Amalia Neidhardt, MPH, CIH, CSP
Senior Safety Engineer
Co-Chair , Cal/OSHA Hotel Housekeeping Advisory Committee
California Department of Occupational Safety & Health
Cal/OSHA Research & Standards Occupational Health Unit
2424 Arden Way
Sacramento, CA 95825

December 31, 2015

Dear Ms. Neidhardt,

I am writing in response to the proposed Hotel Housekeeper Musculoskeletal Injury Prevention Standard dated December 3, 2015. First, I want to thank you and other members of the Cal/OSHA Advisory Committee for your efforts in progressing the draft to an acceptable standard that will help Hotel Housekeepers stay safe and injury free while performing their job. I have worked with Hotel Housekeepers for over 10 years, first as a physical therapist and ergonomist, now as a research scientist. I understand the challenges that Hotel Housekeepers have in performing their jobs without injury or pain.

Although I support the draft, there are some additional changes that, in my opinion, are warranted and would increase the standard's effectiveness, the most important of which I summarize here.

First, I suggest that it is in the best interest of all stakeholders to have "control measures" described in more detail [sections (c)(5)(A) and (c)(5)(B)]. The Cal/OSHA 2005 publication listed in Appendix A refers to a list of control measures that could be explicitly suggested in the Standard. Listing specific control measures allows Hotels to prioritize the purchase and implementation of tools that will protect workers.

Second, section (c)(4)(E) should be amended to reflect a more accurate and comprehensive list of physical risk factors. Specifically, "lifting" should be removed from the list of awkward postures and "lifting and forceful whole body or hand exertions" should be added as an additional risk factor. Omitting forceful exertion from the list of risk factors is of great concern given its strong association with both low back and hand/wrist disorders. Additionally, I highly support keeping "excessive work rate" as one of the risk factors. Based on a research study I recently led, heart rate data indicated high levels of cardiovascular exertion in participants while making beds, regardless of the control measures tested.

Lastly, as I mentioned at the December 3rd. 2015 meeting, I highly support preserving section (d)(2)(A) which requires training to include information on "the signs, symptoms and risk factors for musculoskeletal injuries" and section (d)(2)(E) which will ensure that workers understand the process for reporting such symptoms. I have worked with hotels who have implemented early symptom identification training and response and have seen

very positive outcomes for both workers and employers. However, I strongly suggest that section (d)(2)(H) include training of managers and supervisors to respond appropriately to signs and symptoms reported by workers. Inappropriate reactions versus constructive responses to worker reports of signs and symptoms impede recovery and corrective action needed to prevent exacerbation or recurrence of symptoms.

More detail on these suggestions (and a few other minor ones) are included below. Thank you for your consideration of these comments. If you have any questions or concerns, please feel free to contact me.

Again, I want to thank you for your leadership on this proposed Injury Prevention Standard for Hotel Housekeepers. Once released, I believe this Standard will have an enormous impact on the health and wellbeing of Hotel Housekeepers across the Nation. Thus, I encourage the Committee to pursue the benchmarks and timeline release by Steve Smith at the November 2015 OSHSB meeting so the Standard can be released by mid-2016.

With Regards,

Carisa Harris Adamson, PhD, CPE, PT
Assistant Professor, University of California, San Francisco
Director, Ergonomics Training Program
1301 South 46th Street Bldg. 163
Richmond, CA 94804
Carisa.Harris-Adamson@ucsf.edu
510-665-3403

Section (c) Housekeeping musculoskeletal injury prevention program

Regarding Section (c)(4)(C).

"…. shall be in a language easily understood by housekeepers." It is highly likely that housekeepers will speak different native languages within one workplace. Therefore, having communication in multiple language**s** (plural) that meet the needs of all housekeepers is important and should be reflected here and in other places referring to language (section (d) Training).

Regarding Section (c)(4)(E),

I support the following amendment presented by UNITE HERE, with the addition of a few words (underlined):

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

Forceful exertions, both whole body and of the hand, are high hazards for Hotel Housekeepers in numerous tasks such as making beds, pushing carts, pushing/lifting vacuums, and scrubbing bathrooms with inadequate hand tools. Reducing forceful exertions is how many of the control measures described in the Cal/OSHA 2005 publication reduce the risk of MSDs. Thus, forceful exertion is a critical risk factor to evaluate during worksite evaluations.

Additionally, I reiterate my support of preserving (7) excessive work-rate and (9) inadequate recovery time between tasks given the high physiological loads I have measured in Hotel Housekeepers while making beds. Additionally, since the work-rate is often dictated by the number of tasks required in a given amount of time allotted per room, I suggest adding more detail on how the work-rate was determined and the tools/equipment/best practices accommodated by the determined work-rate. For example, the work-rate should allow hotel housekeepers to walk around the bed for successive removal and replacement of sheets thereby preventing the yanking and fluffing of sheets when removing and replacing them from one side. It would be reasonable for work-rates to be determined while control measures (including best practices and tools) are being fully and correctly utilized. Best practices and protective tools are commonly ignored when time does not allow for their use.

Regarding Section (c)(5)(A)

As previously described, control measures should be described in more detail throughout section (c)(5) to facilitate their implementation. I support what UNITE HERE has recommended:

"control measures to be considered here and in (c)(5)(B) and (c)(5)(C) include, but are not limited to: 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*."

Regarding Section (c)(5)(B).
I suggest changing "appropriately" to "correctly" here and elsewhere in the standard (c)(6)(B) and (c)(6)(C) and (d)(2)(D).

Regarding Section (c)(5)(C).
"…whether any other control measure, procedure, or tool would have prevented the injury."
To encourage workers to provide their input without requiring an absolute affirmation, I suggest changing this phrase to:
"…whether any other control measure, procedure, or tool may have prevented the injury."

Section (d) Training

Regarding Section (d)(2)(F)
"Practice using the types and models of equipment that the housekeeper will be expected to use;"
In my experience, "practice" with new tools and equipment can be brief, ineffective and obsolete if location, duration/ phase in periods are not adequately addressed. Undoubtedly, practice should be hands on and in a hotel room where it is to be used. Additionally, adequate practice time during and following the training (phase in period) allows workers to practice using a new tool, procedure or technique without fear of penalty for not achieving typical productivity requirements. I support what UNITE HERE suggests (bold) and ask that an additional clause is considered (underlined):

"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,** and an adequate phase in period that temporarily allows housekeepers to perform the task(s) affected by the change with reasonable and additional time per room such that housekeepers can implement changes in tools, equipment or safe work practices successfully and comprehensively.

Regarding Section (d)(2)(H)
Management and supervisor training should also include responding to a workers report of signs, symptoms and risk factors for musculoskeletal injuries. Successful early reporting of signs and symptoms of musculoskeletal injuries by workers will only occur if the people they are reporting it to respond in a supportive way. If management or supervisors react with doubt, suspicion or apathy, early reporting will suffer resulting in higher frequency and severity of musculoskeletal injuries.

The following is suggested:

"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, how to effectively communicate with housekeepers regarding any concerns needing correction, and how to effectively respond to a housekeeper's report of signs or symptoms of musculoskeletal injuries."