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of workers and the community.*

September 9, 2015

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Re: Hotel Housekeeping Musculoskeletal Injury Prevention Draft

Dear Amalia,

The California Industrial Hygiene Council (CIHC) respectfully submits the following comments regarding the Hotel Housekeeping Musculoskeletal Injury Prevention draft language dated 13 Aug 2015 regarding Occupational Safety and Health Standards Petition 526. CIHC believes housekeepers in hotels and other lodging establishments should be protected from ergonomic risk factors and we applaud Cal/OSHA for its continued effort to prevent workplace musculoskeletal disorders (WMSDs). However, the approach presented in the draft is not risk-based and may be duplicative and contradictory to methodologies already established in existing Title 8 standards designed to prevent WMSDs (i.e. 8CCR3203, "Injury and Illness Prevention Program (IIPP)" and 8CCR5110, "Repetitive Motion Injuries").

Alternative, risk-based, approaches for protecting hotel housekeepers already exist in other parts of the world. These approaches offer the opportunity to complement existing Title 8 standards. For example, the Government of Western Australia has developed a ["Checklist for the Accommodation Industry"](#) which complements Safe Work Australia, ["Model Code of Practice – Hazardous Manual Tasks"](#). Model codes of practice are practical guides developed by Safe Work Australia to achieve the standards of health, safety, and welfare required under the Australian WHS Act and [WHS Regulations](#) in a jurisdiction. When approved by a jurisdiction, approved codes of practice are admissible in court proceedings. Courts may regard an approved code of practice as evidence of what is known about a hazard, risk or control and may rely on the code in determining what is reasonably practicable in the circumstance to which the code relates.

[Safe Work Australia](#) is a national policy group similar to NIOSH. The group consists of representatives of the Commonwealth, state and territory governments, the Australian Council of Trade Unions, the Australian Chamber of Commerce and Industry, and the Australian Industry Group.

In California, a model code of practice could be used to help clarify 8CCR5110(c), "...unless it is shown that a measure known to but not taken by the employer is substantially certain to cause a greater reduction in such injuries and this alternative measure would not impose additional unreasonable costs". Checklists for specific "at-risk" populations can be developed to support the model code of practice. To ensure participation from labor, industry, and government in program development,

a process similar to the Health Experts Advisory Committee (HEAC) and Feasibility Advisory Committee (FAC) could be employed.

We recommend Cal/OSHA review this consensus-building alternative for resolving Petition 526.

Please contact Nola J. Kennedy, Ph.D., CIH (818-677-2347) or me with any questions.

Regards,

Ed Klinenberg

A handwritten signature in black ink, appearing to read "Edward J. Klinenberg". The signature is fluid and cursive, with a prominent "E" and "K".

Edward J. Klinenberg, Ph.D., CIH

President, CIHC

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