers experience these injuries at a higher rate because they don't have a union. There is urgency in creating a new regulation.

Ms. Vossenias stated that with regards to the other alternatives, specifically with amending existing regulations, that it would be opening up a large effort for these regulations that have been in the books for a long time. It is beyond the scope for a feasible alternative. Repetitive motion injury is only triggered after two injuries. She knows that standard very well. She doesn't want to wait for people to get injured. They want to prevent these injuries. There are musculoskeletal injuries that aren't repetitive motion, like injuries from forceful exertions and ergo risk factors. Those might meet criteria for MRI.

With regards to the IIPP, Ms. Vossenias noted that this doesn't have enough teeth. It is not specific to a particular type of hazard. They already discussed these two in the petition process. A model IIPP standard with HESIS would be fine. She would welcome it as an appendix as part of the new standard. They would prefer mandatory appendices. As for materials and guidance on best practices, she noted that this is very valuable but only as part of the appendices and not instead of a new regulation.

Mr. Fellner agreed with Ms. Vossenias that amending the MRI and IIPP would be a heavy lift. He added that issuing a new regulation with regards to housekeepers' amounts to amending housekeepers from MRI and IIPP. A new regulation would be a heavier lift.

Mr. Smith stated that the Division really appreciates the feedback. Next steps include going over all the advice received today and recommending to the leadership the path forward. He stressed that further input is welcomed and requested that it be submitted by the end of the month. The Department's leadership will be provided with a complete picture of the advice provided on all the alternatives and where to go, and then next steps will be provided to this group.

Ms. Neidhardt reminded everyone to sign-in and stressed that if someone didn't get the announcement it meant that their email is missing. She encouraged all attendees to send written comments.

Mr. Smith thanked all attendees for coming and then the meeting was closed.

CAL/OSH ADVISORY MEETING: HOUSEKEEPING IN THE HOTEL & HOSPITALITY INDUSTRY DATE: May 13, 2015
CHAIRPERSONS: AMALIA NEIDHARDT, SSE AND STEVE SMITH, PSE
LOCATION: HARRIS STATE BLDG., 1515 CLAY ST., 2ND FLOOR, ROOM 1, OAKLAND, CA 94612
TIME: 9:30 AM TO 3:00 PM

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CAL/OSH ADVISORY MEETING: HOUSEKEEPING IN THE HOTEL & HOSPITALITY INDUSTRY DATE: May 13, 2015

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TIME: 9:30 AM TO 3:00 PM

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**Advisory Committee Minutes
of the 5th Cal/OSHA Advisory Meeting on
Housekeeping in the Hotel and Hospitality Industry
December 3, 2015 – Oakland, California**

Meeting Chairs: Steve Smith, Amalia Neidhardt, Eric Berg

Minutes: Valerie Royo, Grace Delizo

Attendees:

Name	Affiliation
Estela Rivera	Unite Here Local 2
Yong ping Wen	Unite Here Local 2
Lynn Mohrfeld	California Hotel & Lodging Association (CH&LA)
Baruch A. Fellner	Gibson-Dunn (Partner)
Maria Martinez	
David Glaser	Unite Here
Josefina Soto	
Isela Martinez	Unite Here
Marti Fisher	Cal Chamber
Ed Klinenberg	CIHC
Blanca Patricia Hernandez	Unite Here Local 2
Ana Ramirez	Unite Here Local 2
Ana Gutierrez	
Maria Aguilar	Unite Here
Norma Bravo Soto	
Fabiola Benavidez	Unite Here
Pamela Vossen	Unite Here
Silvia Medrano	Unite Here Local 2
Alexis Luna Torres	Unite Here
Antonia Cortez	Unite Here Local 2
Yolanda Barron	Unite Here Local 2850
Jose Lee	Unite Here Local 2
Maria Ibarra	Thunder Valley
Nicole Marquez	Worksafe
John Robinson	CAPA
Omar Diaz	Cal OSHA (Spanish Interpreter)
Joan Lichterman	University Professional & Technical EEs (UPTE-CWA)
Sergio Rangel	Unite Here
Carissa Harris-Adamson	UCSF
Carmelita Cotton	Unite Here
Cynthia Perez	
Anabel Ramirez	
Sami Gutierrez	
Ana Lepe	
Chris Middleton	California Lodging Industry Association (CLIA)
Irma Perez	Unite Here Local 2850

Charles D
Theresa Ramos
Martha Oregon
Mike French
Kevin Thompson
David Kernazitskas
Mitch Seaman
Sally Yip
Mary Deems
Mary Kochie
Sandra Rodriguez
Paul Leary
Peter Wilsey
Chizuko Calhoun

Unite Here Thunder Valley
Housekeeping/Thunder Valley
Unite Here Local 49
Unite Here
Cal OSHA Reporter
OSHSB
CA Labor Federation

CA Department of Public Health
Cal OSHA Medical Unit
Unite Here Local 19
US Department of Labor, Fed OSHA
US Department of Labor, Fed OSHA

Welcome and Introductory Comments

Steve Smith, DOSH Principal Engineer for Research and Standards welcomed the attendees and opened the meeting. He introduced the staff and noted that the Division had a Bilingual Inspector present for real-time Spanish translation during the meeting. He explained the pre-rulemaking process, gave a brief recap of the previous four advisory meetings and reminded attendees to sign-in. He noted that based on the last meeting, the Division posted a revised discussion draft and asked for additional comments. Seven comment letters were submitted and the current draft shows the response to the comments received back in September.

S. Smith reiterated that this is an informal advisory meeting, which is still pre-rulemaking and not rulemaking. The Division is soliciting comments from all interested stakeholders, and this will be used to develop a discussion draft and eventually a proposed rulemaking document that best addresses the issues. A final rulemaking proposal will then be forwarded to the Standards Board. At that point, a formal public hearing will be held as part of the formal rulemaking process, and there will be another opportunity to comment.

S. Smith explained that because input has been provided over the last four meetings, the first agenda items go over the discussion draft and focus on the most recent revisions. The floor would then be opened up to general comments that weren't related to these revisions or to additional comments on support or opposition of proposal. Input on alternatives to the proposal were also being requested. Information was also being sought on the potential impact of the proposal, such as cost and benefits. This information will be used to estimate the potential impact of the proposal on the regulated public. He asked if attendees had questions on the general process, but no comments came forward.

Amalia Neidhardt reminded attendees to state their name and affiliation along with their concerns or suggestions so that they could be properly recorded in the minutes.

A. Neidhardt asked if there were any comments on subsection (b), the updated definition for housekeeper. No comments.

A. Neidhardt asked if there were any concerns with the substitution of Job Hazard Analysis (JHA) with Worksite Evaluation.

Lynn Mohrfeld, California Hotel & Lodging Association, stated that the job hazard analysis is present in other Cal/OSHA regulations, and that the California Hotel & Lodging Association was fine with job hazard analysis. They want job hazard analysis instead of worksite evaluation.

Baruch Fellner, California Hotel & Lodging Association, noted that the definition for job analysis should be retained instead of worksite evaluation. He stated that the current draft is a step backwards. A job hazard analysis allows for analyzing two issues: the potential hazard and, the potential causes of musculoskeletal injuries. Worksite evaluation eliminates one of those and only identifies causes. He suggested using job hazard analysis as opposed to worksite evaluation. Mr. Mohrfeld concurred and said that it would provide more consistency.

Pamela Vossenas, UNITE HERE, stated that worksite evaluation should only be included if the definition stayed the same. Worksite evaluation should pertain specifically to housekeeping tasks, and they would be okay with the worksite evaluation definition.

B. Fellner said that job hazard analysis makes sense as opposed to worksite evaluation because it does not assume that the hazard exists. Worksite evaluation assumes that all hazards have been found, and is more a matter of finding causation of those hazards. He also stated that another significant change from the original definition was the myriad of housekeeping tasks, and that major hotel chains and B&BS had not yet calculated the economic costs for each housekeeping task.

Nicole Marquez, Worksafe, stated that she was in agreement with keeping the definition of worksite evaluation as long as it remained tied to housekeeping tasks and housekeepers.

P Vossenas said that housekeeping tasks throughout the industry were common and largely focused on bathroom cleaning, bed making, and room cleaning, and these tasks have been measured by ergonomists. She noted that it is possible to evaluate risks of potential injury. Workplace hazard is a broad term, and as long as it was tied to housekeeping tasks, they would be okay with the language.

L. Mohrfeld stated that they were fine with the definition for housekeeping tasks.

P. Vossenas asked for clarification from the California Hotel & Lodging Association on their previous comment as to how a job hazard analysis would be very expensive to implement. She asked why industry would change the recommendation to keep the job hazard analysis now.

B. Fellner stated that they were fine with the job hazard analysis because it is classically defined as "find-and-fix" and not "found-and-fix." He inquired if a generic job hazard analysis that deals with all common housekeeping tasks could be used, as opposed to every bed & breakfast doing their own, and whether the economic consequences associated with that had been considered.

L. Mohrfeld said that they had no issues with the definition for job hazard analysis.

The discussion moved on to the definition for union representative.

N. Marquez said that in the previous draft the word "union" was not included, and they wanted the definition of representative to be consistent with Labor Code 6309. As it is now, it would exclude non-

unionized hotels, and would limit the definition of representative. She recommended deleting the word union.

L. Mohrfeld and B. Fellner both agreed on deleting the word "union."

N. Marquez added that the definition would be consistent with 6309, with representatives from bargaining units, and not limited to attorneys. B. Fellner agreed with this recommendation. [NOTE: P. Vossen later sent a letter stating that the term "union representative" is appropriate as used and should not be changed, because neither employers nor the Division would know when and under what circumstances employers must involve certain non-union representatives in the particular activities specified in the draft regulation.]

L. Mohrfeld referred back to definitions on lodging establishments and recommended that short-term rentals, vacation rentals, and B&B inns like air B&BS be added.

P. Vossen inquired about the request to now include individual homes when the Association has said for the past four years that this regulation would put B&BS out of business. She stated that this would be an unusual reach for Cal/OSHA. Guest services and runners were taken out of the language because those jobs did not have the same hazards as hotel housekeepers. These new lodging establishment terms wouldn't have hotel housekeepers in them and would not have the hazards that have been discussed.

L. Mohrfeld noted that the numbers for air BnB and vacation rentals have become a significant part of the industry, and that these entities are hiring housekeepers. He reiterated that these are commercial accommodations with the same housekeeping tasks, so they would like to see them included in the language. B. Fellner agreed and noted that it would level the playing field.

P. Vossen stated that the original words were in terms of hotels, and not vacation rentals by owner, air BnB, and the like. B. Fellner asked if the housekeeping tasks were different in hotels as opposed to in an air BnB.

A. Neidhardt said that his comments had been noted, and if there were any additional concerns, the floor would be opened for general comments later on in the meeting.

The discussion moved on to the next agenda item, the revised prevention program and worksite evaluation in section (c)(2), where "cleaning" was deleted and replaced with "housekeeping" task.

B. Fellner stated that he had concerns with the provision that involves a mandatory process for a system that ensures housekeepers and supervisors comply and use tools and follow safe cleaning practices. He said that the problem was that housekeepers would be disciplined if they did not use the sequence and type of tools in which they do their housekeeping tasks, and that this was an intolerable revision as far as the hotel industry was concerned. He stated that they were not in the business of disciplining the housekeepers if they chose to clean a room in a manner that had been done for 30 years, or would not follow a mandatory MIPP or safe cleaning practices.

L. Mohrfeld suggested that under (c)(2), after "housekeeping practices", the words "and use the housekeeping tools or equipment deemed appropriate for each housekeeping task" be deleted. He noted that everyone likes to do things differently and should be allowed to do so.

B. Fellner agreed and said that the MIPP should be sufficiently flexible so that housekeepers do not have to follow the exact same sequence.

N. Marquez said that they did not envision housekeepers being penalized for not complying with the MIPP. She noted that what would be effective would be to have a memo that outlines illegal safety disincentive programs. Workers should be encouraged to report near-misses or encouraged to report hazards and incentivized to identify new ways to make work safer instead of being penalized. This would ensure a safe work environment.

B. Fellner inquired if an employer would be responsible if DOSH inspects and a housekeeper chose not to use the equipment.

N. Marquez said that one would have to take a step back and find out why the housekeeper wasn't using a particular tool.

B. Fellner stated that the hotel industry has concerns with respect to this particular provision.

S. Smith pointed out that the whole section is similar to the language in 3203 to ensure that people are complying. Employers already have this obligation. He stated that it does not say what that system has to be or how employers are supposed to do it, so it is performance oriented.

L. Mohrfeld stated that he believes that they are all in agreement that housekeepers should not be reprimanded for using tools.

P. Vossen said that it was important to include housekeeping tools as deemed appropriate, and that Cal/OSHA already has experience making decisions when inspecting hotel properties. The language is acceptable as is, and if there were concerns, the word "housekeepers" could be taken out, but that supervisors had to comply.

L. Mohrfeld said that regarding the housekeeping tools part, both sides would be needed. He stated that if this just takes existing language from 3203, then the tools are what they have an issue with as they are not sure what tools are deemed appropriate for each hotel, and do not want to limit housekeepers on tools.

B. Fellner stated that if this section was supposed to be an IIPP, then it should go no further than what is specifically written in the IIPP.

The discussion moved on to the next agenda item, subsection (c)(4).

John, shop steward at Thunder Valley, asked for clarification on (4)(B), and whether "union" representative included someone like a shop steward. S. Smith replies yes.

Mitch Seaman, California Labor Federation, noted that in subsection (c)(4)(C), where it says "...in a language easily understood by housekeepers", that "housekeepers" should be replaced with "employees as covered by the MIPP" or something similar.

B. Fellner noted that all of Mr. Mohrfeld's previous comments regarding worksite evaluation also applied to (4)(A-C).

Mary Deems, California Department of Public Health, Occupational Health Branch, asked if people were not going to repeat their comments on the change of the definition for representative. Yes.

N. Marquez suggested including a posting requirement in the notification process where employers inform employees, something similar to other standards like the lead standards.

Pamela Vossen, echoed Ms. Marquez's comment, and said that there should be a timeline. She would like to add that this information be posted in a location within fourteen days.

A. Neidhardt asked for comments regarding Procedures to Investigate Injuries.

B. Fellner was concerned with (c)(5) and how far reaching the addition could be and noted that this could be a very expensive undertaking. He asked if a housekeeper complained about back pain and gets Motrin, would an employer be required to conduct an investigation from those kinds of injuries in accordance with (c)(5).

A. Neidhardt replied yes, that this requirement was taken from the IIPP, and uses the same language. She explained that the Division wants to make sure that information obtained in those investigations be considered.

B. Fellner commented that it would be very expensive if every minor back pain triggers an investigation under (c)(5).

N. Marquez suggested that a timing requirement be included in (c)(4)(D). P. Vossen echoed this comment.

L. Mohrfeld suggested minor wordsmithing on (D)(1) to delete "or increase" from the language.

Joan Lichterman, UPTC-CWA 9119, suggested that subsection (E)(2) on page 3 be changed to include "prolonged, awkward, or static postures."

Carisa Harris Adamson, UC Berkeley, suggested that "forceful exertion" be added to (E), and N. Marquez agreed with these suggestions.

B. Fellner commented that language like "extreme reaches, repetitive reaches," and others were precisely the words that led Congress to reject the ergonomic standard in 2000. He stated that these terms were incapable of definition and measurement, and attempts were made to get the Federal Occupational Safety and Health Administration to define what repetitive motion meant, and they replied that it meant doing the same thing twice in one minute. Mr. Fellner said that it was impossible to define these terms and that the attempt to conduct a job hazard analysis in context of these terms and definitions was doomed to failure.

C. Harris Adamson said that there are a few assessments that have been validated in studies between physical exposure and musculoskeletal injuries, and that we have come a long way since 2001. She suggested that these terms be kept.

B. Fellner stated that "association" is opposed to "causality." He said that there is some connection, but that the only study of those tools in context of NIOSH levels was conducted by Dr. Steve Wiker, who found that housekeeper activities were well within NIOSH guidelines.

P. Vossenias stated that they were repeating the same recommendation made in their August comments on item (4)(E). Lifting should not be part of (E)(5) as it is not a posture. Lifting should be a separate risk factor and should be in item 1. She also suggested adding forceful exertion to item 1, because it is a musculoskeletal risk factor and an important hazard seen in hotel housekeeping. She mentioned a 1995 scientific review on the forceful exertion used for lifting beds that are close to walls and night tables, which create awkward postures and make it difficult for housekeepers to lift beds safely. She noted that it was important to mention forceful exertion with lifting.

Ana Gutierrez, 14-year worker at the Hilton Garden Inn Emeryville, Local 2850, related about an incident where she had used too much force to push a heavy cart which had gotten caught between a rug and a plastic seal at the bottom of the rug. Carts can slide, and she had to force the cart onto the rug, which resulted in the cart flipping over. She mentioned that she was not injured, but that the constant pushing of the cart made it harder for her to do her job, and requested that forceful exertion be added.

A. Neidhardt asked if there were any concerns with the deletion of (4)(E)(2) on page 3 of the draft discussion.

N. Marquez stated that they had concerns, that safe work rate should be included and that the amount of time allotted to clean guest rooms should be taken into consideration.

B. Fellner said that they did not have any concerns with the deletion. He noted that their concern was whether or not the deletion of requiring a safe work rate was more cosmetic or real, or would it be imported through the back door. He noted that (5)(C) requires input of housekeepers and (6)(A) already requires effective means of involving housekeepers and representatives. If housekeepers have a bad back, and they're doing too many rooms per shift, that's what they will attribute it to. If management disagrees, they will not adjust rooms per shift, and the housekeeper will contact DOSH to see if that bad back was associated with the number of rooms. This particular MIPP, if enforced, will allow the housekeepers to veto the number of rooms assigned. He applauded the deletion of the paragraph, and noted that the requirements were still part of the MIPP through this process of housekeeper input. He stated that if the Division could say that the MIPP was not about requiring businesses to mandate specific tools or specific sequences, then they could live with it.

L. Mohrfeld inquired if it were to be included, and the safe work rate was higher than the one in the collective bargaining contract, then which one would be valid.

S. Smith replied that employers could go beyond the Division's regulations in order to protect their employees.

P. Vossenias stated that this was about safe work rate and that this was something that would be considered as part of the worksite evaluation. She recommended adding language that as part of the worksite evaluation they would consider the number of rooms cleaned per shift and type of rooms, to enable the employer to evaluate quickly if the work could be done safely or not. Work rate language

should be part of the worksite evaluation.

A. Neidhardt asked for input on page 3 of the discussion draft items (5)(A) and (B).

M. Seaman stated that subsection (5)(A) should clarify that it applies whether or not a workers compensation claim had been filed.

B. Fellner pointed to (5)(B), which states that if required tools or other required control measures were used or not used appropriately, and said that it implied mandatory use of tools and equipment. He said that this should be revised to accommodate hotels.

L. Mohrfeld suggested deleting the word "required" from (5)(B).

P. Vossen said that as previously recommended in their September comment letter, (5)(A) should specify what control measures are to be considered. There is no list or required tools in this version, but it is pretty well known what the options are. She recommended including control measures like the tools identified in the Cal/OSHA 2005 publication. This Cal/OSHA document, which covers the hazards that are being discussed, shows the unsafe and safe postures with the right tool for the job. Since these tools have been identified by Cal/OSHA, then they should be named. She noted that if tools are not named, they won't be considered, and since appendices are non-mandatory, then the tools should be referenced in the document.

B. Fellner stated that as Ms. Vossen indicated, if these were non-required, as in a true MIPP, then they would have no objection to the 2005 document. He noted that this is why this entire exercise was unnecessary as that 2005 document laid out very nicely the non-mandated operations.

Maria Martinez, 10-year worker at the Hilton Garden Inn, Emeryville, stated that Cal/OSHA should include tools like mops because the hotel she works in does not provide mops. Workers have to make mops out of towels, and the workers have to bend or kneel to clean. She commented that they have to clean 14 rooms a day as union workers, and that non-union workers clean 20 rooms per day. Mops should be included in the list of tools that the employer must have, and employers should consider which tools are safe or not.

N. Marquez noted that she was in agreement with listing tools and control measures. C. Harris Adamson echoed this recommendation.

A. Neidhardt solicited input on (5)(C). No comments were received.

A. Neidhardt asked for comments on (6). None were received.

A. Neidhardt solicited input on page 4, (d) Training.

P. Vossen asked for clarification on (d) as to what did "these employees" referred to. A. Neidhardt replied that it referred to housekeepers and supervisors.

P. Vossen commended the Division for this section. Referring to (d)(1)(E), she recommended adding "or when new or previously unrecognized hazard has been identified." The addition would make it more

consistent with the Safe Patient Handling standard, as well as with the current version of the Workplace Violence proposed standard.

L. Mohrfeld stated that (d)(1)(A) seemed to be misplaced and didn't apply there.

B. Fellner noted that the whole issue with this element, as applied to housekeepers, is that it would end up training people on how to be sick. He noted that many people experience musculoskeletal injuries which are as common as headaches, and many learn to cope with it. He suggested that instead of training people how to be sick, the Division should look at the data driven medicine and rethink this section.

L. Mohrfeld stated that he looked at this section from a more operational, general manager point of view. The concern was that it will get lost somewhere, and then an owner wouldn't know how to talk about it. He stated that this was more for medical professionals.

C. Harris Adamson disagreed that this was training people to be sick, and stated that there is plenty of literature that supports that early identification of signs and symptoms is better for both the employee and the employer. She stated that this section should include the early identification of signs and symptoms which should be taught to supervisors in order to teach employees if needed. She suggested that supplemental information be provided on the early recognition of signs and symptoms that lead to musculoskeletal injuries.

M. Seaman seconded the suggestion and stated that these signs and symptoms need to be caught early. He noted that if left untreated, the injuries could become more serious, leading to more expensive injuries and to workers not being able to recover. This creates open workers compensation claims that will never close, and this is not something anyone wants. He said that there needs to be something in the training section that tells employees what to look for, because employees don't want to stop working, and they will work through their injuries. This is the exact opposite of what workers compensation would want employees to do.

A. Neidhardt asks for clarification if the suggestion was to add identification of early signs of injuries. The response was yes.

B. Fellner stated, with regard to the two previous commenters, that the 7th circuit decision noted in Caterpillar the difficulties of easy descriptions. He added that these descriptions do not amount to medical causation related to the workplace.

P. Vossenas thanked Cal/OSHA for including (d)(2)(A), requiring that both workers and supervisors be trained on signs and symptoms. Ms. Vossenas stated that housekeepers have talk about not getting training on this, and not being part of their regular training. This is something that specifically applies to housekeepers, so she appreciates including it in the language.

Marti Fisher, Cal Chamber, stated that the language in (d)(2)(A) implied that the person doing the training needs to be an expert and recommended clarifying the language so that an ergonomic expert or a doctor would not be required. Ms. Fisher understands the need for employees to recognize symptoms, and suggested that the Division change the language so that it dials back a bit so that employers are not required to bring in an ergonomist or a doctor.

N. Marquez stated that they are also appreciative of Cal/OSHA including the signs and symptoms of musculoskeletal injuries, and that it is important to include early recognition and a process for detecting these injuries.

B. Fellner noted that the early process for reporting was already covered in (d)(2)(E). He stated that as long as employees could be informed based on data-driven medicine, then it would be acceptable.

A. Neidhardt asked if there were any concerns with splitting (d)(2)(D) and (d)(2)(E) into two parts. They were one paragraph before.

P. Vossen appreciated the clarification on (d)(2)(D) and the stressing of the process of early reporting in (d)(2)(E). She also applauded the language on page 5, (d)(2)(F), but wanted to repeat their earlier suggestion to add "to include practice in the guest room." She noted that housekeepers say that training is done in the morning meetings and they're just told to do their tasks, or someone comes up to them and tells them something, then they are told to sign a piece of paper that they've been trained. She said that housekeepers would like training in the rooms because that's where their jobs are.

Irma Perez, 15-year worker at the Marriott Courtyard, Downtown Oakland, said that hotel workers do not have proper training, nor are they taught proper techniques or how to use the tools that the hotel provides. She gave an example of how she was given a wedge tool to lift a mattress, but the problem was that no one used it because no one was taught how to properly use it. All that workers are given are the manufacturer instructions that come with the tool, but no training on how to use it.

C. Harris Adamson stated that it would be helpful to put in an adequate time to practice using a tool in a room. She said that one opportunity to learn how to use a tool doesn't necessarily transfer to them using the tool efficiently and productively, so workers need adequate time to practice using the tools.

F. Benavidez, 13-year worker at Park Central San Francisco, said that they are never given actual training, but are made to sign a sign-in sheet. They are given a yellow Cal/OSHA book, but it is never explained to workers. Workers are not told how to use liquids, and housekeepers work the way they do because there is no proper training on what to use, which makes it hard to clean.

Yolanda Barron, 5-year worker at the Hyatt Emeryville, thanked the Division for the opportunity to speak, and emphasized the importance of being taught how to clean as opposed to just hearing about how to clean. She noted that they are given tools, but no training on how to use the tools. Training is also needed when rooms are remodeled, and newer rooms have crystal and glass. Workers are injured while cleaning 10-11 bathrooms because it is a repetitive job, so it is important to get training on the tools that they are given.

Cynthia Perez, Housekeeper, also stated that most housekeepers do not get proper training. She commented that her workplace does provide training in the rooms and workers are shown the proper ways to do tasks like how to pick up mattresses and clean bathrooms. Because of this, she believes that it should be regulated. She was taught how to do things safely but many housekeepers do not know how to do that. She also participates as part of a safety and green committee at her workplace where they are able to discuss concerns, and help train others, which makes a difference.

N. Marquez echoed all the comments regarding the room training and all comments in respect to training.

A. Neidhardt asked for any concerns regarding (e) Records (1) or (2).

P. Vossen stated that on (e)(1), they would recommend adding at the end the names and qualifications of persons conducting the training so that the language would be identical to the Safe Patient Handling language, as well as the current Workplace Violence proposal. In the section where it states, "made available in accordance with 3203," she suggested that instead of "made available to all employees," it should be kept consistent with the language in the Safe Patient Handling standard, and the current Workplace Violence proposed standard.

S. Smith called for a lunch break, and noted that the discussion would continue after the break.

Lunch Break taken at noon. Meeting Resumed at 1:15 p.m.

S. Smith resumed the meeting and opened the floor for additional comments or input.

P. Vossen recommended that in subsection (5)(B), the word "appropriately" be deleted and that the words "correct use of equipment" be used instead. She noted that just like in the Safe Patient Handling regulation, they would like to require ensuring availability to encourage its use.

Mike French, attorney and research analyst with Unite Here said that the hotel industry is doing great. She read off numbers related to income and profit increases, and stated that there was an all-time high use and occupancy rate. Assets price is on the rise and there has been record hotel transactions. She said that in California, in 4 of the top 5 lodging markets (which include SF, Santa Ana and LA) there has been an increase of revenue per available room.

M. Seaman thanked the Division and noted that this was a big undertaking. He inquired as to what the expected timeline for submitting a proposed standard was, and whether another meeting would be necessary.

Yuriko Hammond, a hotel worker, noted that she would be having knee replacement surgery and wished that she would have had those tools before.

Susan Martinez, a Unite Here member and hotel worker from a Sacramento Casino, said that there was strong support for a housekeepers regulation. She noted that still today many housekeepers do not have it any easier or safer and fear repetitive injuries. She recommended that the language which requires that these most vulnerable workers be trained in a language easily understood, be kept. She supported posting requirements to avoid housekeepers putting themselves at risk. She mentioned that the week before she had attended a Coalition Labor Union Meeting for women where they collected signatures to support this regulation. She was there to support her Unite Here sisters who seek a safer job.

Anna Leppe, a worker for the Anaheim Disney Grand Hotel in CA, said that they too have many trainings but that they are worthless due to heavy mattresses, heavy duvets and too many add-ons. They get 13 rooms which are too much for them and some have bunk-beds. Bunks are too low and large and require too much bending. Carts weigh too much and their hallway is carpeted.

P. Vossen thanked the Division for their efforts and noted that it should now move into rulemaking. She added that serious injuries are still happening. She also stated that she was in the process of updating a 10 year old reference-book chapter on this subject.

S. Smith reiterated that further input was welcomed and requested that it be submitted by the end of the month. He thanked all attendees for coming and then the meeting was closed.