

December 29, 2015

TO: Steve Smith, Principal Safety Engineer, Division of Occupational Safety & Health
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RE: Comments of the California Hotel & Lodging Association:
Housekeeping in the Hotel and Hospitality Industry Advisory Committee
Revised Discussion Draft for December 3, 2015 Advisory Meeting

The California Hotel & Lodging Association (CH&LA), on behalf of itself and its members, submits these comments in response to the Housekeeping in the Hotel and Hospitality Industry Advisory Committee's Revised Discussion Draft presented at the December 3, 2015 Advisory Meeting.

Executive Summary

Hotel Housekeepers are better trained and safer in California than they ever have been previously, a commitment the industry has upheld and accelerated since 2011, when Senator (now Pro Tem) Kevin León introduced Senate Bill 432 to require fitted sheets and the usage of long-handled tools.

According to recently released Bureau of Labor Statistic figures, the injury and incidence rates for housekeepers have declined significantly from 2010 to 2014. Specifically, the number of injuries has declined 11.64%, the incidence rate has declined by 19.76% and days away from work has declined 14.29%. Specific to musculoskeletal disorders, injuries have been reduced by 1.93%, the incidence rate declined by 5.84%, and days away from work decreased 16.67%. On all accounts, recorded injuries to housekeepers have declined in the past five years.

From the time that the legislation was introduced and during the Cal/OSHA Housekeeping in the Hotel and Hospitality Industry Advisory Committee meetings, the industry, via CH&LA, has been proactive in safety and training of housekeepers, conducted two research studies, and developed and distributed a guide for an Injury & Illness Prevention Plan, specifically tailored to hotel and lodging operations.

Additionally, hotel housekeeping in California has evolved to the benefit of the hotel housekeeper via environmental standards. The California lodging industry pioneered the now industry standard of only changing guest bedding every third day, greatly reducing the workload of the hotel housekeeper (98% of guests don't have their sheets changed daily). Additionally, California drought regulations require hotels to provide an in-room card that asks guests to not launder linens and towels every day to conserve water, further reducing the workload of the hotel housekeeper. Finally, virtually all of the major hotel companies have programs incentivizing guests to decline housekeeping via rewards programs, vouchers, and discounts.

Clearly, the efforts of the industry, the focus on housekeeper training and safety, and the evolution of hotel housekeeping have combined to increase housekeeper comfort and efficiency and reduce recorded injuries. While we have heard the drumbeat of non-spontaneous complaints by individual housekeepers, organized by the petitioner (Unite Here) at every advisory committee, these complaints do not reflect the history of success at reducing recorded injuries by the hospitality industry as a whole.

Background

As a result of the introduction of Senate Bill 432 (De León) to require fitted sheets and long-handled tools, CH&LA's Education Foundation funded research, utilizing indisputable National Institute of Occupational Safety and Health (NIOSH) government guidelines, to ascertain the effect upon the housekeepers of utilizing flat & fitted sheets. This research conclusively proved that bed-making was well within all health and safety standards and that, significantly, there was no difference in physical exertion levels for fitted or flat sheets. Additionally, CH&LA estimated that the legislation would have significant costs to the hotel & lodging industry.

As a result of the fact that fitted sheets provided no additional benefit to housekeepers, coupled with the needless expenses that would be incurred by the industry, the legislation was held in Appropriations Committee and subsequently died.

Senator de León shortly thereafter announced that he wanted to “**...help the hotels find a fiscally responsible solution to protecting their workers.**” In response, CH&LA applied for and was awarded a grant from the American Hotel & Lodging Education Foundation to improve the training and safety of hotel housekeepers. CH&LA researched best practices with several housekeeping supervisors, risk managers, and even insurance actuaries from leaders in the industry. As a result, CH&LA produced seminars across the State attended by housekeeping supervisors and housekeepers, focused on training and safety in multiple industry publications, developed and distributed a guide for the preparation of an Injury & Illness Prevention Plan, and sought to highlight the outstanding work of the housekeepers via the creation of an annual industry award.

Subsequently, Unite Here filed a petition to amend Title 8, California Code of Regulations to address a perceived causal relationship between hotel housekeeping tasks and musculoskeletal injuries to housekeepers. This petition included requests such as requiring fitted sheets, long-handled tools, and motorized carts as well as no ‘shaking’ of duvets, ‘better’ pillow cases and, of course, work reduction, monitoring and evaluation.

The Division of Occupational Safety & Health (DOSH) evaluated the petition and conceded the petition “**d[id] not provide sufficient information to establish the necessity of each proposed control measure [or] analyze alternative measures that may be as effective.**” Nevertheless, DOSH recommended forming an Advisory Committee to further consider the petition.

The Cal/OSHA Standards Board *rejected* the recommendation to form an advisory committee stating that the petition did not establish the necessity of the proposed rulemaking, that Title 8, Section 3203 and 5110 already address the hazards mentioned. The setting of a separate housekeeper standard would be a bad precedent for employees in many other industries – industries with harder more repetitive work and higher recorded injuries – demanding their own standards. Such a balkanized approach makes no sense as a matter of law as public policy. Shortly thereafter, the Standards Board, as a result of wholesale newly appointed membership, reversed this decision, stating no reason for doing so.

Upon the announcement of the Advisory Committee, CH&LA's Education Foundation again commissioned a research study. Steven Wiker, Ph.D, CPE, a nationally renowned ergonomist, released a study that concluded that all the facets of the housekeeper job do not present a material or above nominal risk of musculoskeletal disorder hazards, revealing that housekeeping activities are within NIOSH levels.

The Hotel and Hospitality Industry Advisory Committee was formed and has met five times over four years, four times in Oakland and once in Los Angeles. Two discussion drafts having been produced, with the second one also having been revised.

Overview of Advisory Committee Meetings

October 2012 – Oakland: Dr. Niklas Krause made a presentation on injuries and illnesses to housekeepers based on a workers' compensation study in Nevada conducted in 2005, a decade ago.

Dr. Krause conducted a survey among Las Vegas hotel housekeepers by union representatives at a union facility. From this survey, Dr. Krause concluded that "Maids and housekeepers have one of the highest injury rates in the hotel industry and in the entire private service sector."

CH&LA discounted this research as outdated, with a natural bias and inapplicability, in addition to never having examined actual injury rates. Dr. Krause's survey did not factor in OSHA 300 logs, nor include any housekeepers who were employed in the State of California.

March 2013 – Los Angeles: CH&LA attended and presented an organizational and industry overview of the current housekeeping safety and training processes and procedures.

The meeting included a presentation of the hotel housekeeper job and the risk of musculoskeletal disorder by Dr. Steven Wiker, Ph.D., CPE, based on his study titled "Evaluation of Musculoskeletal Disorder Risk in Hotel Housekeeping Jobs" that was undertaken by CH&LA's Education Foundation. Dr. Wiker's report concluded that the housekeeper job does not present a material or above nominal risk of MSD hazards.

The presentation outlined that housekeeping activities are well within NIOSH safety levels and addressed bed sheets and housekeeping tools as well, indicating that neither

fitted nor flat sheets are significantly better and that long-handled tools were appropriate for only limited tasks.

The Division of Occupational Safety and Health (DOSH) presented information from the workers' compensation insurance's database. The presentation also looked at the claims of occupational injuries and illness filed by employers with the Department of Labor Statistics.

The purpose of DOSH's presentation was to gather preliminary data and identify the tasks where housekeeper injuries occurred and to encourage the audience to provide input and share any effective control measures being used to minimize exposure. The data presented was well within the national standards (NIOSH) for injury rates and of specific note, confirmed the finding that slips and falls were the most prevalent injuries among hotel housekeepers.

Also at this meeting, Unite Here gave a presentation which included a review of previous ergonomic assessments that were completed in 1997 and 1999 (approximately 16 years ago) by Barrett and Milburn.

Unite Here also presented a survey they did of hotels with greater than 200 rooms in the LA area, found that nine hotels out of 26 hotels currently use fitted sheets.

UNITE HERE also discussed a study at Ohio State University from 2000 (fifteen years ago), which utilized a lumbar motion monitor (LLM). The evaluation from this study identifies jobs as "high risk", "medium risk", or "low risk" and the likelihood of a low back disorder. Unite Here claimed that a study they did showed that not one individual task registered as "low risk" for housekeepers.

The LLM risk prediction model capacity to predict low back injury is below 30%. The majority of tasks performed by housekeepers with their variety in exertion, repetition and sequencing are not addressed by LLM research. LLM was not designed to address jobs like hotel housekeeping with many tasks inappropriately treated as lifting tasks.

CH&LA gave a presentation on to-date efforts related to the training and safety of housekeepers, including the efforts to educate hotel employees, management companies, owners and housekeepers. CH&LA discussed the application of an American Hotel & Lodging Association Foundation research grant (that was later awarded to CH&LA) to look at best practices for housekeepers, explore creating model IPPs, and safety and training at the property level.

February 2014 – Oakland: This meeting focused on the discussion draft released by DOSH, with CH&LA commenting that the discussion draft was confusing because it established mandatory provisions in conflict with current regulations. CH&LA also reported that they were working on developing a Model Injury and Illness Prevention Program (IIPP) via the American Hotel & Lodging Education Foundation research grant.

May 2015 – Oakland: Meeting convened to gather information on all available alternatives and their effectiveness in addressing the injuries faced by hotel

housekeepers. Possible alternatives included adopting new regulations, amending existing regulations, preparing a model IIPP, keep existing regulations while providing guidance, and other alternatives.

After this meeting, DOSH introduced a new discussion draft in advance of the next advisory meeting on August 14th, to which stakeholders provided comments. At the urging of DOSH staff for a cost analysis, CH&LA estimated the five-year cost to be \$1.85 billion to the hotel & lodging industry. A revised discussion draft based on comments received was released prior to the December 3, 2015 advisory meeting.

December 2015 – Oakland: The revised discussion draft was discussed with input from several industry stakeholders.

Summary of Advisory Committee Meetings

The advisory committee process in this instance has not served its purpose well by holding repetitive meetings where scores of housekeepers and their union made identical and repetitive subjective points—a process that can only be described as theater rather than substance.

The only party that has provided substantial and original science in this advisory process has been the industry. CH&LA has conducted conferences on housekeeper issues, published materials, provided and distributed a model IIPP to every hotel in California, and commissioned primary research - all in furtherance of the mitigation of housekeeper musculoskeletal issues.

The petitioners cited two research studies (conducted over ten years ago for other purposes - both outside of California - and that had no applicability to the petition) and conducted a survey of 26 hotels in Los Angeles indicating that nine used fitted sheets. The point of the subjective survey was unclear and far removed from legitimate scientific inquiry. Furthermore, the petitioner has not refuted any of the research presented, nor attempted to improve the safety or training of union housekeepers during the five years of the advisory committee meetings.

The industry efforts are obviously working - over the course of the five advisory committee meetings, housekeeping injuries have declined by 11.64%.

Summary of Revised Discussion Draft

If promulgated, the latest discussion draft would upend Cal/OSHA's longstanding regulatory framework by undermining the very essence of a job hazard analysis – a workplace-wide, objective scientific inquiry - first in the existence of a hazard and only then into fixing that hazard. Instead, this draft presumes that the entire housekeeper job is hazardous based on an anecdotal survey of subjective signs and symptoms. This fundamentally undermines the salutary purpose of California's pace-setting IIPP regulation. Further, this new regulation would cost the industry an estimated \$21.6 million annually, imposing specific and sweeping new obligations on hotel and

hospitality employers without any scientific evidence to demonstrate the existence of the alleged hazards or the effectiveness of mandated interventions.

The discussion draft also conflicts with Cal/OSHA's existing regulations at 8 C.C.R. §§ 5110 and 3203, among others. These existing regulations require employers to reduce "repetitive motion injuries" under specific circumstances (§ 5110) and to "find and fix" workplace hazards (§ 3203), among other things. The standard set out in the discussion draft would create irreconcilable differences with these requirements, such as by circumventing Section 5110's evidentiary threshold and by grafting the requirement of a housekeeper-specific "hazard analysis" on top of Section 3203. Employers and enforcement personnel would be left to guess about uneasy overlaps and different terminology. Lacking any justification for housekeepers' special treatment, the standard would invite other job classifications in all other industries to seek similar treatment (thus further undermining the existing regulatory framework).

California, uniquely, has a repetitive motion injury safety standard, published at 8 C.C.R. § 5110. All California employers, including those in the lodging industry, must take affirmative steps to address ergonomic injury in every case where a licensed physician objectively identifies and diagnoses more than one repetitive motion injury (a very low threshold) within a 12-month period. That very low threshold would appear to be easily met as evidenced by Unite Here's choreographed and orchestrated litany of housekeeper complaints at every advisory committee meeting if they were reflective of data-driven medicine.

The standard proposed replaces the assessment of a medical professional with the subjective opinions of individual housekeepers and their (union) representatives. Although input from the employees performing the work is an important part of gathering information, it is counterproductive to replace the assessment of a medical professional with that of a layperson or a union with a broader organizing agenda.

Additionally, California's injury and illness prevention program standard (8 C.C.R. § 3203) ("the IIPP Standard") requires employers to train employees on workplace hazards and to investigate workplace injuries, among other measures, which provides employees with a further layer of protection. The discussion draft ignores the present regulatory preference (shared by CH&LA) for objective and consistent assessment and planning and seeks to impose a preference for subjectivity, individualization and mandates.

Economic Implications of the Revised Discussion Draft

As previously discussed, existing regulations, particularly Sec. 5110, protect industry in general from incurring "unreasonable costs" which are not addressed in the discussion draft. As demonstrated in the Table below, it proposes a regulation that would impose unpredictable yet significant costs on California's hotel and lodging industry. Thus, under Cal/OSHA's existing Section 3203 regulation, every business with 10 or more employees will be required to comply with a tailored IIPP under which conservative estimates would result in cost estimates summarized in the following table.

As previously mentioned, Senator De León indicated that he wanted to “...**help the hotels find a fiscally responsible solution to protecting their workers**” when Senate Bill 432 did not advance. Given that the economic estimates of implementing the discussion draft are significantly higher than mandating fitted sheets and long-handled tools and represent annual on-going costs to the industry of over \$100 million in the first five years, the goal of finding a fiscally responsible solution has not been achieved.

Please note that these estimates do not include any equipment, changes to operations, nor do they address the liability to employers for any implementing changes without any scientific evidence to demonstrate the existence of the alleged hazards or the effectiveness of mandated interventions.

Cal/OSHA Housekeeping in the Hotel and Hospitality Industry

Advisory Committee Revised Discussion Draft - Economic Impact Analysis

Proposed Standard	Costs Per Segment		Total Cost
	Full Service	Limited Service	
1. Job Hazard Analysis	\$2.5 mil	\$6.8 mil	\$9.3 mil
2. Musculoskeletal Injury & Illness Program	\$425,000	\$659,000	\$1.1 mil
3. Housekeeper Training	\$3.25 mil	\$3.16 mil	\$6.4 mil
4. Monitoring & Evaluation	\$1.7 mil	\$2.6 mil	\$4.3 mil
5. Recordkeeping	\$212,500	\$329,700	\$542,200
Total Costs			\$21.6 mil
5 Year Total Cost			\$108.2 Million

Sources: *Smith Travel Research, Wage Watch (2012)*

1. Costs are estimated at between \$2,000 - \$5,000 per property to hire a professional qualified to evaluate Musculoskeletal Disorders (MSD) hazards. For estimation purposes, \$2,000 per property was utilized.

2. Estimations are for eight hours to complete such a plan. Cost estimates are for a Human Resources Manager at a full service property or the General Manager at a limited service property. Formula: 8 hours x \$42.80 (HR hourly wage) = \$342.40; 8 hours x \$24.20 (GM hourly wage) = \$193.60.

3. It is estimated there would be all housekeepers and the General Manager involved in training with a total meeting time of four hours per year. Formula:

Limited Service: (1 housekeeper per eight rooms x \$10.40 average salary per hour x 8 hours) + (1 GM x \$24.20 average salary per hour limited service hotel x 8 hours = \$193.60);

Full Service: (1 housekeeper per eight rooms X\$10.40 salary per hour x 8 hours) + (1 GM x \$73.55 average salary per hour full service hotel x 8 hours = \$588.40)

4. It is estimated this will take the Human Resources Manager at a full service property or the General Manager at a limited service property four days per year (32 hours).

5. It is estimated this will take the Human Resources Manager at a full service property or the General Manager at a limited service property four hours per year. Formula: 4 hours x \$42.80 (HR hourly wage full service) = \$171.20 4 hours x \$24.20(GM hourly wage limited service) = \$96.80.

The following comments reflect specific issues of the discussion draft as verbally communicated by the California Hotel & Lodging Association at the December 3, 2015 meeting of the Housekeeping in the Hotel and Hospitality Industry Advisory Committee.

Discussion Draft for 12/3/15 Advisory Meeting
Hotel Housekeeping Musculoskeletal Injury Prevention

Hotel Housekeeping Musculoskeletal Injury Prevention

(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.

“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, cleaning, 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.

“Job hazard analysis” means an assessment that focuses on job tasks as a way to identify potential hazards. It examines the relationship between the worker, the task, the tools, and the work environment. For purposes of this section, a job hazard analysis is an assessment to evaluate housekeeping tasks with respect to potential causes of musculoskeletal injury to housekeepers.

“Lodging establishment” means an establishment that contains sleeping room accommodations that are rented or otherwise provided to the public, such as hotels, motels, resorts, **short term rentals, vacation rentals**, 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.

Short term rentals and vacation rentals were added to more fully encompass the hospitality industry, reflecting the naming of the advisory committee as the Hotel and Hospitality Housekeeping Advisory Committee. As the commercialization of short term and vacation rentals accelerates and these units represent more than 10% of the lodging inventory in California, it would be prudent to include these types of lodging establishments, creating a “level playing field” across all segments.

“Musculoskeletal injury” means acute injury or cumulative trauma of the muscles, tendons, ligaments, bursae, peripheral nerves, joints, bones or blood vessels.

“~~Union~~ Representative” means a recognized or certified collective bargaining agent representing housekeepers.

~~“Worksite evaluation” means the identification and evaluation of workplace hazards in each housekeeping task, process, or operation of work with respect to potential causes of musculoskeletal injuries to housekeepers, that is specific to each workplace.~~

(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. 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 cleaning housekeeping task;~~

~~This section of the discussion draft mandates specific administrative controls (termed “safe workplace housekeeping practices”) regardless of the employer’s assessment, regardless of whether they were “substantially certain” to work (as Section 5110 requires), and regardless of whether they would impose “additional unreasonable costs.” It should be no major burden under Section 5110 to demonstrate that two housekeepers had suffered repetitive motion injuries “in the last 12 months,” and to propose abatement measures that were “substantially certain” to work and not “unreasonably” costly. This minimal burden should be especially easy to meet given the numerous housekeeper comments at each Advisory Committee meeting. Section 5110 would be the appropriate enforcement tool to cure it.~~

~~The deletion above reflects the fact that no tools or equipment are ‘deemed’ appropriate by Cal/OSHA.~~

(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 in 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 **job hazard analysis**:

(A) The initial **job hazard analysis** 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 **job hazard analysis**.

~~The discussion draft’s emphasis on subjective inquiry conflicts with Section 5110’s reliance on objective professional assessments. “[A] job hazard analysis is an assessment to evaluate housekeeping tasks with respect to potential causes of musculoskeletal injury,” yet this section would mandate involvement of “housekeepers and their representative in *designing and conducting* the job hazard analysis.” Housekeepers and union representatives are not qualified to “examine the relationship between the worker, the task, the tools, and the work environment” with an eye towards injury causation.~~

(C) Housekeepers shall be notified of the results of the **job hazard analysis** in writing or by posting it in a location readily accessible to them. The results of the **job hazard analysis** shall be in a language easily understood by housekeepers.

(D) The **job hazard analysis** shall be reviewed and updated:

1. Whenever new processes, practices, procedures, or renovation of guest rooms or equipment are introduced that may change or increase housekeeping hazards;

The word 'change' is sufficient, without the word 'increase'. An alternative would be to add 'or decrease' after the word increase.

2. Whenever the employer becomes aware of a new or previously unrecognized housekeeping hazard;

3. Based on the findings and recommendations of injury investigations conducted in accordance with subsection (c)(5);

This appears to be in conflict with Title 8, Section 5110 which only applies where "a licensed physician objectively identified and diagnosed" the injuries. It's also repetitive to Section 5110 in that the employer's injury-minimization program must include an evaluation of "exposures that have caused RMIs," as well as measures to "control" RMIs and to train workers accordingly. Operationally, it's unclear how a hotel or hospitality entity would be able to comply with this portion of the discussion draft. While housekeepers' input and opinions matter, housekeepers and their representatives are neither physicians nor epidemiologists trained in assessing injury causation, and they are not trained in assessing injury prevention.

4. At least annually for each worksite.

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

The hotel & lodging industry fails to understand how the above listing of potential injury risks differs from virtually any other industry that would warrant a separate injury & illness plan. Furthermore, this discussion draft contemplates the adoption of a musculoskeletal injury & illness prevention plan, which is unrelated to *(1) slips, trips and falls, and (6) falling and striking objects.*

The deletion of *(8) excessive work rate: and (9) inadequate recovery time between housekeeping tasks* is consistent with the revised discussion draft deletion of: *2. A safe work-rate for housekeepers expressed in the number of rooms cleaned per shift. The safe work-rate may vary depending on the number of checkout rooms cleaned and other factors.* Finally, as the Board determined in its initial 2012 ruling, the "work-rate for housekeepers," is a matter to be determined via collective bargaining, and is not a topic for regulatory fiat.

NOTE: Additional information regarding **job hazard analysis** can be found in 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;

The discussion draft seeks to “control the risk” of injuries that are primarily repetitive motion injuries. These injuries are the product of “cumulative trauma.” This ignores the inherently progressive nature of these injuries by now mandating assessment of the “tasks being performed at the time of the injury.” By definition, the task performed at the time of the subjective complaints is not the task necessarily and cumulatively linked to the “time of injury.”

(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

As previously mentioned, Cal/OSHA does not designate ‘appropriate’ tools. Further to this point, there are no ‘required’ tools.

(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.

As mentioned previously, this appears to be in conflict with Title 8, Section 5110 which only applies where “a licensed physician objectively identified and diagnosed” the injuries. It’s also repetitive to Section 5110 in that the employer’s injury-minimization program must include an evaluation of “exposures that have caused RMIs,” as well as measures to “control” RMIs and to train workers accordingly. Operationally, it’s unclear how a hotel or hospitality entity would be able to comply with this portion of the discussion draft. While housekeepers’ input and opinions matter, housekeepers and their representatives are neither physicians nor epidemiologists trained in assessing injury causation, and they are not trained in assessing injury prevention.

(6) Methods or procedures for correcting, in a timely manner, hazards identified in a **job hazard analysis** 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

See previous comments related to the word ‘appropriate’.

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

See previous comments related to the word 'appropriate'.

(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) Employers shall provide additional training when new equipment or work practices are introduced. 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 for musculoskeletal injuries, **as governed by data-driven medicine.**

(B) The elements of the employer's MIPP and how the written MIPP 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 work place, 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; and

See previous comments related to the word 'appropriate'.

(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 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 job hazard analysis process, shall be created, maintained, and made available in accordance with Section 3203(b).

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

(3) All records shall be made available to the Chief 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.

Appendix A (Non-Mandatory)

Reference Materials for **Job Hazard Analysis**

The following are examples of materials that can be used in performing a **job hazard analysis** for housekeeping:

Ohio State University. Ergonomic Resources for Housekeeping.

<https://ergonomics.osu.edu/Housekeeper%20Training%20Materials>

State Fund. Tips for Hotel Room Attendants.

<http://www.statefundca.com/safety/ErgoMatters/RoomAttendants.asp>

Department of Industrial Relations. Working Safer and Easier for Janitors, Custodians and Housekeepers, 2005. www.dir.ca.gov/dosh/dosh_publications/janitors.pdf

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.

<http://ucanr.org/sites/ucehs/files/97141.pdf>

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

https://www.commerce.wa.gov.au/sites/default/files/atoms/files/accommodation_industry_2013.pdf

Worker Health & Safety Study, Evaluation of Musculoskeletal Disorder Risk in Hotel Housekeeping Jobs, Steven F. Wiker, Ph.D., CPE

To date, this is the definitive research on hotel housekeepers and MSD risk, including measurement relative to National Institute for Occupational Safety and Health (NIOSH) standards.

Appendix B (Non-Mandatory)

Reserved for Model IIPP Developed by HESIS Stakeholders

[Possible new addition if all stakeholders collaborate with HESIS to create a Model IIPP]

**Hotel and Lodging Industry Cal-OSHA Compliant Injuryt and Illness Prevention Program (IIPP)
Development Guide, California Hotel & Lodging Association.**

<http://www.calodging.com/resources/iipp/>

This guide was developed specifically for hotel and hospitality entities to assist in developing a complaint IIPP and is the only reference produced specifically for the hotel and lodging industry.