Add new Title 8 Section 3345 to read:


(a) Scope and Application. This section is intended to control the risk of musculoskeletal injuries and disorders to housekeepers in hotels and other lodging establishments. It does not preclude the application of other sections of Title 8.

(b) Definitions.

“Control measures” means effective tools, equipment, devices, work practices, and administrative controls to correct or minimize workplace hazards that may cause musculoskeletal injuries to housekeepers.

“Housekeeper” means an employee who performs housekeeping tasks and may include employees referred to as housekeepers, guest room attendants, room cleaners, maids, and housepersons.

“Housekeeping tasks” means tasks related to cleaning and maintaining sleeping room accommodations including bedrooms, bathrooms, kitchens, living rooms, and balconies. Housekeeping tasks include, but are not limited to, the following: (1) sweeping, dusting, scrubbing, mopping and polishing of floors, tubs, showers, sinks, mirrors, walls, fixtures, and other surfaces; (2) making beds; (3) vacuuming; (4) loading, unloading, pushing, and pulling linen carts; (5) removing and supplying linen and other supplies in the rooms; (6) collecting and disposing of trash; and (7) moving furniture.

“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.

“Musculoskeletal injury” means acute injury or cumulative trauma of a muscle, tendon, ligament, bursa, peripheral nerve, joint, bone, spinal disc or blood vessel.

“Union Representative” means a recognized or certified collective bargaining agent representing the employer’s housekeepers.

“Worksite evaluation” means the identification and evaluation, specific to each, of workplace hazards including scheduled periodic inspections and the procedures described in subsection (c)(4) to
identify unsafe conditions and work practices in each housekeeping task, process, or operation of work with respect to potential causes of musculoskeletal injuries to housekeepers.

(c) **Housekeeping musculoskeletal injury prevention program.** As part of the Injury and Illness Prevention Program (IIPP) required by Section 3203, each employer covered by this section shall establish, implement, and maintain an effective, written, musculoskeletal injury prevention program (MIPP) that addresses hazards specific to housekeeping. The written MIPP may be incorporated into the written IIPP, or may be maintained as a separate program, and must be readily accessible during each work shift to employees when they are in the lodging establishment where they work. (Electronic access and other alternatives to maintaining paper copies of the MIPP are permitted as long as no barriers to employee access are created by such options.) The MIPP shall include:

1. Names or job titles of the persons with authority and responsibility for implementing the MIPP at each worksite;

2. A system for ensuring that supervisors and housekeepers comply with the MIPP, follow the employer’s safe workplace housecleaning practices, and use the housekeeping tools or equipment deemed appropriate for each housekeeping task. Substantial compliance with this provision includes recognition of employees who follow the employer’s safe workplace housecleaning practices and use the appropriate tools and equipment, training and retraining programs, disciplinary actions, or other means that ensures employee compliance with the MIPP;

3. A system for communicating with housekeepers in a form readily understandable by all housekeepers on matters relating to occupational safety and health, as required by Section 3203, including provisions designed to encourage housekeepers to inform the employer of hazards at the worksite, and injuries or symptoms that may be related to such hazards without fear of reprisal;

4. Procedures for identifying and evaluating housekeeping hazards through a worksite evaluation:

   A) The initial worksite evaluation shall be completed within three months after the effective date of this section or within three months after the opening of a new lodging establishment.

   B) The procedures shall include an effective means of involving housekeepers and their union representative in designing and conducting the worksite evaluation.

   C) Housekeepers shall be notified of the results of the worksite evaluation in writing or by posting it in a location readily accessible to them. The results of the worksite evaluation shall be in a language easily understood by housekeepers.

   D) The worksite evaluation shall be reviewed and updated:
1. Whenever new processes, practices, procedures, equipment or renovation of guest rooms are introduced that may change or increase housekeeping hazards;

2. Whenever the employer is made aware of a new or previously unrecognized housekeeping hazard based on information such as, but not limited to, the findings and recommendations of injury investigations conducted in accordance with subsection (c)(5);

3. At least annually for each worksite.

(E) The worksite evaluation shall identify and address potential injury risks to housekeepers including, but not limited to: (1) slips, trips and falls; (2) prolonged or awkward static postures; (3) extreme reaches and repetitive reaches above shoulder height, (4) lifting or forceful whole body or hand exertions; (5) torso bending, twisting, kneeling, and squatting; (6) pushing and pulling; (7) falling and striking objects; (8) pressure points where a part of the body presses against an object or surface; (9) excessive work-rate; and (10) inadequate recovery time between housekeeping tasks.

NOTE TO (C)(4)(E): Additional information regarding worksite evaluations can be found in the publications listed in Appendix A.

(5) Procedures to investigate musculoskeletal injuries to housekeepers, including the following:

   (A) The procedures or housekeeping tasks being performed at the time of the injury and whether any identified control measures were available and in use;

   (B) If required tools or other control measures were not used, or not used appropriately, a determination of why those measures were not used or were not used appropriately; and

   (C) Input of the injured housekeeper, the housekeeper’s union representative, and the housekeeper’s supervisor as to whether any other control measure, procedure, or tool would have prevented the injury.

(6) Methods or procedures for correcting, in a timely manner, hazards identified in the worksite evaluation or in the investigation of musculoskeletal injuries to housekeepers, including procedures for determining whether identified corrective measures are implemented appropriately. These procedures shall include:

   (A) An effective means of involving housekeepers and their union representative in identifying and evaluating possible corrective measures;
(B) A means by which appropriate equipment or other corrective measures will be identified, assessed, implemented, and then reevaluated after introduction and while used in the workplace; and

(C) A means of providing and making readily available appropriate housecleaning equipment, protective equipment, and tools to each housekeeper, including procedures for procuring, inspecting, maintaining, repairing, and replacing appropriate housecleaning tools and equipment.

(7) Procedures for reviewing, at least annually, the MIPP at each worksite, to determine its effectiveness and make any corrections when necessary, including an effective procedure for obtaining the active involvement of housekeepers and their union representative in reviewing and updating the MIPP. The procedures shall include a review of the Cal/OSHA Form 300 log and other relevant records such as Cal/OSHA Form 301 incident reports.

(d) Training. The employer shall provide training to housekeepers and their supervisors in a language easily understood by these employees.

(1) Frequency of training. Housekeepers and their supervisors shall be trained as follows:

(A) When the MIPP is first established;

(B) To all new housekeepers and supervisors;

(C) To all housekeepers given new job assignments for which training was not previously provided;

(D) At least annually thereafter; and

(E) When new equipment or work practices are introduced or whenever the employer becomes aware of a new or previously unrecognized hazard. The additional training may be limited to addressing the new equipment or work practices.

(2) Training shall include at least the following elements as applicable to the housekeeper’s assignment:

(A) The signs, symptoms, and risk factors commonly associated with musculoskeletal injuries,

(B) The elements of the employer’s MIPP and how the written MIPP and all records in subsection (e)(1) will be made available to housekeepers;

(C) The process for reporting safety and health concerns without fear of reprisal;
(D) Body mechanics and safe practices including: identified hazards at the workplace, how those hazards are controlled during each housekeeping task, the appropriate use of cleaning tools and equipment, and the importance of following safe work practices and using appropriate tools and equipment to prevent injuries;

(E) The importance of, and process for, early reporting of symptoms and injuries to the employer;

(F) Practice using the types and models of equipment and tools that the housekeeper will be expected to use;

(G) An opportunity for interactive questions and answers with a person knowledgeable about hotel housekeeping equipment and procedures; and

(H) Training of managers and supervisors on how to identify hazards, the employer’s hazard correction procedures, how defective equipment can be identified and replaced, how to obtain additional equipment, how to evaluate the safety of housekeepers’ work practices, and how to effectively communicate with housekeepers regarding any problems needing correction.

(e) Records.

(1) Records of the steps taken to implement and maintain the MIPP, including any measurements taken or evaluations conducted in the worksite evaluation process required by subsection (c) and the training required by subsection (d), shall be created and maintained in accordance with Section 3203(b).

(2) A copy of the MIPP and all worksite evaluation records required by subsection (e)(1) shall be available at the worksite for review in accordance with subsection (c) and copying by housekeepers and their designated representative in accordance with Section 3204(e)(1).

(3) All records shall be made available to the Chief of the Division or designee within 72 hours of request.

(4) Records of occupational injuries and illnesses shall be created and maintained in accordance with Division 1, Chapter 7, Subchapter 1 of these Orders.

PROPOSED STATE STANDARD,
TITLE 8, DIVISION 1, CHAPTER 4

Appendix A (Non-Mandatory)
Reference Materials for Worksite Evaluations

The following are examples of materials that can be used in performing a worksite evaluation for housekeeping:

Ohio State University. Ergonomic Resources for Housekeeping. 
https://ergonomics.osu.edu/Housekeeper%20Training%20Materials

State Fund. Tips for Hotel Room Attendants. 
https://content.statefundca.com/safety/ErgoMatters/RoomAttendants.asp


British Columbia, Injury Prevention Resources For Tourism and Hospitality- Accommodation. 
https://www2.worksafebc.com/Portals/Tourism/Prevention-Accommodation.asp

Ergonomics Study of Custodial, Housekeeping and Environmental Services Positions at University of California. May 2011. The UC System-wide Ergonomics Team. 

Government of Western Australia, Checklist and information- Accommodation industry. 