BEERS, BURGERS + BLEACH
HYGIENE, TOILETS AND HOSPITALITY IN THE TIME OF COVID-19
FINAL PROJECT REPORT 2022
• Participants said they were less financially secure since the pandemic, particularly those on zero-hours contracts. As a result, they often felt unable to challenge managers about bad practice or unsafe working conditions.

• The pandemic put a strain on work relationships, particularly between workers and management, who were not always in agreement over Covid-19 safety. Workers built better mutual support networks during this time.

• Many participants felt management interpreted Covid-19 guidelines to suit their interests and maximise profit. Participants’ attention was divided between the often competing demands of proficient hospitality work and public health requirements.

• Cleaning work was monitored by fellow staff and customers, and viewed as an important way of minimising transmission. Visible cleanliness, particularly in customer toilets, was understood as a way of illustrating the safety of the venue and the hospitality sector.

• Participants were required to enforce, justify, and monitor a range of frequently changing Covid-19 regulations, whilst also protecting and distancing themselves. This led to aggressive confrontations from customers who disagreed with rules. Participants missed casual interactions with the public.
• Participants experienced significant mental health consequences due to the pandemic and higher workloads: anxiety about transmission; stress from work precarity and intensification, and from public health responsibility. Some no longer found work fulfilling or manageable. Physical health was also affected, and many participants reported extra unpaid labour at home due to Covid-19 precautions.

• Customer toilets were closed, re-designed, and/or re-labelled to minimise transmission. Participants were required to monitor their use, and often received resistance. They had differing perspectives on non-customers’ use of the toilets due to their concerns about transmission risk, but also a desire to provide facilities. Cleaning toilets was both prioritised and ignored: they were understood as high-risk and scrutinised areas, but also hidden from view.

aroundthetoilet.com/beersburgersbleach

CONTENTS

4 What is the project about?
6 What did we do?
7 What did we find out?
   7 Precarity and job insecurity
   7 Work power relations and staff solidarities
   8 Profit and reputation management
   9 The monitoring of cleaning
   9 Covid-19 regulations and customer relationships
  11 The physical and mental impact of work
  12 Toilet availability and access
14 Recommendations
16 Project team
16 Acknowledgements and contact details
Due to rising concerns about the transmission of Covid-19, most indoor spaces valued for social and personal recreation were closed by the UK governments in March 2020 as part of the first national lockdown. Since this lockdown was eased in July 2020, the public’s return to hospitality venues took place amidst anxieties about hygiene, safety, and transmission risks, with often inconsistent and obscure guidance from governments. Around the same time, the public had also been encouraged by the government to shift their social lives into outdoor spaces. However, this brought concerns about the lack of access to public toilet provisions. Public, council-funded toilet closures have made it increasingly necessary for the public to make use of hospitality’s customer facilities as substitutes, so once the hospitality industry re-opened, toilets in pubs, restaurants, and cafes became indispensable.

Safely preparing and maintaining hospitality venues has required significant work for staff, including preventative measures to protect the health and safety of workers and customers. Hygiene practices have been central to this, with workers required to repeatedly clean premises throughout shifts, in some cases entirely replacing the work of cleaning staff in addition to usual duties. Toilets were identified by the UK government as sites requiring ‘particular attention’, with the potential to put occupants at an elevated risk of transmission. Businesses were therefore advised to clean toilets more frequently, and to disinfect high footfall areas and touchpoints. Other public health measures, such as greater monitoring of facilities, were also recommended, often involving a limited entry approach (e.g. one in, one out) and ensuring liquid soap and suitable hand-drying options were always available.
Beers, Burgers + Bleach is a collaborative project responding to rapidly changing circumstances in the hospitality sector for staff and customers. We explored the labour involved in new hygiene routines imposed due to the Covid-19 outbreak, with particular attention on the cleaning and monitoring of toilets, and the impact of these developments on the lives of hospitality staff. Wide disparities in health, psychological wellbeing, and economic security have been exposed by the pandemic, and the sector’s diverse workforce has been impacted in different ways.

This report draws on solicited work diaries and interviews with people working in hospitality during this time. Our research captures one phase of the pandemic as it developed, and since our data was collected there have been various transformations in public opinion; the evolution of variant viruses; and government policy, including the vaccine roll-out and access to tests.

Some participants’ views and circumstances may have also changed since their involvement.
Our research took place between December 2020 and April 2021. We recruited a total of 21 hospitality staff who were working during the Covid-19 pandemic (including in restaurants, cafes, pubs, bars, and fast-food outlets). This comprised hospitality settings that remained open or reopened at legislated intervals, or had adapted to take-away only during national lockdowns. Recruitment criteria required participants' roles to include cleaning and the maintenance and monitoring of customer toilets, although most workers were in primarily customer-facing roles.

Participants kept a diary, where they wrote reflections on their experiences of hospitality work and cleaning duties. After submitting their diaries, they attended an in-depth interview. Demographic information about participants is available at: aroundthetoilet.com/beersburgersbleach.

This is a collaborative project, supported by an advisory group of hospitality workers, trade unions, local campaigners, and work researchers. We also held participatory analysis sessions where many of our participants provided input on our research themes and ideas.
In this report we focus on seven key themes which highlight the experiences of hospitality staff and their perspectives of working during a pandemic, and the new hygiene and cleaning measures taken to limit Covid-19 transmission.

**Precarity and job insecurity**
The majority of participants talked about having less job and income security during the pandemic. For many, shifts became less predictable and were shortened due to reduced custom and curfews. Some participants felt the worry of losing their jobs and income overrode the anxiety of catching Covid-19. This was exacerbated for those on zero-hours contracts, who were not given furlough and were left with no income due to the forced closure of hospitality venues. Compounding the precarity, zero-hours workers also felt less able to challenge their managers about bad practice or poor working conditions, for fear of not being offered shifts.

“There would be loads of things I would have wanted to have said, but I just didn’t want to say them because I just needed the job and I was just like I’m not going to be difficult here, I’ll just put up with it. - Pooja

**Work power relations and staff solidarities**
Many participants found the pandemic created or increased tensions across ranks, including disagreements over the judgments made by management about Covid-19 precautions. This conflict was understood as critical due to the personal
health and safety consequences of negligent top-down decisions. Some participants also objected to inadequate government legislation and guidance, arguing that workers should have been given more financial and physical protections from an earlier stage.

Participants reported feeling happier in workplaces where they felt listened to and supported by management, and where they had more independence to set their own health and safety boundaries, including voluntary or flexible furlough. Greater comradery and mutual support amongst staff were also praised, with some participants noting the pandemic had highlighted the importance of worker networks (including WhatsApp groups), trade unions, and workplace organising.

**Profit and reputation management**

Some participants felt there was a selective interpretation of Covid-19 guidelines from management when it wasn’t seen as being cost effective. For example, during the busy Eat Out to Help Out scheme, some participants were instructed to prioritise waiting customers over maintaining Covid-19 cleaning protocols, whereas others were given highly visible
cleaning tasks to reassure the public that the venue was a safe place to spend their time and money. Participants sometimes described feeling torn between competing demands of doing ‘hospitality’ well (e.g. waiting tables, making drinks) and the increasing public health demands of their roles (e.g. thorough cleaning, enacting Covid-19 regulations).

The monitoring of cleaning
Participants described how their cleaning work was monitored by fellow staff and customers. These assessments were often viewed as a way to avoid Covid-19 transmission and led to criticism around insufficient sanitation. As well as working to show the cleanliness of front of house settings, participants described how the standards of customer toilets could also be seen as an indicator for the whole venue’s sanitation, comfort, and safety. Participants perceived a need to ensure venues appeared visibly clean as a way of offering reassurance to customers of the reliability of the venue and the safety of visiting hospitality settings during the pandemic.

Covid-19 regulations and customer relationships
Participants spoke to us about the huge amount of Covid-related regulation work that had become a prominent daily feature of their shifts. This included managing physical distancing, enforcing mask-wearing, administrating NHS Track and Trace, monitoring the ‘Rule of 6’, and the shortening of service hours to meet curfews.

“They put a lot of faith in our ability to follow procedures because we kept the toilets clean. That’s the impression I got. - Leah
These regulations changed regularly, and often simultaneously, which participants told us was difficult to keep up with and to enforce, due in part to the public’s own difficulties in staying up to date with current regulations.

Some participants talked about this being a particular challenge during the Eat Out to Help Out scheme, where venues were especially busy, and maintaining a safe distance from customers or other staff felt impossible. Overcrowding in venues left some participants feeling particularly overwhelmed. Due to the difficulties of communicating easily whilst wearing masks or physical-distancing, some missed more informal interactions with the public and relationships with regulars that had previously been a source of job satisfaction.

Participants often found themselves at the hands of customers’ frustrations and anger about regulations and were required to justify venues’ policies in sometimes confrontational situations. This included having to manage their own physical space when, for example, customers refused to wear masks or to distance themselves.

“It’s like playing chess, having to know those different places you need to go and what order they need to be done in. It becomes robotic. It comes to a point where you can’t have those conversations with people. It does hurt. It doesn’t feel like the same place.” - Tess

"It's like playing chess, having to know those different places you need to go and what order they need to be done in. It becomes robotic. It comes to a point where you can’t have those conversations with people. It does hurt. It doesn’t feel like the same place." - Tess
The physical and mental impact of work

Significant mental health consequences were reported due to the pandemic and higher workloads. Some participants recalled considerable anxiety when returning to work after lockdown, including fears about Covid-19 transmission risk. This was particularly acute for participants in communal housing and those who lived with someone who was at a higher risk. Work intensification and uncertainty about work security also created additional stress. Most participants noted that the focus on intensive cleaning/hygiene tasks and customer surveillance meant that work was much busier and more repetitive, in some cases involving more working hours. The responsibility participants’ felt to keep the public safe during the pandemic was extremely onerous for some, especially those who did not believe it was safe for their venue to be open. Some participants said their jobs had been entirely transformed by the pandemic and the related guidelines, and work was no longer fulfilling or manageable.

Physical health was also affected by Covid-19 regulations and different work patterns. Whilst acknowledging the potential benefits of protective measures, many participants complained about sore skin and dry hands from repeated washing.
and sanitising, as well as discomfort and difficulties with breathing due to wearing masks. Participants also described feeling more exhausted than usual after work, with aching legs and feet due to guidelines prescribing table service rather than customers ordering at the bar. Many participants reported unpaid labour at home due to Covid-19 precautions, such as additional showering, washing uniforms and masks, and recuperating.

**Toilet availability and access**

Since the pandemic began, many customer toilets have been closed, re-designed (e.g. touch-free locks, new hand-dryers, sealing off alternating urinals and cubicles), or re-labelled (e.g. allowing anyone to use the accessible toilet, making all toilets gender-neutral) to allow for distancing and to avoid mixing. Whilst hospitality venues were sometimes closed for in-person service, participants also described their involvement in takeaway services and the increased work for delivery drivers, for whom toilet access was also important and necessary. There were mixed feelings amongst participants as to whether non-customers should be allowed to use hospitality toilets during the pandemic. Whilst most appreciated that there was often no alternative for people who needed a toilet (a problem existing before, but exacerbated during the pandemic), there were also concerns that more people using the toilets would lead to increased transmission.

> The more I would wash my hands, the more it would dry out and it was just like… especially on my right hand, it got so sore I had to get a special prescription for a steroid tape. - Pooja
The risk was sometimes weighed up, often at the workers’ discretion, against perceived need (i.e. were they with children, pregnant, disabled or emergency service workers?). Participants were routinely tasked with monitoring the toilets’ use, and customers often directed their frustration over such monitoring at staff. Non-customers were sometimes aggressive when asked to fill in track and trace details before using the toilet.

One-in-one-out policies and one-way routes to toilets also caused annoyance as this meant longer queues or walking distances. One participant said that enforcing one-in-one-out meant judging the gender and disability status of customers, which she found difficult and unethical.

Toilets were spaces that were both prioritised and ignored in new cleaning routines. For some, the increased monitoring and cleaning of toilets added to the general work intensification. Toilets were considered high-risk transmission areas and/or places by which a venue was judged, so keeping them clean was considered vital. However, others said that, as toilets were hidden from view, their upkeep was neglected in favour of more observable duties e.g. serving customers, or deprioritised due to increased business and urgent need for revenue. Some staff personally avoided using the toilets due to fear of transmission.

“ There would be glasses on the bar, ready to go to customers, or food ready to go to customers, but you were busy looking for this key for the easy access toilet, so that some guy in the queue wasn’t getting really pissed off and going to complain to the manager.” - Lily
1. Public health concerns should be understood as a serious social responsibility for hospitality employers and governments. The health and safety of staff and customers need to be prioritised, even when this comes at a cost to the business.

   • Employers should be required to provide protective equipment and undertake risk assessments in consultation with union reps.

   • Effective trade unions are needed in all hospitality workplaces. Where possible, this should include health and safety reps.

   • Employers should support hospitality workers who are experiencing abuse or harassment from customers, and create formal protocols and a zero-tolerance policy to protect staff. This involves taking immediate steps to intervene, and to ban abusive customers when necessary.

   • For the safety of delivery drivers, customers, and staff, employers should facilitate delivery drivers’ access to takeaway orders without the need to enter the venue. Collection points, and routes to facilities, should be clear and easily accessed.

   • In the case of the Covid-19 pandemic, where new skills, tasks and workloads are required, employers should recruit staff to focus on these additional demands.

2. Hospitality workers should be valued more highly. Their service was viewed as indispensable throughout the pandemic, but this is not reflected in their poor working conditions, rights, and low pay.
• Employers and governments should invite hospitality workers to give input on their safety, environment, and work tasks. Where possible, they should be granted democratic power and an active and involved role in decision-making. This requires a positive and collaborative culture, and an open and charitable response to critical feedback.

• Hospitality workers should be given better pay and working conditions. They should be provided statutory sick pay protection with no lower earnings limit, at least at the value of the real living wage. Zero-hours contracts should be banned. This acknowledges the rights and value of workers, but also their health and safety.

3. Emergency guidelines for the hospitality sector need to be given in a clear and timely manner to support their effective implementation. These should be put into place at the earliest opportunity in consultation with workers.

• In times of crisis, government furlough should be 100% of workers’ income, at real living wage, and should be available flexibly for all hospitality workers for as long as circumstances are unsafe. Workers who have a high concern about transmission/health and safety should not be penalised if they refuse to attend their workplace.

• Commercial landlords should be prevented from seeking full rent whilst venues are forced to be closed. In the absence of this, business owners should be supported in collectively refusing to pay rent to landlords.

4. More public toilets are urgently needed in all areas of the UK, particularly facilities which are well-maintained, free of charge, gender-neutral, and accessible. Hospitality venues and other private buildings cannot provide a replacement.
Research team
Charlotte Jones, University of Exeter
Lauren White, University of Sheffield
Jen Slater, Sheffield Hallam University
Jill Pluquailec, Sheffield Hallam University

Advisory group
Ioana Cerasella Chis, University of Birmingham
Martha Foulds
Bob Jeffery, Sheffield TUC
Rohan Kon, Sheffield Needs a Pay Rise
and other members who have chosen not to be named

Acknowledgements
We’re especially thankful to the participants who shared their views and experiences with us, and for those who contributed to the research analysis (including C.M.D., Rachael Stockdale, Alex F., Rebekah Akingbala, Roland Lowery, Tess, Lekshmi Geetha and Gokul Asokan). We’re also grateful to our advisory group for their insight and guidance throughout the project. Finally, we’d like to thank the Wellcome Centre for Cultures and wvEnvironments of Health at the University of Exeter for funding this research.

Illustrations by Elly Jahnz (www.ellyjahnz.co.uk).

Contact
For enquiries about this research, email Dr Charlotte Jones (PI) at charlotte.jones@exeter.ac.uk