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My name is Dorothy Wigmore. I'm an occupational hygienist and ergonomist, here representing Worksafe (California).

Hotel housekeepers have a tough, physical job. Mostly women, their hazards on the job have tended to be invisible to some and un- or under-appreciated in general for too long.

The work also has intensified and changed since I did it 40-some years ago [e.g., Seifert, A.M. & Messing, K. (2006) "Cleaning up after globalization: an ergonomic analysis of work activity of hotel cleaners", *Antipode*, 38(3): 557-558]. It wasn't easy then.

Now, the beds are bigger and heavier, there are more and bigger sheets and pillows, the bedcovers are heavier, the layout can be awful to work in and around, there are more things to clean (some of them more difficult because of the color and surface materials) and decorations and cosmetic items that look nice for guests are not nice for housekeepers to deal with.

It all takes longer, and it's harder work. And it's definitely not like making beds and cleaning at home; it wasn't when I did the job either.

The range of hazards facing hotel housekeepers covers all the categories occupational hygienists typically consider:

- chemicals (including dusts and vapors from chemicals used);
- biological agents (e.g., vomit);
- safety (i.e., mechanical issues or things like slips/falls);
- violence and other work organization/"stress" issues,
- ergonomic problems; and
- physical agents (e.g., temperature, vibration).

Into this mix we also must consider important social factors: gender and heritage/immigration status. Around the world, many hotel housekeepers are female, and often immigrants whose first language is not English. For example, hotel workers stand out in several aspects

of European surveys about women's occupational health issues (see *Risks and Trends in the Safety and Health of Women at Work* from the European Agency for Safety and Health at Work).

Not surprisingly, the Agency says that the most frequent complaints in the HORECA (hotel, restaurant and catering) sector include musculoskeletal disorders. Elsewhere, it describes cleaning work, including what is done in hotels as "rather physically demanding and strenuous for the musculoskeletal and cardio-respiratory systems." (*The occupational safety and health of cleaning workers*, p. 10)

The ergonomic hazards, and their health effects, stand out. The results are preventable musculoskeletal disorders that slow people down, cause pain and suffering, and are costly for workers, their employers and social and health care systems. They lead to disabling injuries, sometimes so serious that people cannot do this work and a lot of other activities -- in another job, at home or in the community. There's a lot in common with patient handling and other tasks that Cal/OSHA and others recognize for their ergonomic hazards.

Those hazards are pretty obvious when one analyses the real work (the French talk of understanding the activity to choose the best prevention -- see page 5 here and the Institut National de Recherche et de Sécurité/INRS video analyzing housekeeping work). In fact, they have been recognized in many jurisdictions around the world in the last 10 - 15 years.

Some of those jurisdictions have materials specifically about hotel housekeepers' MSDs or ergonomic issues. In them, they name hazards such as kneeling/twisting/bending/stretching while making beds and cleaning bathrooms, repetition required in vacuuming, and force to move beds and equipment (e.g., the European Agency for Safety and Health at Work's *Musculoskeletal disorders in HORECA*). No one mentions women having to clean bathroom floors on their hands and knees, assuming mops are the tool provided and used.

The **European Union**'s OSHA has a web page about the sector, leading to documents such as *Preventing harm to cleaning workers* (which covers some of the cleaning-related hazards facing hotel housekeepers), another about *Protecting workers in hotels, restaurants and catering* (with a summary here) and yet another about solutions and interventions, *Innovative solutions to safety and health risks in the construction, healthcare and HORECA sectors*.

The **French** INRS talks about the "real work" housekeepers do leading to a strong prevalence of MSDs related to their work (*Femme de chamber et valet dans l'hotellerie*, p. 7). The **Belgian** government and some European documents advocate using the **SOBANE** method

(screening, observation, analysis and expertise) developed by Prof. Jacques Malchaire. He's got a guide for the screening portion of the method, just for hotel housekeepers (*Guide de concertation Déparis -- Femmes de chambres*).

In North America, the **Ontario** government-sponsored Workplace Safety and Prevention Services -- the health and safety association that includes the hotel and hospitality industry -- has materials about hotel housekeeping hazards (aimed at workers) and refers people to a variety of materials, including musculoskeletal disorders (MSD) prevention materials. In 2005, the **Québec** Commission de la santé et de la sécurité du travail du Québec (CSST or the equivalent of Cal/OSHA) put out a second edition of its *Prévenir les troubles musculo-squelettiques chez les préposés aux chambres*. And back in 1998, the **British Columbia** Workers Compensation Board (now called Worksafe BC) published *Preventing Injuries to Hotel and Restaurant Workers*, with a focus on the ergonomic hazards.

In Australia, a quick and incomplete search found a variety of relevant documents, including a hazard assessment tool and a memorandum of understanding between the New South Wales government and hospitality sector employers (supported by hotel associations and the Australian Liquor Hospitality & Miscellaneous Workers Union). The MOU refers to setting up health and safety programs, addressing hazards in the industry, and designing them out.

As an occupational hygienist and ergonomist, and public health advocate, I am interested in the solutions and preventing the hazards in the first place. It's the ethics in my training and practice.

For a contextual starting point that fits with this approach, I refer Cal/OSHA to the new **Canadian Standards Association** ergonomics standard (Z1004-12). It uses the plan, do, check and act approach in its "management and implementation standard". Like the principles behind California's IIPP, it's about having a system that identifies and fixes hazards, in the context of management commitment and leadership. (It also borrowed the SOBANE ergonomics materials I helped prepare for a Manitoba Workers' Compensation Board-funded project.) The standard's goal ..

> *.. is to enable an organization to enhance worker health, safety, and well-being and optimize system performance to prevent occupational injuries, illnesses, and fatalities and/or reduce the severity of harm related to occupational activities and work environments.*

This standard will complement the specific ergonomics regulations that are part of health and safety laws in five Canadian jurisdictions (British Columbia, Saskatchewan, Manitoba, federal, Québec) and the practices in other jurisdictions in the country. These laws apply to all

workplaces, including hotels. In fact, I suspect the standard will be cited as "best practices" by those who developed it -- government agencies, employer and labour representatives, and technical researchers and practitioners -- and used in enforcement activities.

I mention this standard in particular because the first information I found about its official issue came from the Ontario health and safety agency for the service sector, Workplace Safety and Prevention Services. Their website lists activities that can lead to MSDs for the sector's tourism and hospitality workers: *Housekeeping (making beds * cleaning tubs and toilets * collecting garbage * pushing cleaning cart up and down halls and in and out of rooms)*.

The same website includes an article about housekeeping injuries and employee satisfaction. In it, the president and CEO of the Ontario Restaurant, Hotel and Motel Association, Tony Elenis, "says the industry is well aware of the problem (of housekeepers' ergonomic hazards including lifting heavy mattresses) and many employers are already taking steps to address it." Lost time and total injury rates for the sector are higher than those for the entire province, by 48% and 18% respectively.

"Many hotels and motels have already stepped up," says Elenis. "Has everyone? No, it takes time. But more and more are moving forward because they understand the overall benefits." It's part of delivering high quality service and seeing "health and safety as part of a broader management priority: employee satisfaction."

> *"It all goes back to organizational culture, and the standards the organizations put in place. Before I joined the Ontario Restaurant Hotel and Motel Association, I worked for the Intercontinental Hotel Group. One of the number one goals for the management team is employee satisfaction. It's given the same weight in our performance appraisals as revenue. If you don't meet that goal, you're not performing well and it affects your remuneration and your career.*
>
> *"**To drill this down to Intercontinental's housekeepers, the chain introduced fitted sheets almost four years ago. And it's not the only chain to do so**."* (emphasis added)

Other jurisdictions have recommendations for hazard assessment tools (e.g. SOBANE) and the "fixes" needed. Some are in the materials mentioned earlier. Others can be found in places such as Australia and Washington State. They cover many of the things in UNITE-HERE's proposed regulation: long-handled tools, "safe" and healthy practices to make beds, motorized carts that are ergonomically designed and well-maintained, and room design and layout. Some go further than the proposals, with recommendations about beds with scissor lifts, for

example. Others are more general, like the National Institute for Occupational Safety and Health (NIOSH) Services Sector Council goals for hotel cleaners.

An intriguing solution to some housekeeping ergonomic hazards came from Australia, where a hotel won the 2008 award for "Best solution to an identified workplace health and safety issue". It developed a now-patented bed lifting system because of the "major concern" about the "nature of the hotel industry housekeepers sustaining back injuries". Housekeepers now make beds standing up in Australia and other countries.

For European information, it also might be useful to consult the organizers and participants at the European Agency's 2007 forum about healthy and safe work "in a multicultural Horeca sector".

Process is as important as content in sorting out work-related hazards and solutions. As many ergonomists, researchers and practitioners have learned, the best approach to identify and fix ergonomic hazards is a participatory one. Hotel housekeepers know a lot about their jobs and what would prevent and reduce their MSDs and other kinds of injuries and illnesses. They need to be included in any program and activities related to their health and safety. They, and their employer, reap the benefits.

It's easier to use participatory approaches where there are existing joint health and safety committees or systems such as SOBANE (used in Belgium). Whatever the situation, there is help about how to do this; for example, the Institute for Work & Health has a well-recognized "blueprint" and guide based on practical experiences and research.

Second last, a word about costs. Too often the money involved to fix hazards is the focus of regulatory agency conversations and hearings. Unfortunately, too little attention is paid to the costs of the hazard in the first place.

These expenses often are externalized -- essentially given to individual workers, their families, communities and government agencies and (in the US) insurance companies that must deal with the wide array of personal, medical, and social costs attributable to occupational hazards. For example, the Australian health and safety agency published *The cost of work-related injury and illness for Australian employers, workers and the community 2008–09* in which they showed that employers bear five per cent of the total cost, workers 74 per cent, and the community 21 per cent. In the US, IUC Davis' Paul Leigh reported in 2011 that:

> *… medical and indirect costs of occupational injuries and illnesses are sizable, at least as large as the cost of cancer. Workers' compensation covers less than 25 percent of these costs, so all members of society share the burden.*

This is particularly true of MSDs, since they tend to be under-reported more than many other injuries (e.g., see Shannon and Lowe's "How many injured workers do not file claims for workers' compensation benefits?").

To assess the true costs involved, we need to start asking questions such as, "How much does the **problem** cost?", "For whom?" and "What does 'feasible' mean if we include the real costs of the problem?".

A helpful legal precedent for this comes from England. "Reasonably practicable" is found in the *Health and Safety at Work Act* there and in many Canadian jurisdictions (and perhaps elsewhere too). Its meaning comes from a 1949 court case, known as *Edwards vs. National Coal Board*, as I explained in a document for the Manitoba Workers' Compensation Board:

> *.. the employer must weigh the costs in time, money and effort of fixing or preventing problems* (hazards) *and the effects of doing little or nothing. It's not a even balancing of costs and hazards. Hazards must be fixed or dealt with unless there is "a gross disproportion" (i.e., a great imbalance) between the cost of solutions and doing nothing about the hazard. The more serious the hazard, the more that it is "reasonably practicable" to fix it.* (*Seeing the workplace with new eyes*, p. C-8)

Finally, California is known for its creativity, ingenuity and innovation. It could put all of these skills to good use to prevent hotel housekeepers from facing often-devastating injuries and the hazards behind them. As an occupational health "stress" specialist, it strikes me that this discussion about those injuries and ergonomic hazards comes down to respect for the mostly female immigrant workforce doing this necessary and difficult work. And respect is a key part of the job satisfaction goal that the Ontario Restaurant, Hotel and Motel Association CEO talked about meeting by addressing these kinds of hazards.

Worksafe would be pleased to contribute more to this advisory process. Please let me know if you have questions.