Model Musculoskeletal Injury Prevention Program (MIPP) for Housekeeping Workers

This model program aids to assist lodging establishments with creating an injury prevention program for housekeeping workers. 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, carefully review all of the elements and adapt this program to your organization’s 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.

# Housekeeping Musculoskeletal Injury Prevention Program (MIPP) for **CLICK HERE** *to insert name of lodging establishment*  [1](#STEP_1)

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: **CLICK HERE***to describe how this will be done in your workplace(s), including what records will be used, such as the Log 300, incident reports and worker compensation records, and how employee training will be followed up to ensure effectiveness.* [2](#STEP_2)

Our housekeepers and their union representative will be involved in this review and update process by: **CLICK HERE** *to* *describe how this will be accomplished in your workplace(s), including: 1. Ensuring effective involvement of housekeepers and their union representative (for example, housekeepers that provide feedback/suggestions will be recognized in their performance reviews). 2. Ensuring all housekeeping tasks are evaluated (each housekeeper may not perform the same task, and some may perform tasks differently because of differing room layouts, furniture, etc.). 3. How housekeepers will be involved in determining which tasks need to be evaluated, which questions will they be asked questions pertaining to how those tasks are implemented and how will they be involved in the evaluation of control measures to be implemented*. [3](#STEP_3)

## Authority and Responsibility

**CLICK HERE** *to enter names or job titles of the person(s).* [*4*](#STEP_4)has the authority and responsibility for implementing the provisions of our MIPP for the worksite located at:

**CLICK HERE** *to* *insert address of worksite*. [5](#STEP_5)

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 **CLICK HERE** *to provide location.* [6](#STEP_6)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.

## 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 report musculoskeletal injuries or warning signs and symptoms without fear of retaliation. Our system for communicating with housekeepers includes the following:

  **CLICK HERE** *to outline how this will be accomplished in your workplace. For example:• New worker orientation before employee’s start performing housekeeping tasks that includes a discussion of our housekeeping safety and health policies and procedures. • Annual review of our MIPP with housekeepers and their union representative (specify who is responsible for ensuring this happens). • Musculoskeletal injury prevention training programs, in addition to other training called for in our Injury and Illness Prevention Program (IIPP). • Regularly scheduled safety meetings as established by our IIPP (specify the frequency). • Posted or distributed (elaborate on how this is specifically done in your workplace) safety information in a language understood by the recipients. • A system (elaborate on your specific workplace procedures) for workers to anonymously report safety concerns, as outlined by our IIPP. • A labor/management housekeeping safety committee consisting of housekeepers, supervision and management. The committee must (1) meet often enough to be effective (specify the frequency), (2) review results of housekeeping job task evaluations, regularly scheduled inspections, 300 logs, and investigations of injuries and alleged musculoskeletal hazards, (3) make recommendations to management for the prevention of future incidents, and (4) assist in the evaluation of employee safety suggestions.* [7](#STEP_7)

## 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.
* **CLICK HERE** *to* d*escribe any other measures used in your workplace.* [8](#STEP_8)

Our procedures for conducting these housekeeping hazard evaluations will include:

* Periodically reviewing completed *Housekeeping Musculoskeletal Hazard Evaluation* forms (see Attachment A) to ensure they are correctly completed.
* Involving housekeepers and their union representative in designing and conducting the worksite evaluations by **CLICK HERE** *to describe (1) how this will be effectively implemented (for example, housekeepers who provide feedback/suggestions will be recognized in their performance reviews), (2) how to ensure all housekeeping tasks are evaluated (housekeepers may not all perform the same task, and some may perform tasks differently because of differing room layouts, furniture, etc.), (3) ask housekeepers what particular concerns they have, including which areas/tools/tasks to be considered; and (4) their involvement in the evaluation of control measures*. [9](#STEP_9)
* Notifying housekeepers of the results of the worksite evaluations in a language they understand, by **CLICK HERE** *to describe how the results will be provided to affected housekeepers in writing or posted in a place readily accessible to them*. [10](#STEP_10)

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
11. **CLICK HERE** *to describe any other housekeeping-specific musculoskeletal injury hazards encountered in your workplace.* [11](#STEP_11)

## Musculoskeletal Injury Investigations 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. **CLICK HERE** *to describe any other measures used in your workplace, including quality control to ensure thorough investigations.* [12](#STEP_12)

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 worker’ compensation documentation that consists of **CLICK HERE** *to provide information*. [13](#STEP_13)

## 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. **CLICK HERE** *to enter information. For example, how can housekeepers provide input on changes to work practices or tools.* [14](#Section_14)
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. **CLICK HERE** *to describe any other measures used in your workplace*. [15](#STEP_15)

## 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. **CLICK HERE** to provide any additional measures or details on how this will be accomplished. [16](#STEP_16)

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.

## 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, and what activity or task they were involved with:

Name Level of Involvement

### 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
	+ **CLICK HERE** *to insert any other, similar sleeping room accommodation components, including those pointed out by housekeepers, that present a musculoskeletal injury risk to housekeepers.* [18](#STEP_18)
* 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

* + **CLICK HERE** *to* insert any ot*her tasks, including those identified by housekeepers that also present a musculoskeletal injury risk to your housekeepers*. [19](#STEP_19)

**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, provide details that include housekeeper input on the associated injury risk categories that are applicable and listed in each of the tables below, and that include 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:**

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| --- |
|  |

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 to address housekeeping-related musculoskeletal injury investigations. It will be readily available for at least \_\_\_\_ years at **CLICK HERE** *to provide identity or location*. [20](#STEP_20) 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:

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. **CLICK HERE** *to provide your human resources procedures.* [21](#STEP_21)

### Instructions for Completing Form Fields

1. Insert name of lodging establishment [Section\_1](#Section_1)
2. Describe how this will be done in your workplace(s), including what records will be used, incident reports and worker compensation records, and how employee training will be followed up to ensure effectiveness [Section\_2](#Section_2)
	1. Describe how this will be accomplished in your workplace(s), including:

1. Ensuring effective involvement of housekeepers (for example, housekeepers that provide feedback/suggestions will be recognized in their performance reviews).

2. Ensuring all housekeeping tasks are evaluated (each housekeeper may not perform the same task, and some may perform tasks differently because of differing room layouts, furniture, etc.).

3. How housekeepers will be involved in determining which tasks need to be evaluated, which questions will they be asked questions pertaining to how those tasks are implemented and how will they be involved in the evaluation of control measures to be implemented. [Section\_3](#Section_3)

* 1. Enter names or job titles of the person(s) [Section\_4](#Section_4)
	2. Insert address of worksite [Section\_5](#Section_5)
	3. Provide location [Section\_6](#Section_6)
	4. Outline how this will be accomplished in your workplace. For example:• New worker orientation before employee’s start performing housekeeping tasks that includes a discussion of our housekeeping safety and health policies and procedures. • Annual review of our MIPP with housekeepers and their union representative (specify who is responsible for ensuring this happens). • Musculoskeletal injury prevention training programs, in addition to other training called for in our Injury and Illness Prevention Program (IIPP). • Regularly scheduled safety meetings as established by our IIPP (specify the frequency). • Posted or distributed (elaborate on how this is specifically done in your workplace) safety information in a language understood by the recipients. • A system (elaborate on your specific workplace procedures) for workers to anonymously report safety concerns, as outlined by our IIPP. • A labor/management housekeeping safety committee consisting of housekeepers, supervision and management. The committee must (1) meet often enough to be effective (specify the frequency), (2) review results of housekeeping job task evaluations, regularly scheduled inspections, 300 logs, and investigations of injuries and alleged musculoskeletal hazards, (3) make recommendations to management for the prevention of future incidents, and (4) assist in the evaluation of employee safety suggestions [Section\_7](#Section_7)
	5. Describe any other measures used in your workplace [Section\_8](#Section_8)
	6. Describe (1) how this will be effectively implemented (for example, housekeepers who provide feedback/suggestions will be recognized in their performance reviews), (2) how to ensure all housekeeping tasks are evaluated (house- keepers may not all perform the same task, and some may perform tasks differently because of differing room lay- outs, furniture, etc.), (3) ask housekeepers what particular concerns they have, including which areas/tools/tasks to be considered; and (4) their involvement in the evaluation of control measures [Section\_9](#Section_9)
	7. Describe how the results will be provided to affected housekeepers in writing or posted in a place readily accessible to them [Section\_10](#Section_10)
	8. Describe any other housekeeping-specific musculoskeletal injury hazards encountered in your workplace [Section\_11](#Section_11)
	9. Describe any other measures used in your workplace, including quality control to ensure thorough investigations [Section\_12](#Section_12)

#### **INSTRUCTIONS FOR COMPLETING FORM FIELDS CONTINUED**

* 1. Provide information [Section\_13](#Section_13)
	2. For example, how can housekeepers provide input on changes to work practices or tools [Section\_14](#Section_14)
	3. Describe any other measures used in your workplace [Section\_15](#Section_15)
	4. Provide any additional measures or details on how this will be accomplished. [Section\_16](#Section_16)
	5. Indicate where and/or who [Section\_17](#Section_17)
	6. Insert any other, similar sleeping room accommodation components, including those pointed out by housekeepers, that present a musculoskeletal injury risk to housekeepers [Section\_18](#Section_18)
	7. Insert any other tasks, including those identified by housekeepers that also present a musculoskeletal injury risk to your housekeepers [Section\_19](#Section_19)
	8. Provide identity or location [Section\_20](#Section_20)
	9. Provide your human resources procedures [Section\_21](#Section_21)