

Cal/OSHA Advisory Meeting
Housekeepers in the Hotel and Hospitality Industry
Tuesday October 23, 2012
Oakland, California

Chairs: Amalia Neidhardt, Steve Smith
Notes: Mike Horowitz, Bob Nakamura

<u>Attendee Names</u>	<u>Affiliation</u>
Ellen Widess	DOSH, Chief
Deborah Gold	DOSH, Deputy Chief
Pamela Vossen	UNITE HERE
Dorothy Wigmore	Worksafe
George Hauptman	OSHSB
Jack Saltzberg	Hotel Frank
Dorothy Wigmore	Worksafe
Baruch Fellner	CH&LA
Pilar Hamil	DLR
John Robinson	CAPA
Janice Prudhomme	DOSH
Chris Kirkham	DOSH
Ted Schwartz	HR Ideas
Rebecca Cohen	CDPH OHB
Ed Klinenberg	CIHC
Len Welsh	SELF
Linda Delp	UCLA/LOSH
Eric Myers	Davis Cowell
Valeria Velazquez	LOHP
Martha Reyes	UH Local 10
Alicia Granados	UH L2
Albertina Solorio	LH11
Sara Hernandez	UH L11
Jeanne Sears	University of Washington
Josefina Guinac	UH L19
Martha Romero	UN L19
Patricia Silva Cosea	UH L11
Marc Norton	UH L11
Powell DeGange	UHL2
Leonily Casipit	UHL2
Celso Arbolante	UH
Nathan Kuerschner	UNITE HERE
Mariana Casorla	UH L19
Domitra Jimenez	UNITE HERE
Maria Vivanco	UNITE HERE

Sarah Julian	UH L19
Francisca Carranza	UH2850
Matt Clark	UH2850
Gene Porshall	UH 2850
Niklas Krause	UCLA
Marites Talento	UNITE HERE
Jeremias Diala	UNITE HERE
Josephine Rivera	UNITE HERE
Xiu Zhen Seza	UNITE HERE
Senjing Huynh	UNITE HERE
Jahmese Myres	EBASE
Katy Lind Evelyn	CECRAOHN
Joe Berry	
Mildred Velasquez	UH L11
Soledad Garcia	UH L11
Areli Valdivia	UH L11
Sonia Depaz	UH L11
Blanca Aldama	UH L11
Luis E Casorla	UH L19
Olga Gladys Manrique	UH L19
Anamorla Rodriguez	UH L19
Ana Maria Trevino	UH L19
Victoria Shifos	UH L19
Reglai Soto	UH L19
Yalila Horlla	UH L11
Veronica Rodriguez	UH L11
Rosa E Sandoval	UH L11
Valentina M	UH L11
Brenton Gil	UH L11
Becky Perrine	UNITE HERE
Lorena Reyes	UH L19
Maria Herrera	UHL2
Jessica Inouye	UNITE HERE
Ali Abid	UH L2
Nestor Gomez	UH L2
Lynn Mohrfeld	CH&LA
Chris Middleton	CLIA
Marti Fisher	CalChamber
John Manderfeld	CA Lodging
Kevin Thompson	CO Reporter
Mitch Seaman	CA Labor Fed
Daisy Bach	HR Ideas
David Kernazitskas	OSHSB

Amalia Neidhardt opened the meeting at 1005, welcomed attendees, thanked them for participating, explained that translation is being provided, and introduced staff from the Division of Occupational Safety and Health (DOSH). She reviewed the handouts, described the agenda, and explained that copies of articles in the reference binder could be made upon request.

Ellen Widess, chief of DOSH, made opening remarks. She said that this meeting was part of the Division's commitment to work with stakeholders, scientists and professionals to develop and implement effective strategies to reduce occupational illnesses and injuries in California. In January, UNITE HERE petitioned the Standards Board for a regulation to prevent musculoskeletal injuries to hotel housekeepers. These include disabling injuries to the back, shoulder and upper extremities because they are costly in terms of the negative impact on workers' quality of life. There are also monetary costs to workers and families, and high costs to employers, in workers' comp claims and lost productivity. According to the US Department of Labor, hotel workers are among the top 10 occupations (out of 800) in terms of DART (days away from work, restricted, or transfer) rate. At their June 2012 meeting, the Occupational Safety and Health Standards Board (Board) asked DOSH to convene an advisory committee to address whether a standard is needed, and if so, what it should contain. Researchers have found that hotel housekeepers are at increased risk of injuries. DOSH asked Dr. Niklas Krause to summarize the body of research. Cal/OSHA, Hawaii OSHA and Federal OSHA have identified a number of risk factors for injuries.

E. Widess said that DOSH does not have a proposed regulation at this time. The purpose of the meeting today is to gather information about the hazards, injuries, the possible control measures including training, and whether there is a need for future rulemaking. DOSH expects this to be the beginning of the process. There have been letters asking for future presentations; DOSH will be considering a format for that process.

A. Neidhardt reviewed the rulemaking process chart. She explained that this advisory meeting is a preliminary activity, and there is no formal proposed regulation at this time. If the Standards Board is going to consider a regulation, there will be a formal rulemaking process, with specific time frames, including a public notice which will start a 45 day public comment period, and a public hearing.

A. Neidhardt then introduced Dr. Niklas Krause, who is a professor at UCLA. N. Krause then made a presentation on injuries and illnesses to housekeepers.

N. Krause said that he used to be a clinician, then decided to go into prevention and became an epidemiologist at UC Berkeley. He has conducted research on hotel worker issues and is currently a professor in epidemiology at UCLA and director of the Southern California NIOSH (National Institute for Occupational Safety and Health) Education and Research Center.

He said that the goal of his presentation is to address these questions:

1. Are housekeepers at increased risk for work related injury?
2. Are they exposed to known occupational risk factors?
3. What is the association between risk factors and rate of injuries in housekeepers?
4. Can injuries be prevented?

He said that he is not addressing how to prevent injuries in this presentation, and that subject

would be discussed in the future by others.

A copy of N. Krause's presentation is attached.



DrNKrauseppt.pdf

Once the presentation was completed, A. Neidhardt introduced the Q&A phase and reviewed the goals for the rest of agenda (first, seeking input on risk factors and tasks, next looking at equipment and training.)

Baruch Fellner, representing the California Hotel and Lodging Association (CH&LA), said that the threshold which DOSH needs for rulemaking has to be data based and should not be anecdotal. He then asked N. Krause whether the principal health outcome for his studies, particularly the Las Vegas study, was based on 300 Logs. He asked whether N. Krause had physically examined any employees. N. Krause responded that he had not physically examined workers; the study had asked workers about their injuries and reviewed worker surveys. He said that the study had not concentrated on the 300 logs, the Buchanan study had been based on 300 logs.

B. Fellner stated that the OSHA logs and surveys are full of confounders and asked whether N. Krause agreed with this statement. N. Krause replied that this was not accurate and explained that the association between exposures and outcomes based on the surveys were adjusted for age and other possible confounders in the analyses. N. Krause clarified that with the data from the OSHA log, you can only calculate crude injury rates.

At B. Fellner's inquiry, N. Krause agreed that there was an extraordinary amount of variability in OSHA logs and that we were only looking at the tip of the iceberg in terms of injuries when it came to OSHA logs.

B. Fellner commented that due to the variability of individuals' interpretations on the instructions of how to fill out OSHA logs, information from the OSHA logs should not guide public policy. N. Krause responded that this is often the best data we have.

B. Fellner noted that the studies upon which N. Krause relied were observational studies that did not meet the Bradford Hills criteria to meet causation. N. Krause asked B. Fellner if he would like to explain his question so that the audience could follow.

B. Fellner said that since N. Krause understood the question he should answer it and that it was not important if others at the meeting understood it or not.

Deborah Gold interjected and explained that for everyone to participate, it was important that people understand what B. Fellner was asking about.

N. Krause explained that he described a study showing an effect and that those risk factors show an association with pain. B. Fellner inquired whether the cause is happening before the event or outcome, as it is important to be sure that the exposure to this cause happened before the event.

When conducting observational or cross-sectional studies, at the same time that they ask about the outcome, the relationship to cause is not clear. For example under time pressure, someone with pain may not be able to work fast, and that's why they miss their lunch break-because of disease or pain and not because of workload. Someone under a time crunch may be more inclined to hurt themselves, an important consideration. However, this does not mean that you cannot use observational studies to be clear about the cause. For example if you ask about the number of rooms housekeepers have to clean, [the answer] is not influenced by pain. You don't need to do a long prospective study to find out the answer; you get the answer by asking the housecleaners. N. Krause commented that it is not correct to dismiss studies just because they are observational or cross-sectional. It is not necessary and way too expensive to study every issue prospectively. You need to rely on the best available evidence for policy decisions.

B. Fellner questioned N. Krause on the 1997 Yellow NIOSH study upon which he was relying. B. Fellner said that this was the backbone of the federal ergonomic standard that was looked at by Congress and rejected. N. Krause replied that the ergonomic standard that was first adopted at the end of the Clinton administration was immediately rejected by the next administration.

A. Neidhardt asked B. Fellner to focus his questions on the information presented in N. Krause's PowerPoint.

B. Fellner asked N. Krause whether the acute traumas which were more than 50% of the injuries included slips, trips and falls. N. Krause replied that it did.

B. Fellner questioned why the comparison of housekeeping jobs to the service sector – since the service sector involves office jobs that are not done by housekeepers and asked whether this was a fair comparison.

N. Krause responded that BLS data are available only for relatively broad categories and that most BLS statistics published do lump all hotel workers together including clerical workers and other occupational groups. Among them, food services have also lots of MSDs, while others don't. Therefore, it is important to look at housekeeping rates specifically to understand if this group is at increased injury risk. That's what the Buchanan study achieved.

B. Fellner asked N. Krause about the part of the presentation where N. Krause was holding his arms out, demonstrating awkward posture. B. Fellner inquired if this was comparable to what a housekeeper does given the variety in the human motions that occur doing housekeeping.

N. Krause explained that people who work more than a couple of hours a day with arms above the shoulders are seen with shoulder problems in the doctor's office. He said that the example gave the feeling of what it would be like to use short tools to reach the ceiling, and that many hours are not needed before shoulder problems develop. N. Krause commented that this was probably the most under-estimated and most damaging risk, because untreated rotator cuff syndromes often take about 1.5 years to heal spontaneously. He said that the data shows that there is a problem with severe shoulder pain and it does no good for the industry to deny that.

B. Fellner read information from a study that he said stated that there was no significant

statistical increase in various pains associated with the number of rooms done by housekeepers. B. Fellner next asked N. Krause if the more work a housekeeper performs the more likely there is to be pain. N. Krause replied that it did.

B. Fellner question why then, in the 2002 Las Vegas study, was it concluded, that the union sites found no statistically significant increase in body pain, neck, upper body or lower back injuries associated with beds made per day.

N. Krause answered that the important word was “no statistically significant”. He stated that the data shows there is an effect but that you would need to have more participants to achieve statistical significance. He commented that scientists sometimes reject findings even if they can be 92% sure that this is not a chance finding. The most common convention is to set the bar for statistical significance at 95%. That can lead to disregard of substantial effects just because is “no statistical significance.” In this publication the number of beds had been crudely measured with only two categories, this decreases the power to detect statistical significant relationships. N. Krause added that more detailed and continuous measures of physical workload used in this study showed very strong and statistical significant associations with all pain outcomes that should not be ignored.

B. Fellner stated that they commissioned an ergonomic study conducted by Dr. Steven Wiker, who couldn't come today. B. Fellner clarified that S. Wiker is one of the foremost ergonomists doing biometrics studies on the work being done by housekeepers. According to B. Fellner, S. Wiker has preliminarily concluded -using NIOSH Lifting Equation and Liberty Mutual criteria- that in regards to pushing sheets in between mattresses and box springs the strain falls within and below the NIOSH action limit and is deemed safe by NIOSH. Additionally, the heart rate analysis showed that the physical demands of this work were between light and moderate activity and within ergo guidelines for 8-hour periods. B. Fellner said that the frequency and repetition of exposures fall below thresholds where NIOSH says prevention is necessary, and he further stated that he hopes S. Wiker would be given an equal opportunity to present at a future meeting.

E. Widess inquired as to when S. Wiker's study would be completed.

D. Gold said that these meetings are open to everyone, including Dr. Wiker. She also requested that B. Fellner provide DOSH with a copy of what he had just read.

Kathy Lindsay, representing the Bay Area Chapter of CA Association of Occupational Health Nurses (CSAOHN) asked N. Krause about the kinds of interventions done by hotels in Las Vegas.

N. Krause replied that they did not look at that.

Pamela Vossen H&S Director from UNITE HERE (UH) asked N. Krause how many publications he has done on this topic, how many years he has worked on this issue and the total number of journal articles he has published on this subject.

N. Krause responded that he had done 8 publications on hotel work since he started working in 1999 on hotel workers. He has published about 60 articles, about 4 per year during his entire research career.

P. Vossen asked about the Bradford Hills criteria, more specifically about biological plausibility and how does it apply.

N. Krause explained that what is meant by biological plausibility, in the context of what we know about the body was whether it makes sense that that factor caused the disease. He gave the example that it would be implausible for storks to cause pregnancy in women. In regards to injuries to housekeepers, he noted that there is no question that it is plausible, because there is biological, medical, and epidemiological evidence. He stated that there is evidence that mechanical load (like lifting mattress at the corner) affects the body. That is not only is that biologically and biomechanically plausible; but there is epidemiological evidence from lots of studies linking such lifting with musculoskeletal disorders. He said that they know that the mattress weighs a hundred pounds and that a person lifts thirty to forty or fifty pounds when they lift a corner. As for the forces on the back, he mentioned that in a good posture, it could mean compression forces of about several thousand pounds in the lower back. N. Krause remarked that because force is multiplied by leverage, people who've studied this for decades would say that the answer is about 4000 pounds due to the leverage and due to the force the small muscles of the spine need to exert in order to counteract the long lever of the bent body. He noted that even if some people say that it is within the guidelines, then the guidelines might not be adequate. He remarked that the NIOSH lifting formula that B. Fellner mentioned earlier, has been used by other ergonomists who have come to a different conclusion-that mattress lifting was outside NIOSH limits. N. Krause stressed that one found that mattress lifting was outside the guidelines by a factor of 1.3. He noted that another way to look at this finding is that even if close to 90% of people could safely lift this weight, then more than 10% would be injured. He said that there is really no doubt that the epidemiological findings presented are plausible.

P. Vossen asked N. Krause if he was familiar with Dr. Marass' work on spinal loading and with the biomechanical study.

N. Krause replied that he was. He mentioned that a motion monitor - a tool that can be used to assess risk - was used by Marass.

Dorothy Wigmore, Worksafe, said that she was trained as an ergonomist, that she has 30 years of experience in occupational safety and health and that she used to be a housekeeper. She indicated that she knows that there is a difference between job description and actual work and that there can be additional constraints, such as a bed too close to wall. She questioned N. Krause if he had looked at constraints.

N. Krause stated that there could be a huge variation - in terms of the number and type of rooms, and the number of occupants, the dirt left behind etc - and that this variation is hard to capture in

an epidemiological study. He stressed that his study used a detailed questionnaire to capture these variable determinants of the actual physical workload and stressed that the results using these detailed measures of physical workload showed very strong associations with severe pain and that these results were also highly statistically significant. He explained that unlike other studies, they also adjusted for all kinds of possible confounders that could play a role. Thus they were rather confident that the risks they observed were real risks.

Lori Douglass, CSAOHN asked if they adjusted for length of employment.

N. Krause affirmed that they adjusted for the years working in hotels in addition to age. He noted that they saw that the risk varied over time, and that it was not a linear relationship.

(Break for Lunch at 11:56. The meeting resumed at 1:10)

A. Neidhardt thanked participants and N. Krause and explained that in this part of the meeting DOSH wants to hear from people with experience in housekeeping or hotels and lodging establishments about how hazards are identified and the control methods are being used to help reduce risk.

Carisa Harris-Adamson, PhD in physical therapy stated that she has evaluated risks in hotel housekeeping tasks and that she had worked on a project to develop tools to help safely lift beds. She declared that she wanted to endorse the [petitioner's proposed] standard which agrees with the risk factors that she has seen. She said that one factor in studies is the difference between the balance of stay-in and checkout rooms. She noted that there is a problem in identifying the difference and that exposure varies widely depending on this factor. An employee that has only stay-in rooms can finish early; while another with checkout rooms and few stay-in rooms won't have adequate break times. One way to control exposure to these physical risk factors is to keep a balance between these different types of rooms. On the issue of lifting mattresses to tuck in linens, she noted that the easiest way to deal with it is to not require tucking. She said that if the hotel decides that it needs linens tucked, then the hotels should provide lifting tools.

A. Neidhardt asked C. Harris-Adamson about which hotels did require tucking or provided tools and which ones didn't. She replied that she was a consultant for a physical therapy company and that she was asked not to share this information.

Linda Delp, UCLA LOSH (Labor Occupational Safety and Health Program), talked about why a standard is needed and when it should be implemented. She stated that she has experience providing training and assistance to workers at the Hilton LAX, and commented that 5110 does not protect against acute injuries since it does not identify hazards before injuries occur. L. Delp noted that Section 5110 (the Repetitive Motion Injury Standard) requires that the injury be diagnosed by a doctor, that it be tied to work and that there be more than one injury with identical job tasks. She said that since the current standard is less than adequate, she wanted to speak about the [union's] proposal, which takes a public health approach and is specific to the industry.

A. Neidhardt said that DOSH wants to hear from workers and employers about the type of activities that cause injury, what has worked and what hasn't to prevent injuries.

Nanita, a housekeeper at the Hyatt Hotel in Santa Clara for ten years, stated that she came from the Philippines in 1996 hoping for a better life. She said that she is a 70 years old widow, mother of 5 and that on September 4, 2009, while cleaning 16 rooms, she felt pain in her arm. Nanita said that the workers have to place their whole arm under the mattress to tuck the sheet in properly. She stressed that she had never had such pain in her arm and that when she reported the shoulder injury to the house keeping manager, she was asked several times if she was sure that she had hurt herself at work. She stated that she went to a doctor, did physical therapy and missed about two hours of work each time. She was assigned to light duty—folding linen, cleaning showers-- which required use of the injured shoulder/arm. Because the work was not light duty, she got hurt again. Nanita noted that now she only has full use of the left arm and that the right shoulder still hurts and does not work. She commented that she had surgery this past June 14th, and that although the pain has reduced a little, her right hand and shoulder have not returned to normal. Nanita said that she had shared the story about her injury because she believes she is not alone; that many others also work with an injury and that all housekeepers deserve safe work.

Valeria Velazquez, LOHP (Labor Occupational Health Program) at UC Berkeley, stated that she collaborated with N. Krause in participatory research. She said that given her experience and the trainings she has done, this occupation presents persistent hazards of musculoskeletal disorders and traumatic injuries. She observed that effective intervention depends upon both management and worker input and that those workers deserve a voice. She noted that she and LOHP believe workers need to be able to provide systematic input on identifying the hazardous tasks and the tools that are needed. Thus, LOHP recommends that the standard require a labor management committee with 50% housekeeper membership, long handled cleaning tools and fitted sheets. V. Velazquez commented that a more comprehensive approach, such as looking at work environment, stress and demands can have more lasting impact than focusing on individual behavior. Furthermore, she is convinced that injuries are underreported due to fear among low wage immigrant workers, and that more effort and attention would be needed to solicit worker input.

Rosa Sandoval from Wilshire Plaza LA said that she has been a housekeeper for 15 years and that she is very proud of her work which is not easy work. She said that they do hard work which makes the hotels look comfortable in order to ensure that people will return. Rosa told us that some of them work with pain, leave work tired and some work injured. She noted that at the hotel where she works, they have fitted sheets and that she likes these fitted sheets because there is little or no lifting, it saves their backs and arms since the mattresses are heavy and weigh more than 100 pounds. She stated that the sheets look very neat on the bed and that only the housekeepers know the sheets are fitted. She said that she didn't understand why some hotels can't have fitted sheets and long handled tools so housekeepers have to clean floors on their hands and knees or climb up on the sinks and bathtubs. R. Sandoval observed that workers in other industries have the tools they need and that women in hotel rooms should have them too. That such small change would have a large impact on their daily lives.

Mariana Casorla from UH Local 19 related that she has worked in San Jose for 10 years and that she came as an immigrant in 1998 hoping for a better life. She shared that she has experience

with fitted and flat sheets and that fitted sheets are by far the best tool a housekeeper can have to make beds safely. Per M. Casorla, with fitted sheets workers tuck less, bend less, and strain their arms and backs less. She noted that with fitted sheets they don't have to lift the mattress, whereas with flat sheets they lift the mattress 8 times (two in each corner). She noted that as a housekeeper she knows what it takes to clean bathrooms; that there should be a law to prevent housekeeper injuries and that fitted sheets should be part of that law.

Mildred Velasquez from UH Local 11 stated that she works at the Hollywood Hotel and that she left Los Angeles at 4 a.m. today to come tell us their story. She said that she is currently on disability and that she dislocated a disc pulling a mattress that was completely against the wall. She expressed that their work is very difficult and dangerous and that they scrub toilets, wash walls and lift heavy mattresses. She added that sometimes they also clean the rooms with the guests still inside and with the door closed. That they push housekeeping carts through carpeted hallways and climb chairs to clean the walls. She noted that because the number of rooms to be cleaned has increased, work is very hard and it is very common to make dozens of beds in one day. M. Velazquez told us that the hotel has established incentives to encourage employees NOT to report injuries (a bingo game to win a \$25 gift card every month) and that the moment an injury is reported, everyone loses and the game begins again. That there are fliers promoting the safety bingo game with photos of cars and money attached and because workers don't make enough money, they don't report injuries out of fear that they will lose the opportunity to make this extra money. She expressed that laws are needed to protect and guarantee a worker's voice and to require training on the proper use of tools. M. Velazquez called on DOSH to establish a law that will prevent injuries on hotel worker and which will ensure that they have a voice in the workplace.

A. Neidhardt thanked M. Velazquez and encouraged employers to provide input.

John Manderfield, past president of the California Lodging Industry Association said that he was the president of a hotel management company with 2000 rooms. He clarified that they don't own, just manage the hotels and that they clean 500,000 rooms a year which include 600,000 beds. He noted that he has been doing this work for more than 40 years and that he deeply respects the housekeeping team and cares about their safety. J. Manderfield stated that he has cleaned a lot of rooms working side by side with housekeepers and wanted DOSH to know that fitted sheets will not prevent any injuries. He explained that they've never had an injury attributed to flat sheets and that they experimented with fitted sheets for 3 months, until the (fitted) sheets wore out. He related that workers hated them and asked to get rid of them and that fitted sheets presented problems during laundering (they don't store well, don't fold well and don't stack well). He added that it is harder to work with fitted sheets as the elastic wears out; that they are much harder to fit (requires strength to stretch to fit the corners) which means a lot of pulling on employees' backs. He said that someone suggested that housekeepers be limited to clean a certain number of rooms per day, but that that depends on the needs which change every day. He stressed that suites that have to be cleaned following check-outs takes more time, but that this gets accounted for in the individual assignments. J. Manderfield stated that their association is happy to support safety, but that the proposed [union's] rule would do nothing to help hotel safety and would hurt tourism in the long run.

E. Widess inquired if J. Manderfield had also experimented with tools.

J. Manderfield replied that he had no personal experience but that the issue of short- versus long-handled tools was interesting and that they do their best to provide tools. He noted that sometimes they provide a long-handled tool for cleaning overhead, but that long-handled tools are not suitable for small spaces (inside a refrigerator, or small closets). He commented that it would be inappropriate to mandate long-handled tools for all situations but that housekeepers should have available all the tools, both short- and long-handled they need.

Lori Douglass from CSAOHN said that it was her experience, while working with some employers in the hotel industry that some employees liked long-handled tools and others didn't. She said that she agreed with J. Manderfield (that having the tool available was very important) and that these tools should not be mandated, because what would work for one person would not necessarily work for another.

Eric Myers, attorney for UNITE HERE, said that the industry had a natural tendency to come into these regulatory meetings and say "No, there is no problem, no need to fix it, the science is all bad, and let's do nothing about it." He stated that it was better to look at what the industry has said about this problem; not when facing regulation, but when talking more honestly about the problem they've had and how they have been trying to solve. Per E. Myers, HEI Hotel and Resorts, a national company with many properties in California announced that Cadence KEEN innovations had developed a bed making tool. He said that it would be great to hear about this tool from someone who has used it and to have this tool demonstrated to this group. E. Myers noted that according to Cadence Keen, bed making was exceedingly dangerous and was straining muscles to the maximum. He added that recent studies say mattress lifting puts the back in its weakest position, that hotel workers lifting mattresses are 48% more likely to have injuries and that 50% of these injuries are more likely to be serious ones. He stressed that HEI and N. Krause agree and that these injuries cost the hospitality industry \$500 million in workers compensation costs.

E. Myers indicated that Hyatt Hotels patented a bed making tool similar to the one Keen is marketing and that on its patent application Hyatt said that the process of making beds and tucking sheets could be physically taxing. He observed that he understands that there may be problems with a poor quality fit and that it would be great if Hyatt would come and explain the strengths and weaknesses. E. Myers said that the PhD physical therapist who spoke earlier and who was not able to identify her clients was one of the names on that patent. He mentioned that Hilton had also done an ergo study which acknowledged excessive lifting and that he hoped that these hotel corporations would come forward and share their observations with us. He commented that there are major hotel corporations that do use fitted sheets without a problem and that the practice of not tucking the duvet occurred at some of the high class properties in California which are not losing business. He said that it is not always possible to follow the safe lifting steps and that although hotels train workers to lift from the knees, they require workers to squeeze into small spaces where they are unable do that. E. Myers said that the industry recognizes that there's a problem and should come here to offer solutions - perhaps some of the solutions that UNITE HERE has on the table. He reiterated that in order to find mutual solutions, the process needs to be more informed and honest.

B. Fellner said that the industry is committed to employee safety and said that it was morally wrong and economically contraindicated to injure housekeepers. B. Fellner said that the issue before the committee was whether there should be a mandatory standard that would require one

tool over another and one solution over another. He noted that the union proposed a part under which the Injury and Illness Prevention Plan (IIPP) was turned into a prescriptive rather than a programmatic find and fix standard. He said that Section 5110 has its problems, but he recommended looking at that standard for provisions that would be appropriate to protect all employees in CA. He said that it's inconceivable that folks in construction and in manufacturing are not experiencing the same signs and symptom as housekeepers. He suggested that the solution should not be a housekeeper-only regulation because that would be an invitation for every other industry and its employees to request, demand or convene an advisory committee to try to establish their own path in protecting employees. He recommended that the solution would be to find ways to resolve these issues on a state-wide basis - not necessarily in a mandatory context. He said that the proposed methodology is flawed because it is mandatory (not consultative) and does violence to the nature of the IIPP. He also requested that industry be allowed the opportunity to address the data driven evidence from medicine, ergonomics and economics. He proposed that no standard be drafted until the advisory committee had the opportunity to hear from a panel of experts, including S. Wiker.

E. Widess inquired if B. Fellner had proposed speakers for the other two areas.

B. Fellner responded that he did not, but that they would submit names.

Jahmese Myers from EBASE (East Bay Alliance for a Sustainable Economy) said that her group had a significant role in 2005 in the passage of Measure C and that this measure established a wage and job load security for hotel workers in Emeryville. According to J. Myers, this ordinance included a day limit of 5000 square feet of cleaning per shift, or about the equivalent of 13 regular or 9 large rooms. She noted that in 2010, their 5 year report which monitored the effect of Measure C on workers, detailed that housekeepers said that the 5000 square feet limit made their work more manageable and reduced pain related to work and injuries. She suggested that DOSH take a look at measure C and its health and safety measures.

Mark Norton said that he was 63, that he has been in the industry since age 16 and that nearly all room cleaners were women. He commented that in our society women's work didn't get the same respect as men's. He stated that he felt that some of the spokespeople from the industry appeared to be saying leave us and our ladies alone. He requested that the women in this industry be treated with respect as deserved.

D. Gold reminded the audience that DOSH was trying to create an environment in which everyone would feel safe to speak; and that it was important to respect everyone including those we disagreed with.

Jeanne Sears, a researcher and nurse with the University of Washington, noted that she had a personal interest and experience with these issues. She related that 30 years ago she worked as a hotel housekeeper, that this was hard demanding work and that housekeepers face unacceptably high risks. She stated that these risks could be mitigated by the proposed [UNITE HERE] standard. She noted that there were some transferrable lessons, such as ensuring that the regulation includes an employee safety committee and employee rights. She commented that the voluntary process alone would not work and that enforcement would be needed. J. Sears said that there were short-term and long-term economic interests, that getting a certain number of rooms cleaned was a short-term interest whereas workers compensation costs were long-term interests.

Dr. Robert Harrison with UCSF stated that he diagnoses and treats diseases and that he works at CDPH collecting and analyzing data on injuries. R. Harrison had the following suggestions to assist DOSH in this process:

First, he recommended that someone from NIOSH provide technical expertise to the Division through their research process. R. Harrison offered to help identify a person that could come and present information; such as a biomechanical risk factor study. He noted that although these risk factors were not unique to this industry, there were thousands of studies which have identified and analyzed these factors.

Additionally, R. Harrison suggested that there be a presentation on biomechanical risk factors -- reaching, bending, stooping, pushing and pulling motions, to compare what's happening in other industries with the hotel industry.

He mentioned that CDPH has been looking at workers comp data, more specifically at housecleaning injuries and they could probably share some data in a couple of months. R. Harrison also offered to work with the Division on the analysis and that he hopes to be able to look at this data and identify where solutions would be needed.

Marti Fisher, from the Chamber of Commerce commented that their hotelier members are not evil, that they care about their employees and wish to provide them with a safe working environment. M. Fisher stated that they really don't know yet what the science says and that further research is needed. She noted that to avoid creating more hazards, recommendations should be data driven. She added that care should be taken to prevent putting employees in a position where mandates would be unworkable and employers would be required to discipline employees (under the IIPP). She said that they hadn't heard data that would show that interventions work and that all the studies that she has reviewed (on fitted sheets) show conflicting results. She stressed that as far as she knew, all their hoteliers provide their employees with the opportunity to use long-handled tools but that some employees don't use them, so their hoteliers train them on the safest methods to do their jobs. M. Fisher requested that the audience be respectful of employers.

D. Gold said that it would be helpful if the hoteliers could send to DOSH their experiences on which interventions work and which ones don't.

M. Fisher replied that they would be happy to provide information and answer questions, but that their members didn't want to be identified. She said that if DOSH had questions she could provide the information given this restriction.

D. Wigmore commented that changes such as bigger beds, more pillows and heavier covers have taken place and that this work was not like making beds or cleaning at home. She noted that although there are many hazards, the most common are ergonomic ones. She stated that in Europe, the HERACA (the European initials for this industrial sector) has ergonomics as the most prominent risk and that there are even books on MSD that address hotel restaurant and catering hazards. D. Wigmore suggested that DOSH look at published materials which have an emphasis on prevention and control. She mentioned that in France, the NIOSH equivalent agency has some good suggestions, that there is the Belgian Sorbonne method for housekeepers; and that in North America, Ontario and British Columbia also have publications. She added that the CA Labor has three sets of documents. She recommended the website of the Ontario's Hotelkeeper section and offered a quote from a former International Hotel business leader:

“Industry is well aware of the ergo hazard.” D. Wigmore noted that there are good hotel management practices and that some examples include a hotel chain that introduced fitted sheets four years ago and an Australian hotel with a high rate of bed making injuries that designed a system of making beds with the beds standing up. She said that there is a New South Wales agreement in which the industry commits to developing best practices and training. She urged Cal/OSHA to consider the cost of the problem as well as the cost of the fix and stated that this is a female immigrant workforce that deserves the same respect as construction workers.

A. Neidhardt reminded attendees that DOSH is looking for everyone’s input and noted that prior to wrapping up the meeting we wanted to thank the translators for their assistance.

Mariana Consuela stated that she supports the use of long handled tools and recounted that she used to clean bathroom floors with her foot. She said that she had requested a mop from her employer but the request was refused, so she bought a mop with her own money. She shared that now her foot no longer hurts and that these are easy solutions that can be done. She supports (UNITE HERE’s) proposition so that housekeepers can work in a speedy and easier way.

Alicia Granados, a housekeeper from SF (Hotel Frank) stated that at her workplace, the problem was duvets because all four corners have to be tucked-in. She related that at this hotel, the number of rooms being cleaned went up, first to 14 and then to 16 per day. She noted that occupied or not, the duvets have to be tucked-in again and again. A. Granados stressed that only housekeepers can give testimony on the difficulty of their work.

P. Vossen spoke about their proposed standard and provided copies. She stated that their proposal notes the importance of having a job hazard assessment by qualified persons, and the need for controlling hazards. She mentioned that hazard control is necessary, but that hazards must be identified first. She stressed that since not every hotel is likely to have a qualified person to conduct an assessment, the components of a qualified person must be defined. She added that it is also important to have a plan. Based on the series of letters issued by OSHA, it is clear that ergonomic hazards exist and intervention is needed. She noted that employee input must be included and that it is essential to have a safe housekeeping committee that can meet regularly and provide recommendations. P. Vossen commented that such a law is long overdue and that it is important to acknowledge the effects caused by changes that have occurred in the last five years, on many beds and housekeeping tasks. She emphasized that citations have been issued by Hawaii, CAL/OSHA and Fed OSHA, that there is lots of information out there that document the hazards and that we have heard from some of those people today. She observed that the Canadian Centre for Occupational Health and Safety (CCOHS) identified 8000 body postures per shift and that hotels that have moved to fitted sheets have had a positive experience with fewer back injuries and no problems with industrially laundered and folded fitted sheets. She stated that the 1997 Milburn study found that lower beds increased injuries as did larger beds and that for 15 years, it has been recommended that there be unrestricted access to the bed. She commented that in 1999, Milburn and Barrett did a study using the dynamic lumbar motion method, which is a more effective measurement (1.5 to 2 times more risk) than what is seen with the NIOSH method. She told us that at future meetings we would hear from these experts, and that it would be important to hear from hotel companies that use fitted sheets and long-handled tools.

Becky Perrine, a researcher with UNITE HERE noted that although she was not an occupational health and safety expert, she wanted to speak about the fragmentation of the industry. She stated

that outsourcing of housekeeping work was a major trend in the industry and that sub-contracting undermined the safety of housekeepers. She noted that one hotel had 4 different sub-contractors and that this exemplified the need for regulations and not voluntary compliance because employers don't fully control their workplace.

A. Neidhardt thanked UNITE HERE for providing copies of their proposal and invited people to submit written comments (no deadline.) She reminded attendees that DOSH wants to hear from everyone: workers, employers, researchers, academics and that the minutes would be posted when available.

George Hauptman from the Occupational Safety and Health Standards Board inquired about the format that would be used in the follow-up meeting.

A. Neidhardt replied that hadn't been decided. She asked that anyone who may have a presentation of a tool or anything to please let us know in advance and that the next meeting would be sometime early next year.

The meeting ended at 3:10.