



December 29, 2015

Amalia Neidhart
Senior Safety Engineer
DOSH Research & Standard Health Unit
495-2424 Arden Way
Sacramento, CA 95825

Sent Via Email

Re: Hotel Housekeeping Musculoskeletal Injury Prevention Regulation

Dear Ms. Neidhardt,

We would like to extend our appreciation to the Advisory Committee for preparing these proposals for our review and taking into consideration our previous comments. We are eager to move the process along in adopting a standard that is both protective of hotel housekeeper's health and safety rights but also prevents musculoskeletal injuries and illness. We strongly encourage CalOSHA and DIR to meet the benchmarks in the timeline released by Steve Smith at the November 2015 Occupational Safety and Health Standards Board (OSHSB):

DOSH will finalize draft proposal and develop supporting regulatory package for internal DIR review.

4/1/2016: DIR will review and approve package including Form 399 before sending to the Board.

6/1/2016: Once DOSH gets DIR approval, then draft regulatory proposal is submitted to the Board.

With the above timeline, we ask CalOSHA, the DIR and the OSHSB staff to advance expeditiously so that a public notice of rulemaking for the CalOSHA Hotel Housekeeper Musculoskeletal Injury Prevention Standard will be released no later than July 1st, 2016.

Next, we thank you for accepting some of our suggestions from September 11, 2015. Per the discussion at the last advisory committee, under subsection (b) Definitions, the hotel industry requested a revision of the definition of "lodging establishment." At this point in time, we request that the definition of lodging establishments in the Dec 3rd revised discussion draft remain the same as it appears in the Dec 3rd draft (see below).

"Lodging establishment" means an establishment that contains sleeping room accommodations that are rented or otherwise provided to the public, such as hotels, motels, resorts, and bed and breakfast inns. For the purposes of this section, "lodging establishment" does not include hospitals, nursing homes, residential retirement communities, prisons, jails, homeless shelters, boarding schools, or worker housing."

In an effort to move the process forward, at this point we feel that it is a priority to focus on the following sections: (1) “Union” representative (previously representative); (2) Training; (3) “Work-site Evaluation” Job hazard Analysis (JHA); (4) Employee notification; (5) Procedures for investigating musculoskeletal injuries; (6) Methods or Procedures for correcting; and (7) Records.

1. “Union” Representative

The word “union” was added to “representative,” in the 12/3/2015 draft definitions section. The word “union” limits the application of this standard to only unionized hotel workers and should be removed. Second, the definition of representative is inconsistent with the law and should be amended to be consistent with Labor Code section 6309.

We support removing the word “union” from representative because it limits the application of the standard to unionized workers. Hotel housekeepers from non-union hotels face the same health hazards at work. By using the word “union,” it essentially carves out an equally, if not more, vulnerable population of hotel housekeepers from protection under this standard, simply because they do not have a union. Therefore, the word “union” must be removed. Additionally, the word “representative” should be consistently used throughout the standard. All references to “union” representative must be removed and replaced with “representative.”

Next, we support amending the draft definition of “representative” to be consistent with Labor Code section 6309, which reads “an employee’s representative includ[es] but is not limited to, an attorney, health or safety professional, union representative, or government agency representative.” Currently, the definition of representative as drafted is inconsistent with the Labor Code and must be amended so that it is consistent.

2. Training

Subsection (d)(1)(E), should be amended as follows: “Employers shall provide additional training when new equipment or work practices are introduced “or whenever the employer becomes aware of a new or previously unrecognized housekeeping hazard.””

This language repeats the language in (c) (4) (D) (2) on page 2, and therefore makes the standard more consistent and comprehensive. It also replicates language in other CalOSHA standards, see two examples below:

Page 11: (B) “Additional training shall be provided when new equipment or work practices are introduced <u>or when a new or previously unrecognized workplace violence hazard has been identified.</u> ”	Page 3: (3) “ <u>Whenever the employer is made aware of a new or previously unrecognized patient handling hazard;</u> ”
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Thank you for adding language in subsection (d)(2) that requires the employer’s training to include information on signs, symptoms, and risk factors for musculoskeletal injuries. We believe that this language is extremely critical and fully support including language that requires employers to train on the signs, symptoms, and risk factors for musculoskeletal injuries. Additionally, thank you for including in

(d)(2)(E), that effective training must include information on the employer’s program and process in for early reporting of signs and symptoms.

Firstly, language should be added in (d)(2)(B) as follows: the elements of the employer’s MIPP and how the written MIPP, all records in (e)(1), and all appendices will be made available to housekeepers. Housekeepers should be made aware of the appendices as part of the training on the MIPP. Although non-mandatory, the appendices are a key component of the MIPP and provide some of the best training materials to date on preventing/reducing musculoskeletal injuries from occurring to hotel housekeepers.

As stated in our previous comments, language in (d)(2)(G) should be changed to “An opportunity for interactive questions and answers with a person knowledgeable about hotel housekeeping equipment and procedures; tools and safe work practices that the housekeeper is expected to follow.”

We also suggest changing subsection (d)(2)(F) “Practice using the types and models of equipment that the housekeeper will be expected to use;” to: “Practice in the guest room performing housekeeping tasks using the types and models of equipment, tools and safe work practices that the housekeeper will be expected to use or follow.”

Replace the word ‘problems’ with ‘procedures or safe work practices.’ The language preceding ‘problems’ pertains to procedures and to housekeepers’ work practices. We think the amended language is more precise and should be used regarding any corrections that need to be communicated to housekeepers. The amended text should read: “and how to effectively communicate with housekeepers regarding any procedures or safe work practices needing correction.”

Next, Training “supervisors and employees about the signs, symptoms and risk factors for musculoskeletal injuries” (MSI) is an integral component of a MSI prevention standard. We thank CalOSHA for considering our suggestion and adding this language. Therefore, we request that 1) this clause remains in the final version and 2) that the language of this clause from the December 3rd, 2015 revised discussion draft remains intact.

3. “Work-site Evaluation” Job hazard Analysis (JHA)

We are ok with the word “work-site evaluation,” so long as it is remains as defined in the December 3, 2015 draft.

We assert that clause (c) (2) “A system for ensuring that supervisors and housekeepers comply with the MIPP... for each housekeeping task” is a key component of the MIPP, that it must 1) remain in the final version and 2) that the language must remain intact as written in the Dec. 3rd revised discussion draft.

Next, under (c)(4)(E) item (4) torso bending, twisting, lifting, kneeling, and squatting’ is about postures; lifting does not belong there. Also, forceful exertion is missing in the Dec 3rd draft.

Therefore, as stated in our previous comments, subsection (c)(4)(E) , should read as follows:

“The work-site evaluation shall address at a minimum:

1. An assessment of the potential injury risks to housekeepers including but not necessarily

limited to: (1) *forceful exertions and lifting*; (2) prolonged, awkward, or static postures; (3) extreme reaches and repetitive reaches above shoulder height, (4) torso bending, twisting, kneeling, and squatting; (5) pushing and pulling; (6) pressure points where a part of the body presses against an object or surface; (7) excessive work-rate; (8) inadequate recovery time between tasks; (9) slips, trips and falls; and (10) falling and striking objects.

Forceful exertion is a serious hazard for hotel housekeepers and is a regular part of the bed making task – having to lift the corner of a mattress that is too close to the wall or up against a night table – that results in forceful exertion.

Without including forceful exertion, CalOSHA is failing to recognize one of the most serious hazards of hotel housekeeping work. Therefore we suggest again, to make lifting and forceful exertion its own separate category of potential injury risks as we Unite Here did in comments on the August version, at the most recent AC meeting and in our comments today.

Second, where appropriate, measurements of force, lifting and other quantitative measures of the hazard should be included as considerations under this section. Consideration should also be given to maximum weight lifting requirements.

Next, subsection (c)(4)(E)(2), regarding safe work-rate, should not be removed and should include the following language:

“At minimum, the safe work-rate shall preclude a work-rate that can be *reasonably foreseen* by the employer to increase the risk of MSDs...”

Finally, the safe work-rate subsection should be included in the worksite evaluation and should include parts 3, and 4, as stated below:

“3. A safe work-rate shall take into consideration the following two elements:

- (a) a pace at which a guest room is cleaned that allows the housekeeper to recover between tasks, i.e. making the bed, cleaning the bathroom, vacuuming the guest room, pushing the cart in the hallway and other routine housekeeping tasks;
- (b) an amount of time allotted to cleaning a guest room that allows the housekeeper sufficient time to perform these tasks using safe work practices. Safe work practices are those that decrease the likelihood that MSDs will occur by reducing the number of MSD risk factors, e.g. walking with a vacuum cleaner instead of bending forward using quick movements to cover more territory or taking the time to walk along each side of the bed and untuck the sheets instead of standing by one side of the bed and yanking all the sheets and duvet off the bed with extreme, forceful arm movements and extreme forward bending. (See Safe Work Practice UNITE HERE Petition 526 to OSHSB 2012.)

4. Employers will provide documentation of how the safe work-rate has been determined as an element of the work-site evaluation.”

4. Employee notification

Subsection (c)(4)(A) should be changed from 3 months to 90 days in two places in this clause which is consistent with other CalOSHA standards.

As stated in our previous comments, we recommend including a posting requirement which promptly notifies workers of the results of the work-site evaluation in subsection (c)(4)(C). The posting language should state: “Posting will occur within 14 days of when management completes the work-site evaluation, or any updated work-site evaluation. The joint labor-management health and safety committee will receive a copy at the same time as the posting.” Other standards, such as the lead standard include an employee notification process. (Cal. Code Regs., tit.8, § 5198, subd. (8)(A).) The lead standard requires employers to notify each employee in writing of the exposure results within 5 working days after the receipt of monitoring results.(*Ibid.*)

Additionally, under subsection (c)(4)(D), employers should review and update the worksite evaluation within 30 days of parts 1, 2 or 3 occurring.

5. Procedures for investigating musculoskeletal injuries

Thank you for accepting our suggestion to change the word “opinion” in subsection (c)(5)(C), to the word “input.”

Additionally, under (c)(5)(A), control measures should be listed under this section including: fitted bed sheets; mops; long-handled and adjustable length tools for dusting and scrubbing walls, showers, tubs, and other surfaces; and light-weight or motorized carts and those identified in the Cal/OSHA2005 publication, *Working Safer and Easier for Janitors, Housekeepers and Custodians*.¹

Additionally, under subsection, (c)(5)(B), the word “appropriately” should be changed to “correctly.”

6. Methods or Procedures for correcting

We support Unite HERE’s recommendation to include language under (c)(6) as outlined in Unite Here’s Comments from 9/11/2015.

Additionally, as previously stated in our comments, in subsection (c)(6)(B), development of a means by which appropriate equipment or other corrective measures will be identified, a foot note to include, “consideration will be given to tools such as: fitted bed sheets; mops; long-handled and adjustable length tools for dusting and scrubbing walls, showers, tubs, and other surfaces; and light-weight or motorized carts. Additionally, these tools should also be considered during the work-site evaluation as specific remedies.”

Under subsection, (c)(6)(B) &(C), the word “appropriate” should be changed to “*correct*.” (See Safe Patient Handling, Cal. Code of Regs., tit. 8, § 5120 (c)(6)(B).)

7. Records

Under subsection (e)(1), names and qualifications of trainers should also be included in the records employers must keep. All of the records listed in this subsection should also be made available to all

¹ *Working Safer and Easier for Janitors, Housekeepers and Custodians*, https://www.dir.ca.gov/dosh/dosh_publications/janitors.pdf (date last accessed 12/2/2015).

employees. This language replicates language in other CalOSHA standards, with two examples below. Training records including materials and lists of trainees is important to be made available for review along with the appendices in accordance with Section 3203(b).

Workplace Violence Prevention Plan, Page 13: (h)(2) “names and qualifications of persons conducting the training” in recordkeeping section.	Safe Patient Handling Plan, Page 7: (c)(2) “names and qualifications of persons conducting the training” in recordkeeping section.
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Next, we strongly support including the following in Subsection (e)(2): A copy of the MIPP, all appendices, and all records required by subsection (1) shall be available at all times for review or copying by housekeepers and their designated representative in accordance with section 3204(e)(1). Although non-mandatory, the appendices are a key component of the MIPP and therefore, just like the MIPP, housekeepers must have access to the appendices. The appendices must be available at all times which is the same language found in other CalOSHA standards, see two examples below:

Page 4: (c) Workplace Violence Prevention plan: “shall be made available to employees at all times”	Page 2: Safe Patient Handling plan: “shall be made available to all employees in each patient care unit at all times”
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Lastly, we strongly encourage that the appendices be recommended for the training requirements as well as the worksite evaluation. Therefore, the title of Appendix A (Non-Mandatory), should be amended as follows “Reference Materials for the Worksite Evaluation and Training.” As well as: “the following are examples of materials that can be used in performing a worksite evaluation and training for housekeepers.”

We thank you for your consideration of these comments.

Sincerely,



Nicole Marquez
Staff Attorney, Worksafe