Model Musculoskeletal Injury Prevention Program (MIPP) for Housekeeping Workers

Lodging establishments in California with employees performing housekeeping tasks are required to establish, implement, and maintain an effective, written, musculoskeletal injury prevention program (MIPP) that addresses hazards specific to housekeeping. The requirements are set forth in California Code of Regulations, Title 8, section [3345](https://www.dir.ca.gov/Title8/3345.html).

Cal/OSHA has developed this model program to assist lodging establishments with creating their MIPP. Lodging establishments include hotels, motels, resorts, and bed and breakfast inns. Housekeeping tasks are those related to cleaning and maintaining sleeping room accommodations including bedrooms, bathrooms, kitchens, living rooms, and balconies.

To use this model program effectively, the person(s) responsible for implementing an establishment’s MIPP should carefully review all of the elements required in section [3345](https://www.dir.ca.gov/Title8/3345.html) and adapt this program to their specific type of workplace and the housekeeping hazards encountered. The MIPP must include procedures for reviewing and updating as needed and should be updated at least once a year.

Lodging establishments have the option of using this or any other MIPP template or modifying this template (including Attachments A and B) or their existing written IIPP so that it effectively addresses the required housekeeping-specific elements as outlined in this model and section 3345.

Read the Hotel Housekeeping Musculoskeletal Injury Prevention standard online: [www.dir.ca.gov/title8/3345.html](http://www.dir.ca.gov/title8/3345.html)



April 2022

# Housekeeping Musculoskeletal Injury Prevention Program (MIPP) for Bohemian Manor LLC

The Musculoskeletal Injury Prevention Program (MIPP), which includes Attachments A and B, is designed to address hazards specific to housekeeping. Our program will be readily accessible during each work shift to employees.

The MIPP will be reviewed at least annually to determine its effectiveness and make any necessary corrections. This review will be completed by Reviewing Log 300, incident reports, and workers' compensation records. Training follow-ups will be conducted quarterly with all housekeepers.

Our housekeepers and their union representative will be involved in this review and update process by Housekeepers and their union representative will participate through regular feedback meetings, evaluations of tasks, and discussions on hazard prevention. Feedback will be formally recognized and incorporated into performance reviews.

## Authority and Responsibility

General Manager and Housekeeping Supervisor has the authority and responsibility for implementing the provisions of our MIPP for the worksite located at 123 River View Drive, Smalltown, CA

In addition to the person(s) designated above, all managers and supervisors are responsible for implementing and maintaining the MIPP in their work areas and for answering housekeeper questions about the program in a language they understand. A copy of this MIPP is readily available during each work shift at Front Office and Housekeeping Supervisor's Office for review by housekeepers and their union representation.

## Supervisor and Housekeeper Compliance

Managers and supervisors are responsible for ensuring that all housekeeping safety and health policies and procedures are clearly communicated and understood by all housekeepers.

All housekeepers are responsible for using our prescribed safe housekeeping work practices, which includes following all directives, policies and procedures, and using prescribed tools and equipment.

Our system of ensuring that all workers, including their supervisors, comply with the rules and maintain a safe work environment includes:

* Recognizing housekeepers who consistently follow safe workplace housecleaning practices and use the appropriate tools and equipment.
* Providing additional training or re-training to workers whose safety performance could be improved, and to supervisors who do not adequately ensure that housekeepers are complying with the MIPP.
* Disciplining housekeepers for failing to comply with safe housekeeping practices, and supervisors who do not carry out their responsibilities to effectively implement the MIPP.
* Evaluating the safety performance of all housekeepers and the ability of their supervisors to effectively do their part in implementing the MIPP.
* Evaluating whether supervisors consistently ensure the MIPP is effectively implemented in the work areas they are responsible for.
* Other: **WhatsApp / SMS group reminders**

## Communication with Housekeepers

We recognize that open, two-way communication between management and staff on housekeeping musculoskeletal safety issues, in a language understood by all parties, is required in order to achieve an injury-free, productive workplace. This includes ensuring housekeepers feel comfortable notifying their supervisors of hazards they have identified or concerns they have and reporting musculoskeletal injuries or warning signs and symptoms without fear of retaliation. Our system for communicating with housekeepers includes the following:

Communication includes orientation for new workers, annual reviews of the MIPP, quarterly musculoskeletal injury prevention training, weekly safety meetings, and anonymous reporting via a secure drop box.

## Housekeeping Hazards Worksite Evaluation

Housekeeping-specific hazard worksite evaluations and re-evaluations will be performed according to the following schedule:

* Within three months after opening a new lodging establishment.
* When new processes, practices, procedures, equipment, or guest room renovations are introduced that may change or increase housekeeping hazards in our workplace.
* When any supervisor or manager is made aware of a new or previously unrecognized housekeeping hazard.
* When occupational musculoskeletal injuries or symptoms are identified by management or reported by housekeepers.
* At least annually for each worksite.
* Housekeepers are encouraged to suggest improvements during weekly safety meetings.

Our procedures for conducting these housekeeping hazard evaluations will include:

* Periodically reviewing completed *Housekeeping Musculoskeletal Hazard Evaluation* forms (Attachment A) to ensure they are correctly completed.

**Procedure for Boho Manor:**

1. **Involving Housekeepers in Worksite Evaluations:**
   * Housekeepers will be actively engaged through scheduled feedback sessions where they can provide suggestions or identify potential hazards.
   * Feedback and suggestions will be formally documented and considered during performance reviews to recognize contributions.
   * All housekeeping tasks will be systematically evaluated, ensuring a thorough review of tasks across different room layouts, furniture arrangements, and other unique configurations. This process will include direct observation and discussions with housekeepers performing the tasks.
   * Housekeepers will be asked targeted questions to identify specific concerns regarding tools, tasks, or areas they find challenging. Their input will directly influence the evaluation and selection of control measures.
   * Housekeepers will participate in pilot testing of proposed control measures, providing hands-on feedback to refine solutions.
2. **Notifying Housekeepers of Worksite Evaluation Results:**
   * Results of worksite evaluations will be communicated to housekeepers in writing. These will include plain-language summaries to ensure comprehension.
   * Notices will be posted in commonly accessed areas, such as the staff lounge or near time clocks, in both English and any other primary languages spoken by staff.
   * During regular safety meetings, supervisors will verbally review evaluation results and discuss implemented or planned corrective actions, allowing for additional clarification and feedback.

All housekeeping worksite evaluations will identify and address potential injury risks to housekeepers, including but not limited to the following:

1. Slips, trips and falls;
2. Prolonged or awkward static postures;
3. Extreme reaches and repetitive reaches above shoulder height;
4. Lifting or forceful whole body or hand exertions;
5. Torso bending, twisting, kneeling, and squatting;
6. Pushing and pulling;
7. Falling and striking objects;
8. Pressure points where a part of the body presses against an object or surface;
9. Excessive work-rate; and
10. Inadequate recovery time between housekeeping tasks

## Investigations of Musculoskeletal Injuries to Housekeepers

In addition to our IIPP procedures for investigating occupational injuries and illnesses, our procedures for housekeeping musculoskeletal injuries include evaluating the following:

1. The procedure or housekeeping task being performed at the time of the injury and whether any identified control measures were available and in use;
2. If required tools or other control measures were not used or were not used appropriately, a determination of why those measures were not used or not used appropriately; and
3. Input from the injured housekeeper, the housekeeper’s union representative, and the housekeeper’s supervisor on whether any other control measure, procedure, or tool would have prevented the injury.
4. **[Describe any other measures used in your workplace, including quality control to ensure thorough investigations.]**

Our *Housekeeping Musculoskeletal Injury Report* (Attachment B) will be used to document and share our findings in place of our standard IIPP Injury and Illness Incident Report, along with our Log 300 and workers’ compensation documentation that consists of **[Provide information.]**

## Hazard Correction

In addition to our IIPP procedures for correcting occupational hazards in a timely manner, we will correct musculoskeletal hazards identified during the housekeeping hazard evaluations or during the injury investigations by developing procedures to determine if identified corrective measures are implemented appropriately by:

1. Involving housekeepers and their union representative in identifying and evaluating possible corrective measures. **[Enter information. For example, how housekeepers can provide input on changes to work practices or tools.]**
2. Identifying, assessing, and implementing appropriate equipment or other corrective measures, and then re-evaluating after they have been implemented in the workplace.
3. Providing and making available appropriate housecleaning equipment, protective equipment, and tools to each housekeeper.
4. Procuring, inspecting, maintaining, repairing, and replacing appropriate housecleaning tools and equipment.
5. **[Describe any other measures used in your workplace]**.

## Supervisor and Housekeeper Training

Housekeepers and their supervisors will receive training and instruction in a language they easily understand on proper housekeeping work practices, tools and equipment used at the worksite. This training and instruction will be provided as follows:

1. To all housekeepers and supervisors when the MIPP is first established.
2. To all new housekeepers and supervisors before they start performing housekeeping tasks.
3. To all housekeepers given new job assignments for which training was not previously provided.
4. At least annually thereafter.
5. When new equipment or work practices are introduced or whenever a supervisor or manager becomes aware of a new or previously unrecognized hazard.
6. **[Provide any additional measures or details on how this will be accomplished.]**

Training will be applicable to the housekeeper’s assignments and will include at least the following elements as they pertain to the specific types of job tasks they perform in our workplace:

1. The signs, symptoms, and risk factors commonly associated with musculoskeletal injuries.
2. The elements of our MIPP.
3. How our written MIPP and all records will be made available to housekeepers.
4. Our process for reporting safety and health concerns without fear of retaliation.
5. Body mechanics and safe practices including:

* The hazards we’ve identified in the workplace
* How those hazards are controlled during each housekeeping task
* The appropriate use of cleaning tools and equipment
* The importance of following safe work practices and using appropriate tools and equipment to prevent injuries

1. The importance of, and our process for, early reporting of symptoms and injuries to supervisors.
2. Practice using the types and models of equipment and tools that the housekeeper will be expected to use.
3. An opportunity for interactive questions and answers with a person knowledgeable about hotel housekeeping equipment and procedures.
4. Training of supervisors on:

* How to identify hazards.
* Our 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 problems needing correction.

## Recordkeeping

All records of the steps taken to implement and maintain this MIPP, including any measurements taken or evaluations conducted in the worksite evaluation process and training will be created and maintained in accordance with our IIPP and Title 8 CCR section 3203(b).

A copy of this MIPP and all related worksite evaluation records will be available at **Lori Bradley / Pierre Erasmus** for review and copying by housekeepers and their designated representative in accordance with Title 8 CCR Section 3204(e)(1).

All records will be made available to Cal/OSHA within 72 hours of request. Records of occupational injuries and illnesses will be created and maintained in accordance with the Log 300 requirements (Title 8 CCR Division 1, Chapter 7, Subchapter 1).

## **Accessing Compliance Documentation via the Boho Manor Portal**

All employees can access compliance documentation securely through the Boho Manor Portal by following these steps:

1. Log In to the Portal:
   * Visit the Boho Manor portal at <https://bohomanor.com/my-account/>.
   * Enter your unique login credentials (username and password) provided during onboarding.
2. Accessing Compliance Documentation:
   * After logging in, navigate to the Compliance Documentation section.
   * This section contains all necessary materials, including:
     + Workplace safety guidelines.
     + PPE usage and disposal protocols.
     + Cleaning and decontamination procedures.
     + Hepatitis B vaccination policies.
     + Training resources and other relevant compliance materials.
3. Viewing Incident Reports:
   * Incident reports related to a specific employee will only be accessible to:
     + The employee involved in the incident.
     + The manager or representative responsible for oversight.
   * To view incident reports:
     + Go to the Incident Reports section within your account.
     + Employees will only see reports associated with their user account.
     + Managers or representatives will have access to reports for employees they manage.
4. Privacy and Security:
   * All documentation and incident reports are stored securely within the portal, adhering to strict privacy protocols.
   * Access is role-based, ensuring that only authorized individuals can view specific reports or documents.
5. Support for Access Issues:
   * If employees experience any issues accessing the portal or specific documentation, they can contact IT Support at info@bohomanor.com or speak with their manager for assistance.

Boho Manor is committed to ensuring all employees have easy, secure access to compliance documentation to promote a safe and informed workplace.

## Attachment A Housekeeping Musculoskeletal Hazard Evaluation Form

(To be used separately for each task evaluated)

Lodging establishment:

Name(s) of person conducting the evaluation: Date:

Names of the housekeepers and the union representative involved in conducting the evaluation:

Name Level of Involvement

What activity or task they were involved with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Housekeeping task evaluated

The following will be taken into consideration when identifying a particular housekeeping task to be evaluated:

* All tasks related to cleaning and maintaining sleeping room accommodations, including:
  + Bedrooms
  + Bathrooms
  + Kitchens
  + Living rooms
  + Balconies
* All such tasks that involve:
  + Sweeping, dusting, scrubbing, mopping and polishing of floors, tubs, showers, sinks, mirrors, walls, fixtures and other surfaces
  + Making beds
  + Vacuuming
  + Loading, unloading, pushing, and pulling linen carts
  + Removing/supplying linen and other supplies in the rooms
  + Collecting and disposing of trash
  + Moving furniture

**Note**: Each evaluation will be focused on a particular task such as those listed above, and will be repeated as often as necessary to ensure differences are considered, such as guest room design/layout, differing housekeeper’s work practices and equipment used, etc.

### Specific task evaluated

#### Potential injury risk to the housekeeper

For the task identified above, obtain housekeeper input to complete the tables below with details on the applicable injury risk categories, including the following four descriptors:

* The specific source of the injury risk – include details on (1) how the housekeeper is performing the task, (2) a description of the work practice, tools/equipment used, (3) how they are being used, etc. (4) any modifications housekeepers have taken upon themselves to make to tools and equipment. These are indicators of potential problems that need to be addressed.
* Frequency of task – Occasionally (a few times per shift); Frequently (up to 4 hours per shift); Constantly (more than 4 hours per shift); Extended hours (more than 8 hours per shift)
* “Level of exertion” (Borg Rating of Perceived Exertion [RPE] Scale)
  + None – Reading a book, watching television.
  + Very, very light – Tying shoes.
  + Very light – Chores like folding clothes that seem to take little effort.
  + Fairly light – Walking through the grocery store or other activities that require some effort but not enough to speed up your breathing.
  + Somewhat hard – Brisk walking or other activities that require moderate effort and speed your heart rate and breathing but do not make you out of breath.
  + Hard – Bicycling, swimming, or other activities that take vigorous effort and get the heart pounding and make breathing very fast.
  + Very hard – The highest level of activity you can sustain.
  + Very, very hard – A finishing kick in a race or other burst of activity that you can’t maintain for long.
* Overall likelihood of injury – High, moderate, low.

Take into consideration how often the task is done and the level of exertion. For example, the likelihood might be high even though the task is done occasionally because the level of exertion is high. **Any musculoskeletal injury and the hazard that leads to it can be serious, so the intent behind this subjective determination is to help prioritize focus on the tasks that need corrective measures. Even a task identified as “low” likelihood of injury will still warrant consideration for feasible corrective measures to reduce the risk.**

**Slip, trip and fall**

| **Details on what is being done and how, including tools/equipment used, etc.** | **How often is it done?** | **Level of exertion** | **Overall likelihood of injury** |
| --- | --- | --- | --- |
|  |  |  |  |

**Prolonged or awkward static posture**

| **Details on what is being done and how, including tools/equipment used, etc.** | **How often is it done?** | **Level of exertion** | **Overall likelihood of injury** |
| --- | --- | --- | --- |
|  |  |  |  |

**Extreme reach and repetitive reach above shoulder height**

| **Details on what is being done and how, including tools/equipment used, etc.** | **How often is it done?** | **Level of exertion** | **Overall likelihood of injury** |
| --- | --- | --- | --- |
|  |  |  |  |

**Lifting or forceful whole body or hand exertion**

| **Details on what is being done and how, including tools/equipment used, etc.** | **How often is it done?** | **Level of exertion** | **Overall likelihood of injury** |
| --- | --- | --- | --- |
|  |  |  |  |

**Torso bending, twisting, kneeling and squatting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details on what is being done and how, including tools/equipment used, etc.** | **How often is it done?** | **Level of exertion** | **Overall likelihood of injury** |
|  |  |  |  |

**Pushing and pulling**

| **Details on what is being done and how, including tools/equipment used, etc.** | **How often is it done?** | **Level of exertion** | **Overall likelihood of injury** |
| --- | --- | --- | --- |
|  |  |  |  |

**Falling and striking an object**

| **Details on what is being done and how, including tools/equipment used, etc.** | **How often is it done?** | **Level of exertion** | **Overall likelihood of injury** |
| --- | --- | --- | --- |
|  |  |  |  |

**Pressure point where a part of the body presses against an object or surface**

| **Details on what is being done and how, including tools/equipment used, etc.** | **How often is it done?** | **Level of exertion** | **Overall likelihood of injury** |
| --- | --- | --- | --- |
|  |  |  |  |

**Excessive work rate**

| **Details on what is being done and how, including tools/equipment used, etc.** | **How often is it done?** | **Level of exertion** | **Overall likelihood of injury** |
| --- | --- | --- | --- |
|  |  |  |  |

**Inadequate recovery time between housekeeping tasks**

| **Details on what is being done and how, including tools/equipment used, etc.** | **How often is it done?** | **Level of exertion** | **Overall likelihood of injury** |
| --- | --- | --- | --- |
|  |  |  |  |

**Questions asked of housekeepers to solicit their input in the evaluation, along with their response:**

1. **Question:**

**Response:**

|  |
| --- |
|  |

1. **Question:**

**Response:**

|  |
| --- |
|  |

1. **Question:**

**Response:**

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1. **Question:**

**Response:**

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|  |

1. **Question:**

**Response:**

|  |
| --- |
|  |

## Summary of evaluation

Include initial considerations (with housekeeper input) for eliminating or reducing potential musculoskeletal injury risk, ranked according to likelihood of injury. Final determinations of control measures (work practice changes, use of tools, equipment, etc.) will depend on successful trials, housekeeper feedback and subsequent modifications.

## Attachment B Housekeeping Musculoskeletal Injury Report

This incident report will be used in lieu of our standard IIPP injury and illness incident report to address housekeeping-related musculoskeletal injury investigations. It will be readily available for at least five years at **[Provide identity or location.]** for review and copying by all affected stakeholders, including housekeepers and their union representative.

Incident investigations need to be initiated as soon as possible once we have knowledge of an injury and this form must be fully completed during the review. Our Log 300 must be updated accordingly within seven days if there is indication the injury is recordable.

Completed by: Date:

Title: Phone:

### Information about the housekeeper

Full name:

Address:

Date of birth: Date Hired: \_\_ Male \_\_ Female

### Information about the physician or other health care professional

Name of physician or other health care professional:

Facility:

Address:

Was medical treatment provided? \_\_ Y / N \_\_ Was treatment provided in an emergency room? \_\_ Y / N \_\_

Was employee hospitalized overnight as an in-patient? \_\_ Y / N \_\_

### Information about the incident

Case number from the Log 300:

Date of injury/illness:  Time housekeeper began work:  Time of event:

1. What was the housekeeper doing when the injury occurred? Be specific and detailed when describing:

1. What was the task?
2. What happened?
3. What control measures were being used or should have been used? 
   * If control measures were not used, explain why.
4. What tool(s) or equipment were being used?
5. Were the required tools or equipment available? 
   * If the required tool(s) or equipment were not available, explain why.
6. If available, were the required tools or equipment used properly? 
   * If required tools or equipment were not used properly, explain why.
7. Were tasks or work practices performed according to training requirements? 
   * If tasks or work practices were not performed according to training requirements, explain why.

1. What was the nature of the injury/illness?
2. What was the object and/or action that appeared to directly cause the harm to the housekeeper?
3. What was the root cause of the injury?
4. Could a change in work practice, tools or equipment have prevented the injury/illness? 
   * If a change in work practices, tools or equipment could have prevented the injury/illness, explain how.

Input provided by the housekeeping worker, their supervisor and union representative:

Union representative name:

Supervisor name:

This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health management purposes. **[Provide your human resources procedures.]**