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# 'Wait! Don't touch me!': Police uniforms, family anxiety, and rituals of purification in the COVID-19 pandemic

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## ABSTRACT

Emblematic power is entrenched in the uniform and bodily image of the police. The COVID-19 pandemic has afforded a new layer of understandings of 'dirty work' with police officers, and has shown how the police uniform is perceived to be an involuntary vehicle for physical contamination and symbolic taint. This article is based on interviews with 18 police officers from 11 UK police forces over the summer of 2020 and explores how the COVID-19 pandemic caused increased fear and anxiety about virus contraction, particularly when officers were not prioritised for testing and vaccinations at the time. The possibility of transmitting COVID-19 to family members motivated officers to treat their uniforms differently, and they undertook purification rituals to mitigate violations of the physical and symbolic space around the body. Fear and anxiety of 'the unknown' is a motivator for discussions about long-term effects of officer well-being, and the significance of learning to prepare for future pandemics.

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## Introduction

Acute perceptions of danger are considered useful in policing because it encourages officers to undertake protective working practices to avoid contamination from disease and viruses (Jermier et al., 1989; Crank, 1998; De Camargo, 2019, 2021a). During the pandemic the police have faced an impossible task in that they experienced an invisible threat which regularly presented asymptomatic, as well as facing the 'usual' hazards from more well-known viruses, diseases and ailments. Personal protective equipment (PPE) is defined as equipment and clothing designed to protect against an identified hazard, and when the hazard cannot be eliminated or controlled to a safe working level, PPE is used to bring the risk down to a minimum (Health and Safety Executive, 2020). Unfortunately, there were considerable problems with the procurement and accessibility of appropriate PPE at the start of the pandemic and this continued for several months (World Health Organisation [WHO] 2020a; De Camargo, 2021b). Understandably, much of the PPE was distributed firstly to care workers and National Health Service staff, leaving some police forces with severely depleted stock levels at the beginning of 2020. A nation wide PPE hub was set up in April 2020 as part of the national police response to the COVID-19 pandemic, 'Operation Talla', and the rollout of essential PPE to police forces was slowly rectified, although not before causing fear and anxiety to police officers who believed they were not being adequately protected and only had their uniforms to shield them (De Camargo, 2021b; NPCC, 2020).

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Contamination prevention has become even more important during the COVID-19 pandemic, and in addition to PPE, one of the ways in which police officers reduce the risk of contamination is by wearing garments and pieces of equipment that make up the police uniform. The uniform is perceived to be a tool used by the police, physically and symbolically, the uniform acts as the most important emblematic attribute of a police officer and all that the role entails (Bickman, 1974; De Camargo, 2017; Durkin & Jeffery, 2000; Joseph & Alex, 1972; Simpson, 2018). The significance of the symbolic representation of the police has featured in seminal early police literature (Rubinstein, 1973; Manning 1997; Reiner 2000; Westmarland, 2001 to name a few). The body of work is too large to adequately cover here in any detail but some of that research has focused on the uniform as a potential ‘vehicle of contamination’ (De Camargo, 2019), unwillingly conducting symbolic and physical contamination in policing, and enables discussions around what it means to be a ‘dirty worker’. Employees dealing with ‘dirt’ in a pandemic, in which I read this as ‘COVID-19/viral contamination’ for the purpose of this paper, ‘dirty workers’ sensemake their experiences vis-à-vis their uniforms in the transient context of COVID-19 and how this can elevate stress and anxiety levels.

### Anxiety and stress of working with COVID-19

The first cases of the respiratory disease SARS-CoV-2, now known as ‘COVID-19’, were reported in Wuhan, China, at the end of December 2019 (WHO, 2020a). At the time of publication, there had been more than nearly 6.5 million deaths worldwide. The risk of contracting COVID-19 was very concerning for frontline workers, particularly at the start of the pandemic. To the world’s appreciation, England was the first country to develop an approved COVID-19 vaccine, although the roll-out to police officers was slow (McCulloch 2021). A recent study reported that police officers felt increasingly burdened resulting from colleagues being absent through COVID sickness or isolation<sup>1</sup> during the pandemic (Newiss et al., 2021) and the self-isolation rules of 2020 resulted in entire shift patterns absent in some forces. Absence through sickness via the possibility, or actual contraction of, communicable diseases and viruses impacts through lost working hours and has a monumental impact on officers and their families (Metropolitan Police, 2018; see also, Geoghegan, 2016). Studies into past outbreaks of infectious diseases have shown overwhelming impacts on anxiety and stress levels of individuals (Xiang, 2020); for example, research post SARS and Ebola outbreaks have revealed the wide-ranging impact of PTSD, depression and anxiety during and after the epidemics (Yuan et al., 2021) and the experience of negative emotions, poor coping capabilities and constant anxiety around contracting the outbreak disease or virus (Van Bortel, 2016; see also, Mukhtar, 2020; Rana et al., 2020). Rooney and McNicholas (2020, p. 1) found that staff on the frontline are ‘exposed to an insuperable amount of stress and experience increased psychological morbidities as a result’.

The coronavirus pandemic has brought new challenges and hazards to policing. With mounting reports of several hundred police deaths worldwide (Police One 2020), and 34 police deaths in the UK alone (The Independent 24/12/21) there were fears that levels of stress and anxiety would be at the highest ever levels (Elliot-Davies 2021). Police officers are regularly subject to physical abuse, and the number of attacks during the pandemic rose by 21% to nearly 37,000 assaults (Savage, 2021; Gov. 2021), with some offenders weaponising the virus through deliberate cough and spit incidents (De Camargo, 2021a). There was an already large body of literature exploring how policing poses a serious challenge to the psychological well-being of its workers (Liberman et al., 2002; Fielding et al., 2018; Elliot-Davies 2021), and there are claims that the most dangerous part of the job may be psychological and not physical (Fielding et al., 2018). A recent Police Federation survey (February 2021), which was completed by 12,471 Police Federation members during the COVID-19 pandemic, found that mental health and well-being issues affected 77% of serving officers, which had been caused, or made worse, by working in policing (Elliot-Davies 2021).

During the first few months of the pandemic, there were fears that key workers, travelling home in their uniforms were ‘vectors of contagion’ (WHO, 2020b). The International Committee of the Red Cross (International Committee of the Red Cross, 2021) compiled data on COVID-19-related attacks against health care workers in various parts of the world and found that during the first six months, 611 incidents of physical or verbal assaults, threats, or discrimination were directed towards health care workers and medical facilities in more than 40 countries. Despite expressions of public support for key workers, demonstrated in part by the now iconic UK Thursday 8pm ‘clap for carers’ (De Camargo & Whiley, 2020), there were increasing reports of attacks against key workers, particularly those working on the front-line, and those identifiable by their uniforms outside of the workplace. Care workers reported being verbally abused as ‘spreaders of death’ (BBC, 2020), and one worker had liquid squirted in her face for being ‘a disease spreader’ (Mail Online, 18/04/20). The ICRC (2021) noted ‘alarming incidents of workers being stigmatised, ostracised, harassed, or threatened for allegedly spreading the virus’. The WHO (2020b) similarly reported workers being spat on, called ‘contagious rats’, having personal property vandalised, and having their children mistreated by classmates. Goffman (1963, p. 30) previously argued that society may treat family members ‘as one’ by being ‘related to a stigmatised individual’.

Police officers have always been advised against travelling to work in uniform, but it is at officer’s discretion, and most seem to travel in ‘half blues’ (perhaps boots, trousers, shirt) and leave the rest to dress at work. Highly dependent on location, force history, and community tension amongst other things, it is generally avoided. Clothing can alter perceptions of the self and alter the mood of the person wearing it (Hannover & Kuhnén, 2002), so it is likely that public perceptions of those seen to be ‘vectors of contagion’ may encourage a disassociation with work (by not wearing their uniforms to and from work for example).

### **The uniform as a vehicle for taint**

Hughes (1951) first introduced ‘dirty work’ as a concept to discuss how certain occupations, and the roles and responsibilities within these occupations, are perceived to be demeaning by wider society. Police officers are deemed to be dirty workers as they often deal with individuals that wider society avoids; that is, ‘the greater their social distance from us, the more we leave in the hands of [the police], a sort of mandate by default to deal with them on our behalf’ (Hughes, 1962, p. 9). Hughes (1951), and later Goffman (1963) both considered three ways in which an occupation can be considered stigmatised: through physical, social, or moral taints. Ashforth and Kreiner (2014) elaborated on these categories: moral taint occurs when a job is of debateable morality, social taint occurs when workers have regular access to people who are stigmatised (such as criminals), and physical taint is when dirty or dangerous conditions are experienced, or when dealing with tangibly offensive matter such as death. Consequently those who work in policing (albeit within some roles more than others) fall under the category of ‘dirty work’ (Hughes, 1951, p. 319), and in turn, become ‘dirty workers’ (Ashforth & Kreiner, 1999, p. 415).

Police officers often deal with people who are physically dirty, defecating, vomiting, and/or expectorating on themselves or the others (Gassaway, 2007), and by the very nature of the job police officers are often in close contact with members of the public, by either visiting residences, face-to-face interactions, or experiencing physical altercations – although interestingly the Office of National Statistics do not include policing as a ‘high exposure occupation’ (ONS 2020).

Physical and symbolic contamination is seen in other front-lines roles as well; nursing aides in Jervis’s (2001, p. 89) found themselves ‘deeply affected by their intensive contacts with clientele and their bodily substances’. Similarly, Rubinstein (1973, p. 316) found that police officers ‘may wash up several times’ during busy shifts after being in contact with clientele. The body, it seems, is an ideal vehicle for contagion; ‘including the hands, as something that can touch and through this defile the sheath or possessions of another’ (Goffman, 1971, p. 69). ‘Bodily excreta’, according to Goffman (1971, pp. 71–2) ‘cannot be cut off once it violates and may linger in a confined place after the

agency has gone', symbolically and physically. Symbolic contamination and bodily excreta (spittle as one example) is particularly interesting in the context of COVID-19 as it is characterised by how this invisible pathogen spreads – by respiratory droplets. 'Fear of the unknown' was very worrying – even with its nanoscopic size, COVID-19s impact affected billions all within the course of a few months (Raub, 2021).

Discussions of taint are pertinent to police work, and police culture and the power it holds is entrenched in the uniform and image of the police (Mawby, 2014; Young, 1992). Most occupational uniforms 'combine the practical and symbolic' (Steele, 1989, p. 66) and law enforcement uniforms, are deemed to be physical and protective shields (Crawley, 2004). The possibility of contamination is 'of the utmost relevance to policemen, who regard the violation of body territory as tantamount to insurgency' (Holdaway, 1983, p. 46). Therefore, the avoidance of anything that could contaminate them 'becomes immediate and critical when violation endangers the physical and symbolic space of, and around, the physical self' (Holdaway, 1983, p. 46). Douglas (1970) suggested that the boundaries between work and home need to be clearly defined and certain procedures need to be followed in order to limit the negative effects of contamination.

This paper explores the physical and symbolic features of contamination via the police uniform and how officers in this study combatted these problems using purification rituals. The contribution is three-fold: firstly, this paper contributes to research on policing during the COVID-19 pandemic, of which there is a growing body; secondly, research on contamination, dirty work, and symbolic taint is extended (Hughes, 1951, 1962; Ashforth & Kreiner, 1999; De Camargo, 2019, 2021a). Thirdly, this paper broadens important research on the use of the body in policing (Westmarland, 2017) and in dirty work (Whiley & Grandy, 2021) to theorise and empirically illustrate how 'dirty work' is experienced via COVID-19. More specifically, how dirty workers absorb taint and symbolic working on the front-line of a global pandemic – indeed, there is an increasing amount of interest in the incarnations of dirty work (De Camargo & Whiley, 2021; Whiley & Grandy, 2021), that is developed from the work of earlier writers. Merleau-Ponty (1983, p. 82) for example, argued that the body is 'the vehicle of being in the world', and as an extension, the occupations that people inhabit are therefore inevitably experienced via embodied visual, auditory, kinaesthetic, olfactory and gustatory processes. The clothes that we wear to 'do' occupations, particularly ones that require the use of a uniform, are a vital part of this expression – their symbolic importance to the worker ensures that uniforms are intrinsically linked to the body and mind of the worker, so how they are experienced as part of the occupation are the backdrop for this paper. Relatively few studies have focused on the significance of uniform in the epithet of actual and imagined contamination in the context of a pandemic and it is in this regard that the findings and discussion offered here make an important addition to extant literature.

## Methodology

Officers were recruited via a 'call for participants' on Twitter asking for volunteers.<sup>2</sup> Not all officers use social media although there has been a growing interest in Twitter since 2008 from UK police forces' wanting to engage with the public and it is used as a tool for knowledge sharing in an official capacity (Crump, 2011). Digital snowballing recruited participants (O'Connor et al., 2014), in which existing police contacts facilitated enlistment by sharing and 'retweeting' the call for potential interviewees, resulting in 18 participants. There is much literature discussing the challenges of accessing police officers for the purposes of research due to long-standing reservations about 'outsiders' (Brown, 1996) and uncertainties about whether researchers will make 'intentional or unintentional misrepresentations' of events (Matrosfski et al., 1998, p. 2). This is even more problematic without familiar prior connections; Twitter was chosen due to its potential to access a diverse range of participants, network connections, and is generally used as a platform for 'widespread conversation and the sharing of ideas' (Forgie et al., 2013, p. 8).

This study, with 18 participants, was exploratory in nature, and as officers were from 11 different constabularies across England, generalisability is unviable. However, this was not the intention of this qualitative project, and it was designed to access the experiences of the officers who participated. These accounts are not intended to be representative of overall officer experience in that particular force, or of the police in general; after all, the value of the interviews lie in how officers personally make sense of events (Bullock & Garland, 2020). Interviews took place over Zoom between May and June 2020, resulting in over 20 hours of semi-structured interview data, and officers were assured all data would be anonymised. Interviewing in this way provided convenient conditions when there are time and place limitations, and during this time, safety (Janghorban et al., 2014). With more people working from home since COVID, it has become somewhat normal to access these previously private spaces. Virtual communication tools for conducting qualitative interviews have become the norm and many researchers are likely to continue using this technique as a preferred rather than alternative option (Sah et al., 2020).

Of the 18 officers, 11 were male, seven were female, and they ranged from 22–54 years of age (average 35 years). 16 officers were married or in a relationship and 15 lived with their partner (one lived with parents, two were single and lived alone), and 11 officers lived with children/stepchildren. The officers' experience averaged ten years and consisted of police constables/response/specials/authorised firearms officer/sergeants/custody sergeants, from a mixture of rural, urban, northern and southern forces in England and Wales. The lack of diversity limits this study, and it would be pertinent to investigate issues of diversity and intersectionality in any future work on this topic, particularly because the risk of becoming seriously ill was higher to black and minoritized communities (Lacobucci, 2020).

Interviews were professionally transcribed verbatim using only the audio recordings from Zoom with interviewees anonymised and identified with numbers. They were analysed thematically via processes of data familiarisation, coding, and then formation of themes. Using nVivo software, various nodes were produced such as 'cleaning', 'uniforms', 'anxiety of contraction' etcetera. Clarke and Braun (2018) described thematic analysis as the process of identifying, analysing and reporting patterns within data, and within this process immersion with the data was conducted by reading and familiarising with the transcriptions and producing initial observations. Initial themes (codes) were generated pertinent to the research aims and applied systematically using nVivo across the whole data set. This was an ongoing process of refinement and review in which quotes were chosen for illustration, which resulted in the following themes for the purpose of the paper: 'symbolic thresholds', 'cleaning', 'clothes that can't be washed', and 'family anxiety'.

## Symbolic thresholds

Crawley's (2004, p. 227) ethnography on prison officers illustrated parallels with policing, such as how working in a prison can 'spill over' into the home lives of its employees. Crawley (2004, pp. 140, 245) argued that wearing a uniform was 'psychological protection' for prison officers but suspected contamination can intrude on the 'symbolic space of the body'. Like prison officers, the majority of police officers wear some, if not all parts of their uniform home. Encroachments on the space surrounding the 'self' and the body, is sacred and 'is not to be profaned' (Holdaway, 1983, p. 46); people, places, situations, all the things that encompass dirty work, threaten the purity of the police body.

Crawley (2004) discovered that prison officers were meticulous in their efforts to avoid contamination from the workplace as it damaged the 'purity of the home' and the maintenance of work/home boundaries was essential to avoid the 'polluting effects of symbolic contact with "profane" individuals' (Crawley, 2004, pp. 235, 245). Relatedly, Douglas (1970) explored 'purification rituals' – the process by which certain procedures are followed to limit the negative effects of a 'dirty' occupation. The 'threshold' between dirty and clean has been seen in other research; Whiley and Grandy (2021) found that their nursing staff participants took part in purification rituals via



physical processes such as ‘shutting [or] going through the door’, ‘changing clothes’, ‘wiping feet’, literally and metaphorically wiping dirt away. Police officers in De Camargo’s (2019) study demonstrated similar rituals such as the removal of clothes, removal of boots, and showering at work before going home and these embodied actions illustrated the maintenance of dirty/clean boundaries. Crawley (2004, p. 245) similarly noted prison officers’ ‘immediate removal of the uniform’. The unknown nature of COVID-19 during the first few months of the pandemic led to uncertainty about personal safety:

“So, we rang work and said, ‘look, what do we do?’, they said ‘oh right, well keep yourself safe, wash your hands.’ And that was pretty much it. It was like well, ‘is there anything we need to avoid, anything we need to do?’ and they said ‘erm we still don’t know’. The pandemic was very early stages then [...] so I decided myself, right, get uniform off, straight into the washer in the kitchen, run upstairs, get in the shower, disinfect myself as I come in.” (P14)

“I am taking more precautions, we have showers at work, I took [civilian] clothes with me, and thought right, I’ll shower than come home, [and I didn’t do this before].” (P13)

The significance of washing such as clothes removal, and showering for example, were described by police officers as being discretionary, advice about ‘what to do’ outside of work was not forthcoming. Respondents spoke frequently of feeling dirty. The symbolic representation of *feeling dirt* via the unseen pathogen and the potential of contracting and transmitting this via their clothes led to officers imagining dirt attaching itself to them and described their rituals for dealing with it:

“[My family] are clean people anyway . . . but the nick is filthy, and the people you deal with aren’t particularly nice, so I need to go and wash.” (P16)

“I’d sanitise my hands and then I’d have to get changed in the garage and put my clothes in there. I’d always shower [...] and before I have any contact with [my wife], well it’s just, you just feel dirty. Even though you’re probably not, you just feel like you need to cleanse yourself before I have any contact with my family.” (P9)

“You feel so dirty . . . I make sure I wash myself properly with a really hot shower.” (P4).

Symbolic cleaning was referred to by most officers, as something to be done ‘just in case’. As previously discussed, dirt is subjective and can take the form of many types of bodily excreta and external organisms, actual and imagined. In the context of COVID-19, where dirt is an unseen pathogen, the binary of clean/dirty is problematic – after all, how do officers know when they are actually free from contamination? Symbolic rituals of purification are therefore very important in these situations, and the *psychology of being clean* (i.e., personally believing that the dirt is gone), was key:

“It’s got to the point where we’ve been to a job the other night, me and the mate I was with, we were just constantly spraying each other hands for about two hours afterwards [laughs]. Just psychologically, it was like, can you chuck me that spray again?” (P9)

Fear of contraction (and the belief that you have been contaminated) via working closely with offenders who have admitted to having COVID-19. Whether this was the case or not was irrelevant because weaponising information in this way added to the stress and anxiety levels of officers:

“When you know you’ve come into contact with someone with it, you worry about it and it plays on your mind and you’re constantly thinking well, have I got it?, and everytime you put your uniform on, you’re like ‘well I’ve done my best, I know I left my boots outside for three days, and I know I’ve done x, y and z, but then you’re thinking, ‘is it *really* clean, y’know’. It’s worrying.” (P2)

Officers insisting on hand sanitiser repeatedly (P9) and questioning whether items of uniform were ‘really’ sterile and free of unseen pathogens even after following guidance for cleaning (P2), illustrates the detrimental effects on anxiety levels. Fear of virus transmission, that is, being unsure

whether COVID-19 was no longer present, demonstrates that symbolic taint can ‘rub off’ and remain; what Finch (1983, p. 7) termed ‘vicarious contamination’.

## Cleaning

During the first few months of 2020, COVID-19 was a largely unknown virus in terms of its behaviour. Querying management re the best way to protect officers was dismissed as common sense and managers admitted to staff to not knowing any (newer) information about cleaning that was not already available prior to the pandemic. The HSE (2020) advised workplaces that various cleaning procedures must be followed, such as surfaces that are frequently touched will need to be regularly cleaned, and others subject to deep cleaning or periodic cleaning (see HSE for full policy). However, no cleaning advice was given regarding uniform washing, and was ‘left for officers to manage and use a bit of common sense and consideration’ (P5). Officers admitted there was no information available on ‘how well it can spread on clothes’ (P8) but gathered ‘it wasn’t worth the risk [of contracting], so we were advised we should take our uniforms off [before going home]’ (P8).

In mid-2020 the Centres for Disease Control and Prevention [CDC] reported that COVID-19 was typically transmitted through respiratory droplets (for example, by sneezing or coughing) and those droplets could also contaminate objects (e.g., doorknobs) and materials (e.g., clothing), and within these droplets the virus could remain active for ‘hours to days’. The possibility that front-line workers regularly wear their uniforms home (and by proxy the virus too), did not go unnoticed, even pre-pandemic. Ten years ago, Elizabeth McCaughey, the former Lieutenant Governor of New York and chair of an infectious diseases committee, published an editorial opening with; ‘you see them everywhere, nurses, doctors, in scrubs or lab coats. They shop in them, take buses and trains in them, go to restaurants in them, and wear them home. What you can’t see on these garments are the pathogens that could kill you’ (as cited in Cherry & Jacob, 2021, p. 33). The National Health Service has made it a disciplinary offence to wear scrubs to and from work but considering COVID-19 is not limited to hospital settings, a surprising number of other key workers (carers, police officers etcetera) wear their uniforms outside of work, although it is at the discretion of the employee or company. The likelihood of uniforms carrying deadly bacteria has been found in other research; Wiener-Well et al. (2011) discovered pathogenic material on 65% of nurses’ clothing.

Studies on other human coronaviruses, such as severe acute respiratory syndrome (SARS), and Middle East respiratory syndrome (MERS; Kampf et al., 2020) found that these viruses can remain on glass, metal, and plastic surfaces for up to 9 days; not enough is known about COVID-19’s behaviour on all these materials yet (and whether variants behave differently), but SARS is COVID-19’s closest pathogenic relative. Chin et al. (2020) found COVID-19 is more stable on smooth surfaces and remained infectious for 3–7 days on stainless steels and plastic, and less than two days on wood and cloth. While clothing is regarded as less of a vector, items of the police uniform have various plastics and metals attached to them (buttons, equipment connectors etcetera) and thus more effective vehicles for pathogens. Indeed, the NHS advises that clothes can spread germs, mainly by the handling of dirty laundry which spreads bacteria to the hand, and viruses can spread between different pieces of clothing in the process of washing (NHS, 2022). Officers discussed their new uniform cleaning procedures:

“I will not come back with my uniform on, I know a lot of guys do this, but the shirt and trousers I’ve worn will get bagged and washed separately, I mean, they won’t go in the household wash ever again. Uniform gets washed as a ‘one-r’, with no other household garments or fabrics.” (P5)

“My work clothes immediately go in the washing machine, just to be safe.” (P12)

“I’m coming home and pretty much getting changed straight away, and I’m wearing a fresh set of uniform every day, whereas sometimes you maybe wear it for a couple of days.” (P11)



“I’ve become fanatical about cleaning my uniform. Before it would just go in the wash basket until it was full and then all go in together, but now I do it separately.” (P6)

Chin et al. (2020) found that COVID-19 is highly sensitive to heat – and once exposed to 70°C, the virus becomes inactive after five minutes. The NHS advises high risk clothing should be washed at 60°C with a bleach-based product, handled wearing gloves, and washing hands thoroughly afterwards, which management did advise staff on; ‘They just told us to make sure we’re washing our hands regularly’ (P11). Thoroughly washing hands became the primary cleaning technique for reducing the possibility of COVID-19 transmission and took centre stage as part of the government’s ‘Hands, Face, Space’ campaign. Hand washing images formed the backdrop of NHS artwork for workplaces, but it is reported that hand washing when wearing a uniform is actually problematic. Wiener-Well et al. (2011, p. 555) for example, found that the largest contamination risk occurs in areas of greatest hand contact, that is, ‘the pockets and cuffs of uniforms, allowing recontamination of already washed hands’. Additionally, the various techniques that officers used to wash their clothes (not wearing gloves for example, or not disposing of gloves correctly), could cause recontamination.

### Uniform that can’t be washed

Guo et al. (2020) conducted a study on the soles of shoes worn by intensive care unit staff at a hospital in Wuhan, China, and found half of the samples were COVID-19 positive. The study concluded that shoes, as part of a uniform, function as a potential carrier of the virus but shoes, by their very nature, are not handled in the same way that clothing is. General usage of shoes, particularly the soles, are not high touch areas, but the respiratory transmissibility of COVID-19 and its attachment to smoother, hard-wearing leather/synthetic materials, of which police boots are usually made, illustrates they should be handled with care:

“I leave my boots at work. I go in a different pair of shoes, as your boots probably do carry quite a lot of crap.” (P11)

“My boots don’t come in the house, I leave my boots outside in the front, in the porch.” (P13)

Like boots, the standard garments that form the police uniform are not generally classed as PPE; clothes are the first and often only layer(s) of protection for officers, apart from the stab (ballistic) vest. The vest, for example, is designed to protect against assaults, not viruses, and are very difficult to clean. Similar to the procurement and accessibility of PPE, the general availability of extra parts of uniform proved problematic:

“The difficulty is that you’ve only got one [stab vest], so you can’t turn it around between shifts . . . We can’t turn around [clothes] in time for the next shift because the stuff doesn’t dry very quickly. We only get issued two sets of trousers, but what about shirts? You may have one per day, but what if you get blood on it, or spat at or whatever, well then you’ve used two in a shift and so you’re behind.” (P18)

Officers stressed that they were put in an impossible position of having to wear items of uniform (namely the stab vest and boots) that they suspected may have COVID-19 particles on them because of their ‘high catchment’ area between mouth and foot (gravity), and their inability to be cleaned ready for the next shift:

‘Your stab vest probably carries the most germs.’ (P11)

“My colleague met this woman who was symptomatic, so ideally they would have washed their vest covers, hosed their boots off, all the bits that you wouldn’t usually change everyday [ . . . ] they can’t go in the tumble dryer, so you’re stuck in a position that’s impossible to achieve.” (P18)

“The body armour and external stuff, that can’t be washed. I mean, the guidance that [our force] has given us is that it should hang free for 72 hours, but there’s nowhere to hang it anyway but you only have one set [laughs]

- it's only alright if you're going on rest days. The only place we've got is the drying room at work, which is I dunno, like 40 degrees, but should it be in the heat? Or is the idea that it's in the open air? We do spend a lot of time laughing about it to be honest, because if you didn't laugh, you'd cry – [the advice is] just farcical.” (P2)

A study on SARS infectivity in 2005 (Lai et al., 2005), found that when virus-containing droplets were dried, the virus was inactivated rapidly on paper and cotton cloth. The external material of stab vests is usually a cotton and polyester blend, so the suggestion made by P2's management to air the contaminated clothes in the dryer room at work was, on reflection, an appropriate recommendation at the time:

“I had an incident [...] when a guy stabbed himself in the neck, and he spat all this blood. I have spare shirts [...] but the stab vest, I have to take out the plate and then disinfect it and I tried to order a new one and the wait was too long so it just had to be disinfected, there's nothing else to be done with it, but what if [the virus] was still on there?” (P4)

A study on SARS in 2005 found that even with a high concentration of the virus, droplets of infected material lost all infectivity after one hour on a cloth material medical gown and 24 hours on a plastic material medical apron (Lai et al., 2005). The researchers also found that droplets that 'hang' onto material post a risk of contaminating the environment when trying to derobe, so police officers shedding their uniform at home did risk of contaminating their families and house, so the anxieties felt were reasonable at the time:

“[Undressing at the front door], all that does is chuck a lot of potentially contaminated material at my doorstep which my kids go in and out of . . . So, is [stripping off] at home any better? I'm not sure. There's been no guidance.” (P18)

Although PPE was hard to obtain at the beginning of the pandemic, in one area, thin plastic aprons were made available for officers to 'protect kit and clothes [for now]' (P9). Worryingly, the WHO was not recommending a plastic apron of any kind to medical staff in the UK, and American CDC guidelines said that disposable aprons should only be considered as a 'last resort' and was not considered PPE (Coles et al., 2020).

## Family anxiety

It has been argued that families of healthcare professionals 'live in a state of fear' during outbreaks of disease (Souadka et al. 2020). Similarly, most police officers reported feeling anxious about contracting COVID-19 and infecting vulnerable family members, and when officers did not directly live with concerned relatives, this anxiety was transferred via worrisome texts and phone calls. A high-risk asthmatic informed her husband that her doctor had queried her husband's job and asked whether it was likely he would be exposed to people with coronavirus. He was unlikely to be able to avoid it, she said, as he was 'dealing with people every day [as a police officer]':

“So, the doctor said 'right, he has to come home'. [My wife] said, 'what, at the end of the shift?', and he went 'no, now'. It was as blunt as that. Because of risk of transfer, and potential cross-contamination to you is so high, like from my clothes for instance, [...] the GP said, if [my wife] got COVID, you would be, pardon my frankness, put in the shit. It was quite blunt, but it was refreshing to hear that they were like that to be honest.” (P14)

Health official warnings aside, officers agreed that although no extra cleaning advice was given, it was deemed to be common sense and at personal discretion. Cleaning was not 'mandatory [because] it was [personal] responsibility to look after [your own] health' (P9). This also varied depending on whether the officer had children and/or vulnerable family members:

“We've all taken it very differently. Some of us are obviously more cautious about it, more concerned because we have families. For example, my mum suffers with cancer so I'm not able to see her [...] I have to be very careful. [My step-son] suffers with asthma, so you come in, make sure you disinfect your hands, then get your

uniform and equipment, then disinfect yourself again. And again, disinfect the car and this and that. It's just a lot of things like that that you have to do." (P4)

There was a common theme conveyed that some had not seen vulnerable family members for months at risk of exposure and expressed sadness at the situation. Those who continued to live with their families discussed the voiced anxieties and fears of relatives:

"My wife was very uneasy at the beginning with me going back [...] yeah she was very concerned." (P12)

"My husband's asthmatic so to begin with he'd say it as a joke, but I don't think it was. It was like 'Oh, you'll bring it home and kill me' [laughs]." (P2)

The situation was perceived to be so worrying for some officers that agreements were made to sleep in separate bedrooms;

"I think [my wife] was very apprehensive at the beginning about me going to work. I mean, I was sleeping in the spare room, and had no contact with them, so it definitely made them more anxious." (P4)

Others went further and moved their children out of the family home and lived alone for a few months, something which caused upset and feelings of isolation:

"I've got a colleague, who right at the beginning of everything, she moved her children in with her mother so she could be on her own in her own home without any sort of worries about her children being able to contract it [...] My wife's parents live really close by and it was discussed that she would move in with them with the kids until we knew what the hell was going on, but we decided against it in the end, but yeah, we had very frank discussions about it." (P12)

"I have a little girl, and my wife has asthma – we had a plan – her and my little girl would be upstairs and out of the way. Uniform off, straight in the washers in the kitchen, run upstairs, get in the shower ... so that was our plan, you know like disinfect myself as I come in. They'd stay out the way and then once I'd showered I'd go back down and disinfect everything again." (P14)

Although these purification rituals were similar to officers who were childless, there was an added layer of complexity when dealing with young children who did not understand why the world had changed, and why a parent could not show affection or play with them as soon as they came home. When children became upset or angry, officers expressed sorrow at being unable to explain how the virus was different to others they may have encountered:

"[My two young children] they understand daddy's covered in germs when he comes home from work and needs to wash them off immediately." (P12)

"I make sure I never pick my daughter up in any of my uniform and just make sure that I get changed and anti-bac-ing everything because obviously the first thing she wants is a cuddle [...] she's nestling into me you know [and I have to stop her] – it's hard." (P7).

"My kids are excited to see me, you know 'daddy's home!' and all that sort of stuff, and it's very hard to say, 'Wait! Don't touch me!', I've got to go upstairs, get changed, get showered, then we can play." (P12).

One officer reported seeing the children distressed was too upsetting and decided to be more devious to avoid the children seeing him before he was 'clean':

"My son had a couple of days where he's been angry that I've not been able to run around and play as soon as I got home from work, so my wife would hide them away so I could sneak upstairs and come downstairs all magically clean and able to play." (P12)

A week after officers were interviewed, YouGov (2020a) reported 'over 70% of key workers [were] worried for the health of those they live with during the coronavirus pandemic, with 23% very worried [...] and only 53% of workers concerned for themselves'. One officer admitted that although *he* had 'signed up [for the risk]', he had not 'signed [his] family up for that' (P5). It seems that worries of personal contraction or the risk to family and friends is common amongst people exposed to any infectious disease outbreak (Brooks et al., 2020). A similar YouGov (2020b)

UK poll in February 2020 found that 48% thought coronavirus to be a moderate or major threat. Concern did not significantly decrease (or increase), even with the rollout of vaccinations, and tracked fear levels throughout the pandemic show those who claimed to be ‘very’ or ‘somewhat’ concerned about contracting COVID-19 ranged between 45 and 62% in the UK (YouGov, 2022). Although not in the scope of this paper, international comparisons exploring the links between policing and fear of COVID-19 would be an interesting area of further study, particularly as it affects levels of familial fear and anxiety, and safety precautions taken between relatives and offspring.

## Discussion

Fear and anxiety of contamination within dirty work does not need to align with actual contraction rates, or genuine risk to health, to have negative effects. At the time of interviews, the WHO was estimating up to 80% of COVID-19 carriers were showing mild symptoms or asymptomatic, increasing the likelihood that officers could be unknown carriers (WHO 2020a). A more recent study in December 2021 estimated that the number of asymptomatic carriers was nearer to 40% and most of them belonged to ‘younger groups’ of which the police deal with more regularly than most (Ma et al., 2021). Calculations on infectivity and fatality rates are impossible to perform accurately, and ‘there was no way of knowing if a person [stood next to you] was infected or not, adding more uncertainty to the situation’ (Coelho et al., 2020, p. 3). Officers that encountered a COVID-19 symptomatic person were advised to wear a mask, gloves, and an apron and eye goggles if available, but as the majority of carriers were believed to not be showing symptoms at the time, this increased ‘fear of the unknown’.

The problems with a lack of spare clothing and equipment that could not be washed as easily, such as stab vests and boots, were a main source of anxiety, as was the lack of PPE to protect their skin and clothes. Although there was eventual availability of gloves, masks, and thin plastic aprons, several months in, officers expressed that it was nearly impossible to maintain social distancing from individuals threatening to or actually weaponising potential deadly viruses and disease. Even though some of the participants in this study assessed the risk of contracting COVID-19 as less anxiety-inducing than their day-to-day working practices of dealing with dangerous offenders, the fear of the unknown is an ongoing enduring emotion. Personal health anxiety, risk to family members (particularly those who they lived with) triggered negative feelings of doom and when not calibrated to the actual threat (due to the largely unknown nature of the virus at the time of interview) can be ‘deleterious’ (Mertens et al., 2020) and detrimental to officer well-being. Intolerance of ongoing uncertainty is the backdrop for anxiety – after all, fear of the unknown is the core component of anxiety (Carleton, 2016), although the police are known to ‘show lower fear levels compared to the general population’ (Coelho et al., 2020, p. 5). Police officers (and other front-line workers) need to know and be trained in specific protective measures and feel confident in carrying them out (Jørgensen et al., 2021). Officers cleaning their uniforms and taking measures to remove parts of their uniform and wash items separately, showering, using hand sanitiser repeatedly, are just many examples of officers undergoing rituals of purification during the pandemic. Cleaning is often a way to assert some control in one’s life and give people a sense of control over their ambiguous environment. In times of uncertainty, such as dealing with an unknown, unseen pathogen that was killing thousands at the time of interview (now millions) of people was a risk that needed to be personally managed and mitigated through careful handling of their uniforms. This was also seen through choosing to distance themselves from relatives and reduce closeness and affection with their families during the first few months of working on the front-line.

The literature indicates a recent academic and practitioner focus on police well-being, and the government has recognised there is still work to be done in addressing and improving this (Home Office, 2020), and the associated challenges of the pandemic ‘will ensure its retention as a key area of concern’ (Newiss et al., 2021). Officers believed they would all contract the virus eventually (De

Camargo, 2021b), but submission to this belief does not necessarily mitigate anxiety; fearing contraction of an infectious disease can have overwhelming impacts on stress levels (Van Bortel 2016; Xiang, 2020). At the time of interviews in May and June 2020, police officers had been given no date for when testing would be available to the police (The Independent, 09/04/20), and in September 2020 when they were prioritised (but behind healthcare and care home staff), officers were still actively encouraged not to go for tests unless they were showing symptoms (De Camargo, 2021c), amid concerns that strict isolation laws for police officers would see ‘entire stations shut down’ (Manthorpe, 2020). Furthermore, police staff were also left out of Phase 1 and 2 of the UK’s age-based vaccine programme rollout, and most did not get their vaccinations until around March 2021. John Apter, National Chair of the Police Federation, called their dismissal as a key worker a ‘deep and damaging betrayal that will not be forgotten’ (McCulloch 2021). Acknowledgement of being a key worker during a time of crisis holds prestigious and privileged status, and the legitimacy that results from public recognition should go some way to mitigate poor morale. Negative media attention does not help this matter either; Fatsis and Lamb (2022, p. 56) advise that we should resist narratives of ‘unprecedented’ and ‘exception[al circumstances]’ – while COVID-19 may indeed be novel, ‘the state response, the policing of it, the merging of public health and public order, the huge disparities in vulnerability to the virus. . . all of this has a long history.’ The (over)-enforcement of police power, of which there is already a huge body of literature, was also seen during the pandemic also; a 19-year-old, ‘Adil’, died after colliding with a police vehicle during a police chase whilst fleeing a coronavirus check during lockdown. Soon after, graffiti emerged on walls around Brussels addressed to Adil, ‘le virus c’est la police’ (Adil, the virus is the police) (Fatsis and Lamb 2022). Wider contextual issues such as attention on minoritized communities seen pre- (and likely post-) COVID, have been illuminated – structural racism and economic deprivation more generally (Krieger 2020); for example, poor youths, and black and Asian people being twice as likely to be fined for COVID breaches (The Guardian 2022; Grace 2021; Galindo 2020); the list goes on. The policing of COVID has exposed opportunities for more structural discrimination, and research on COVID’s negative impact on existing animosities between the police and the public are slowly but steadily emerging (Fatsis and Lamb 2022; Jones 2022). Fatsis and Lamb (2022) interestingly compare how the ‘state, bodies, organisms and cells’, within unfavourable environments are ‘construed as things that need to be fought in both a medical and political sense’. Although we could hope that we won’t see another pandemic, this is unlikely according to the experts, and how the police responded in this crisis will have long-lasting impacts on legitimacy (Jones, 2022) and their future handling of biological crises.

## Conclusion

This paper has argued that the uniform can form an important part of emblematic expression for police officers and is used as a protective tool to guard against symbolic and physical taint within ‘dirty work’. Officers used discretionary measures to clean themselves of dirt, both symbolically and physically, in order to consider themselves clean from the potential transmission of COVID-19 to themselves and their families. Officers sought to create their own purification rituals considering a lack of guidance and advice surrounding cleaning their uniforms and general sanitation at the start of the pandemic. Miscommunication, conflicting and constantly changing advice increased anxiety and fears for officers, and seeking additional guidance was dismissed by managers as ‘common sense’. There was variation between officers on how strict they were with cleanliness, on a wide spectrum on changing clothes at work or home, airing items at work, leaving boots on the doorstep, in the garage, washing items together/apart, the list was extensive. The effectiveness (or otherwise) of these rituals can never be quantified and may actually have the opposite desired effect (see, Wiener-Well et al., 2011) although alleviating anxiety levels at that time may have been more important. Why officers chose certain purification rituals over others is not clear, but researchers

have argued that personality can influence different reactions to the pandemic and thus may warrant further investigation (Coelho et al., 2020).

It seems it is less about what purifications rituals and cleansing processes officers undertake, but more about the consequences of those processes; that is, the key was the *belief* that officers were decontaminating and decreasing the risk to themselves and their families in whatever form that took. Since guidance and advice around cleaning uniforms was patchy, conflicting and/or not available, officers had to make personal and consequential decisions to reduce anxiety and fear of contracting and transmitting COVID-19. This paper therefore supports previous research around the 'fear of the unknown', 'dirty work', and anxiety about virus and disease transmission, particularly as high-risk frontline (unvaccinated and untested) workers. Although the stress is not necessarily as acute as a one-off event such as 9/11, the 'on' and 'off-ness' of the pandemic encourages mental turmoil and instability, due to the 'long, slow-burn' (Ripley, 2009) of this crisis. After all, a recent study which analysed the probability of occurrence of intense epidemics spanning four centuries, has suggested that we will observe pandemics similar to COVID-19 more often and the likelihood possibly 'doubling in coming decades' (Marani et al. 2021). Additionally, COVID-19 is still a threat, as it is likely to mutate again, evolve elsewhere and come back and evade current vaccines (MacKenzie, 2022), so how police forces respond and deal with this pandemic is a vital learning tool.

Exploring the consequences for front-line workers is crucial and as COVID-19 is an ongoing global crisis, it is inevitable that police officers will continue to be seen as 'dirty workers', dealing with various forms of contamination every day. The implications are much wider than the police and can be applied to other key workers and their uniforms, both locally and internationally. Increased understanding of the anxieties faced by key workers/ those on the frontlines could help to improve efforts in thinking about how they may be far better supported if the COVID cases continue to rise or if another variant or pandemic emerges in future – after all, statistically, these extreme events are not as rare as we would like to think.

## Notes

1. The UK government released a Coronavirus Action Plan in March 2020 which detailed isolation rules that required people who had coronavirus symptoms to isolate at home for 14 days (10 if they had been named as a close contact by someone). These isolation rules were later relaxed in 2021 after new evidence emerged regarding transmissibility (Gov, 2020).
2. 'Call for participants: I am looking to interview front-line police officers policing the pandemic (ethics approved). I am interested in the fears and anxieties of contracting COVID-19 during this time – Interviews will take place over Zoom and will last approximately 1 hour. Please DM [direct message] me if interested.'

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No potential conflict of interest was reported by the author(s).

## Notes on contributor

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