#

# Hotel HousekeepingMusculoskeletal Injury Prevention Program

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Company name here

Cal/OSHA 3345

As part of the Injury and Illness Prevention Program (IIPP) required by Section 3203, each employer covered by this section and in accordance with Cal/OSHA, hotels and other lodging establishments 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 Program must be in writing and shall at a minimum include:

(1) Identification of the person or persons with authority and responsibility for implementing the program.

(2) A system for ensuring that supervisors and housekeepers comply with the MIPP.

(3) A system for communicating with housekeepers in a form readily understandable by all affected employees on matters relating to occupational safety and health.

(4) Procedures for identifying and evaluating housekeeping hazards including scheduled periodic inspections and initial worksite evaluation.

(5) Procedures to investigate musculoskeletal injuries to housekeepers.

(6) Methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard.

(7) Procedures for reviewing, at least annually, the MIPP at each worksite to determine its effectiveness and make any corrections when necessary.

(8) Training and instruction to all housekeepers and their supervisors in a language that is easily understood when the MIPP is first implemented, for new housekeepers and supervisors, for new job assignments, when new equipment or work practices are implemented, or when an employer becomes aware of a new hazard --at least annually at each worksite.

(9) Written documentation of training, instruction, inspections and other elements retained on file. All records shall be made available to the Chief of the Division or designee within 72 hours of request.

Implementation Schedule

|  |  |
| --- | --- |
| July 1, 2018 | * Establish a written MIPP, as required in this section or as an integral part of the IIPP, under section 3202.
* Begin conducting a worksite evaluation.
 |
| October 1, 2018Or within three months of opening a lodging establishment  | * Complete a worksite evaluation.
* Housekeepers shall be notified of the results of the worksite evaluation in writing or by posting it in a location readily accessible to them. The results of the worksite evaluation shall be in a language easily understood by housekeepers.
 |
| Dates of worksite evaluation reviews | * At least annually for each worksite.
* Whenever a new practice, procedure or equipment is introduced.
* Whenever employer is made aware of a new hazard.
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| --- |
| The attached model program has been designed to conform with this standard. It is generic in nature and should be modified to address exposures specific to your organization. Effective program implementation, regular revisions/updates and recordkeeping are required for this program to conform with state standards.  |

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Introduction

It is the intent of       (name of hotel/motel here) to provide a safe working environment for all employees. It is generally recognized that housekeeping duties present a particular exposure to ergonomic and musculoskeletal injuries. It is the intent of this program to assist employees, supervisors and managers by providing information and training on what musculoskeletal injuries are and how to prevent them. We encourage input from all our employees on ways to keep safe and prevent injuries. We regularly train our employees, supervisors and managers to recognize hazards, encourage reporting of hazards and apply swift remedies to eliminate hazards, including providing ergonomic tools as solutions.

Cal OSHA has introduced Title 8, Division 1, Chapter 4, Section 3345 to assist in the control of the risk of musculoskeletal injuries and disorders to housekeepers in hotels and other lodging establishments. It is in addition to, and does not preclude other applications of, Title 8, such as our overall Injury and Illness Prevention Plan (IIPP) and any other safety programs.

Management is dedicated to providing a system to ensure that supervisors and housekeepers comply with the MIPP, which includes the following objectives:

* Identify and address the hazards unique to the housekeepers in the lodging industry.
* Minimize the musculoskeletal strains, sprains and injuries associated with the work tasks performed by the housekeepers.
* Ensure the wellbeing of our housekeepers and their supervisors.
* Comply with existing health and safety standards applicable to our company.

The success of our Musculoskeletal Injury Prevention Program requires the full earnest cooperation of each employee.

The ultimate goal is zero incidents, and the best way to achieve this is by encouraging employees to be observant, offer suggestions and foster a housekeeping safety culture. It is the goal of this MIPP to eliminate unsafe acts and hazards by housekeepers to create a safe and efficient work environment for all housekeepers.

Key Definitions

* “Control measures” means effective tools, equipment, devices, work practices and administrative controls to correct or minimize workplace hazards that may cause musculoskeletal injuries to housekeepers.
* “Housekeeper” means an employee who performs housekeeping tasks and may include employees referred to as housekeepers, guest room attendants, room cleaners, maids or house persons.
* “Housekeeping tasks” means tasks related to cleaning and maintaining sleeping room accommodations including bedrooms, bathrooms, kitchens, living rooms and balconies.
* “Lodging establishment” means an establishment that contains sleeping room accommodations that are rented or otherwise provided to the public, such as hotels, motels, resorts and bed and breakfast inns, and that shall be required to establish and maintain an MIPP.
* “Musculoskeletal injury” means acute injury or cumulative trauma of a muscle, tendon, ligament, bursa, peripheral nerve, joint, bone, spinal disc or blood vessel.
* “Union representative” means a recognized or certified collective bargaining agent representing the employer’s housekeepers.
* “Worksite evaluation” means the identification and evaluation of workplace hazards, which includes scheduled periodic inspections and discussion of procedures used to identify unsafe conditions and work practices in each housekeeping task, process or operation of work with respect to potential causes of musculoskeletal injuries to housekeepers.

Responsibilities

**General Managers/Human Resource Directors:**

It is the shared responsibility of the general managers and HR directors of \_\_\_\_\_\_\_\_ (insert name of hotel/motel here) to implement this program and:

* Provide training
* Investigate accidents
* Ensure worksite hazards are evaluated and remedied promptly
* Keep records of everything in accordance with the MIPP

**Managers/Supervisors:**

It is the responsibility of all managers and supervisors to comply with this Housekeeping Musculoskeletal Injury Prevention Program (MIPP) and:

* Follow safe workplace rules
* Ensure that the use of housekeeping tools and equipment are appropriate for the tasks of housekeeping employees
* Recognize employees who follow the safe workplace rules and housekeeping practices
* Train employees (new and current) in a language/means they understand
* Carry out any disciplinary actions necessary to enforce this program

**Employees:**

It is the responsibility of all housekeeping employees to understand and follow the rules of this Housekeeping Musculoskeletal Injury Prevention Program (MIPP) and:

* Contribute to a safe work environment for themselves, their fellow employees and guests
* Contribute ideas for a safe work environment
* Use tools to reduce ergonomic/musculoskeletal injuries
* Have awareness for hazard identification and correction
* Immediately report all hazards and accidents/incidents to their supervisor

Housekeeping Compliance

All supervisors and housekeepers must comply with the MIPP employer’s safe workplace housecleaning practices and use the housekeeping tools or equipment deemed appropriate for each housekeeping task.

Compliance with the company Musculoskeletal Injury Prevention Program (MIPP) is mandatory and shall be considered a condition of employment.

Failure to adhere to housekeeping safety policies and procedures established by our company can have significant impacts on everyone. Unsafe acts not only threaten the wellbeing of the individual involved, but also his or her co-workers.

The following actions will be used to ensure employee compliance with housekeeping safety policies and procedures:

* Supervisor evaluation and a checklist of employee practices
* Recognition of employees who follow safe workplace housecleaning practices
* Training and retraining programs
* Disciplinary action

Effective housekeeping communication between management and employees is paramount to the company’s success.

Information on disciplinary measures, termination/suspension policies and procedures, grievance procedures, and applicable staff member laws can be found in the Employment Policies and Practices Section of the *Employee Handbook.*

Housekeeping Communication Log

##### This form is to be used to communicate with managers and supervisors for each housekeeper on topics related to occupational safety and health. It’s also to be used to inform the employer, without any fear of reprisal, of any hazard at the worksite and any injuries or symptoms that may be related to such hazards.

##### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Topic or hazard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Injury or symptoms:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hazard(s) location:**

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**Injury or potential injury explanation (how occurred):**

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**Suggestions to fix the hazard or topic (housekeeper):**

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**Suggested follow-up (manager/supervisory use only):**

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Hazard Evaluation and Correction

There are procedures in place to identify and evaluate housekeeping hazards through a worksite evaluation checklist.

These procedures should be implemented to correct hazards identified in worksite evaluations or investigations of musculoskeletal injuries to housekeepers, and should include procedures to determine whether corrective measures are implemented appropriately. These procedures shall include:

* Initial worksite evaluation within three months of the effective date of this standard or within three months of opening of a new lodging establishment.
* Effective means of involving housekeepers and their union representatives in designing and conducting this evaluation.
* Notification of results to housekeepers in writing or by posting to a location readily accessible to them.
* Review and updating of the evaluation at least annually, or whenever the employer is made aware of a new hazard or when new equipment and procedures are introduced that may change or increase housekeeping hazards. Procedures shall include a review of the Cal/OSHA Form 300 log and other relevant records, such as Cal/OSHA Form 301 incident reports.
* 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; as well as provision of appropriate housecleaning equipment, protective equipment and tools for each housekeeper, including procedures for procuring, inspecting, maintaining, repairing and replacing appropriate housecleaning tools and equipment.

The evaluation form is attached toward the end of the MIPP (page 14), Housekeeping Injury Risks Assessment Checklist.

Accident Investigation Information

Attached at the end of the MIPP (page 18) is an Accident Investigation Form. This form is to be used for any workplace accident and should be filled out by an investigator. Employees involved in an accident should be provided with the assistance and information necessary to prevent recurrence.

Completed Accident Investigation Forms should be reviewed at least annually at each worksite to identify and address accident trends or patterns.

Training Checklist

* The Musculoskeletal Injury Prevention Program (MIPP) has been explained.
* It is understood that additional training will be provided whenever new equipment or work practices are introduced or whenever the company becomes aware of new or previously unrecognized hazards.
* Signs, symptoms and risk factors commonly associated with musculoskeletal injuries have been described.
* Proper body mechanics and safe practices, including identified hazards, how hazards are controlled during each housekeeping task, the appropriate use of cleaning tools and equipment, importance of following safe work practices and using appropriate tools, and equipment to prevent injuries, have been discussed and demonstrated.
* Equipment and tools, expected for use by each housekeeper, have been introduced.
* An opportunity for interactive questions and answers with a person knowledgeable about hotel housekeeping equipment and procedures has been provided – and it is understood that further questions are encouraged.
* It is understood that if employee is unsure how to perform a task safely, they will ask a manager or supervisor.
* It is understood that employee will immediately report all accidents or injuries, as well as any safety hazards or defective equipment, to his or her supervisor with no fear of reprisal, no matter how minor.
* It is understood that employee will attend all housekeeping meetings.
* It is understood that employee will read/understand written and posted housekeeping messages.
* It is understood that employee will use appropriate tools and equipment outlined by his or her supervisor or manager for each housekeeping task.
* It is understood that employee will follow all safe workplace housecleaning practices.
*

I have been trained and instructed on the topics and understand all related company policies and procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/manager signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee signature Date

Recordkeeping Log

|  |  |  |  |
| --- | --- | --- | --- |
| MIPP Topic | Manager/Supervisor | Date | Employee Signature |
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Housekeeping Injury Risks Assessment Checklist

Use this checklist form to evaluate and identify potential injury risks to housekeepers and others, including the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. SLIPS, TRIPS AND FALLS | YES | NO | N/A | COMMENTS |
| Are all worksites and work areas clean, orderly and adequately illuminated? |  |  |  |  |
| Are proper shoes worn? |  |  |  |  |
| Are all wet surface floors promptly mopped or cornered off with caution signs? |  |  |  |  |
| Are appropriate tools in use to avoid standing on tubs, toilets or other raised/slippery surfaces? |  |  |  |  |
| Are floors/carpets in good repair without trip hazards present? |  |  |  |  |
| Are doors and cabinet drawers closed to prevent trips and falls? |  |  |  |  |
| Are housekeeping and laundry carts stable and designed not to obstruct vision? |  |  |  |  |
| OTHER: Enter items pertinent to your location. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. PROLONGED OR AWKWARD STATIC POSTURES | YES | NO | N/A | COMMENTS |
| Does employee vary tasks throughout the shift? |  |  |  |  |
| Are ergonomic tools provided and used for the intended job? |  |  |  |  |
| Are “stretch and flex” exercises used? |  |  |  |  |
| Are antifatigue mats utilized where employees must stand for long periods? |  |  |  |  |
| OTHER: Enter items pertinent to your location. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. EXTREME REACHES AND REPETITIVE REACHES ABOVE SHOULDER HEIGHT | YES | NO | N/A | COMMENTS |
| Are ergonomic tools provided and used for the intended job? |  |  |  |  |
| Are appropriate step stools and ladders in use and in good condition? |  |  |  |  |
| Are spring-loaded (self-elevating) bases used in laundry carts? |  |  |  |  |
| OTHER: Enter items pertinent to your location. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. LIFTING OR FORCEFUL WHOLE BODY OR HAND EXERTIONS | YES | NO | N/A | COMMENTS |
| Is the maximum pounds lift restriction known and followed? |  |  |  |  |
| Are “two-man” lift procedures used when changing out or flipping mattresses or lifting heavy laundry bundles or other items? |  |  |  |  |
| Is manual material handling equipment in use and in good condition (dollies, carts, etc.)? |  |  |  |  |
| Are wheels on carts light and easy to push? |  |  |  |  |
| OTHER: Enter items pertinent to your location. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. TORSO BENDING, TWISTING, KNEELING AND SQUATTING | YES | NO | N/A | COMMENTS |
| Is good ergonomic posture in use when having to bend, kneel or squat? |  |  |  |  |
| Can personal protective equipment (PPE) be used to assist in reducing kneeling pressure (mats, pads, etc.)? |  |  |  |  |
| Are appropriate tools provided to prevent having to perform awkward motion? |  |  |  |  |
| OTHER: Enter items pertinent to your location. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. PUSHING AND PULLING | YES | NO | N/A | COMMENTS |
| Are carts pushed, not pulled? |  |  |  |  |
| Are cart contents kept organized, allowing for ease of rolling and viewing? |  |  |  |  |
| Are proper body mechanics in use while pushing carts (feet and arms parallel to cart with arms at just below shoulder level)? |  |  |  |  |
| Are cart wheels regularly inspected, cleaned and lubricated? |  |  |  |  |
| OTHER: Enter items pertinent to your location. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7. FALLING AND STRIKING OBJECTS | YES | NO | N/A | COMMENTS |
| Are wall fixtures and other items affixed properly to avoid falling? |  |  |  |  |
| OTHER: Enter items pertinent to your location. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8. PRESSURE POINT WHERE A PART OF THE BODY PRESSES AGAINST AN OBJECT OR SURFACE | YES | NO | N/A | COMMENTS |
| Are there repetitive areas of pressure that can be relieved by utilizing tools, other body postures or PPE? |  |  |  |  |
| Are work surfaces and equipment of sufficient size and height for the employee? |  |  |  |  |
| Are employees trained in proper manual handling methods and work postures? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9. EXCESSIVE WORK RATE | YES | NO | N/A | COMMENTS |
| Do employees pace their work appropriate to the workload? |  |  |  |  |
| Is staffing planned for extraordinarily busy peak times?  |  |  |  |  |
| OTHER: Enter items pertinent to your location. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10. INADEQUATE RECOVERY TIME BETWEEN HOUSEKEEPING TASKS | YES | NO | N/A | COMMENTS |
| Do employees take task breaks? Appropriate meal and rest period breaks?  |  |  |  |  |
| OTHER: Enter items pertinent to your location. |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluator signature Date**

Accident Investigation Report

Injured employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accident description**

*Complete story of what happened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Conditions at time of injury**

*Procedures or housekeeping tasks being performed at the time of the injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Was the required tool being used, what type, and was it used correctly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Photos Provided? Yes \_\_\_\_ No \_\_\_\_\_ Surveillance Video Available? Yes \_\_\_\_No \_\_\_\_*

**Action plan**

*Action necessary to prevent recurrence. (Include injured worker’s suggestions and/or union representative)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Investigator signature Date

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Responsible person - action items Date completed by