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September 11, 2015

Amalia Neidhardt Co-chair, CalOSHA Hotel Housekeeping Advisory Committee California Department of Occupational Safety & Health Research & Standards Occupational Health Unit 2424 Arden Way Sacramento, CA 95825

Re: Hotel Housekeeping Musculoskeletal Injury Prevention Regulation

Dear Ms. Neidhardt,

On behalf of UNITE HERE affiliated locals in California and UNITE HERE International Union, we thank CalOSHA's Hotel Housekeeping Advisory Committee for releasing the August 13, 2015 revised discussion draft of a hotel housekeeper musculoskeletal injury disorder (MSD) prevention standard. We appreciate the work of: Advisory Committee Co-chairs Steve Smith and Amalia Neidhardt; Eric Berg, Acting Deputy Chief of Standards and Research; and CalOSHA Chief Juliann Sum and their thoughtful consideration of written comments submitted in 2014 in support of CalOSHA's initial discussion draft and oral comments at the 2014 and 2015 Hotel Housekeeper Advisory Committee meetings where dozens of hotel housekeepers voiced their concerns along with public health professionals, academics and labor advocates.

UNITE HERE reiterates its strong support for a musculoskeletal disorder injury prevention standard for hotel housekeepers that originated with Petition 526 which UNITE HERE submitted in 2012. As we and other supporters of such a regulation have stated repeatedly since 2012, the scientific evidence supports the existence of MSD hazards of hotel housekeeping work and also supports that simple, feasible solutions to control these hazards also exist.

In addition, as has been pointed out earlier, CalOSHA is aware of cases where it has issued information memoranda and reached a settlement agreement with hotel employers alerting them to the existence of hotel housekeeper injuries and recommendations for ways to control hotel housekeeping hazards and prevent such injuries.¹

Therefore, we respectfully submit the following comments on CalOSHA's August 13, 2015 revised discussion draft of a hotel housekeeper musculoskeletal injury prevention standard.

¹ CalOSHA May 20, 2011 Information Memorandum to Hotel Employer Regarding Bedmaking and Cleaning the Bathroom Floor on Knees Injuries Occurring to Room Attendants; CalOSHA June 22, 2011 Information Memorandum to Hotel Employer Regarding a Bedmaking Injury Occurring to a Room Attendant; and CalOSHA 2012 Settlement Agreement with Hotel Employer Regarding Injuries Related to Hotel Housekeeping Tasks.

UNITE HERE Recommended Changes to CalOSHA's August 13, 2015 Revised Discussion Draft of a Hotel Housekeeper Musculoskeletal Injury Prevention Standard (Key: CalOSHA text, UNITE HERE text)

Housekeeping musculoskeletal injury prevention program (MIPP), p. 1
"Representative"

UNITE HERE recommended language:

"Representative" means a recognized or certified collective bargaining agent representing housekeepers and where appropriate, an occupational health expert identified by the said representative who can provide expertise in housekeeper injury prevention in addition to that of the representative. Where there is no recognized or certified collective bargaining agent, a third party individual can be designated as a representative by employees such as a physician, occupational health expert or labor advocate."

or alternately,

"An employee's representative includes but is not limited to, an attorney, health or safety professional, union representative, or government agency representative."

Housekeeping musculoskeletal injury prevention program (MIPP), p. 2 (c) Housekeeping musculoskeletal injury prevention program

- (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 task;
- (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;
- (4) A mechanism by which employers communicate to housekeepers the nature and type of hazards at the workplace and how in these hazards relate to risk factors for MSD injuries;
- (5) A mechanism by which housekeepers can communicate to employers—the existence of hazards at the worksite associated with risk factors for MSD injuries and the signs, symptoms of MSD injuries without fear of reprisal;

² California Labor Code section 6309. Courtesy of Worksafe.

Housekeeping musculoskeletal injury prevention program (MIPP), p. 3 (c) Housekeeping musculoskeletal injury prevention program (4)(E) The job hazard analysis shall address at a minimum:

- 1. An assessment of the potential injury risks to housekeepers including but not necessarily limited to: (1) lifting and forceful exertions; (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; (9) inadequate recovery time between tasks; (10) slips, trips and falls; and (11) falling and striking objects.
- 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. At minimum, the safe work-rate shall preclude a work-rate that can be reasonably foreseen by the employer to increase the risk of MSDs.
 - 3. A safe work-rate shall take into consideration the following two elements:
- (a) a pace at which a guest room is cleaned that allows the housekeeper to recover between tasks, i.e. making the bed, cleaning the bathroom, vacuuming the guest room, pushing the cart in the hallway and other routine housekeeping tasks;
- (b) an amount of time allotted to cleaning a guest room that allows the housekeeper sufficient time to perform these tasks using safe work practices. Safe work practices are those that decrease the likelihood that MSDs will occur by reducing the number of MSD risk factors, e.g. walking with a vacuum cleaner instead of bending forward using quick movements to cover more territory or taking the time to walk along each side of the bed and untuck the sheets instead of standing by one side of the bed and yanking all the sheets and duvet off the bed with extreme, forceful arm movements and extreme forward bending (see examples of safe work practices in UNITE HERE Petition 526, submitted in 2012).
- 4. Employers will provide documentation of how the safe work-rate has been determined as an element of the job hazard analysis.

Housekeeping musculoskeletal injury prevention program (MIPP), p. 3

(c) Housekeeping musculoskeletal injury prevention program

- (4)(E) The job hazard analysis shall address at a minimum:
 - (5) Procedures to investigate musculoskeletal injuries to housekeepers, including the following:

UNITE HERE recommended language:

- (A) The procedures or tasks being performed at the time of the injury and whether any identified control measures were available and in use. Control measures that shall be considered include fitted bed sheets; mops; long-handled and adjustable length tools for dusting and scrubbing walls, showers, tubs, and other surfaces; light-weight or motorized carts; and those identified in the CalOSHA 2005 publication, Working Safer and Easier for Janitors, Housekeepers and Custodians. See Appendix A. https://www.dir.ca.gov/dosh/dosh_publications/janitors.pdf.
 and
- (C) *Input* of the injured housekeeper, the housekeeper's representative(s), and the housekeeper's supervisor regarding 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 job hazard analysis or in the investigation of musculoskeletal injuries to housekeepers, including procedures for determining whether identified corrective measures are used appropriately. These procedures shall incorporate an effective means of involving housekeepers and their representative(s) in identifying and evaluating possible corrective measures including:
 - (A) 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
 - (B) 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; and.
 - (C) holding of regular meetings of management, housekeepers, and their representatives to discuss the aforementioned items to occur:

- 1) following the performance of job hazard analyses;
- 2) following the reporting/occurrence of MSD incidents; or
- 3) in absence of either (C)1 or (C)2, at minimum on a quarterly basis.

Housekeeping musculoskeletal injury prevention program (MIPP), p. 4

- (d)Training. The employer shall provide training to housekeepers and their supervisors in a language easily understood by housekeepers.
- (2) Training shall include at least the following elements as applicable to the housekeeper's assignment:

- (A) The signs, symptoms and risk factors of MSDs, with the specific examples of the latter regarding housekeeping tasks;
- (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 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 mechanism for early reporting of signs and symptoms of MSD injuries to the employer;
- (F) Supervised instruction and practice in the guest room performing housekeeping tasks using the types and models of equipment that the housekeeper will be expected to use, implemented by an expert knowledgeable of 1) safe room cleaning practices and 2) the employer provided equipment and procedures and include an opportunity for interactive questions and answers.
- (G) Training of managers and supervisors on:
 - 1) The signs, symptoms and risk factors of MSDs;
 - 2) The importance and mechanism for early reporting of signs, symptoms and MSD injuries by the employee to the employer;
 - 3) the elements of safe housekeeping practices; and
 - 4) how to identify hazards, the employer's hazard correction procedures, how defective equipment can be identified and replaced, how to obtain additional equipment;

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5) how to evaluate the safety of housekeepers' work practices; and

6) how to effectively communicate with housekeepers regarding any problems needing correction.

Appendix B (Non-Mandatory), p. 5

Reserved for Model IIPP Developed by HESIS Stakeholders

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

UNITE HERE Comments:

This can be added at a later date when available in final form but until it exists, there can be no delay in finalizing the standard and its appendices in anticipation of such a model IIPP. Since it does not yet exist, there is no place for it in the revised discussion draft and it should be removed.

UNITE HERE Comments:

UNITE HERE submitted the language below in its comments on the 2014 CalOSHA discussion draft. We request that the language below be added to the 2015 CalOSHA revised discussion draft regarding employee notification of job hazard analysis results.

Employee Notification of JHA Results

Housekeeping employees shall be notified of the results of the JHA in writing by posting it in a location readily accessible to them. Posting will occur within 14 days of when management completes the JHA, or any updated JHA.

Thank you for your consideration of these comments. If you have any questions, I can be contacted at 212-332-9318.

Sincerely,

Pamela Vossenas, MPH

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