

MOBILE WORKERS' ACCESS TO HYGIENE FACILITIES: HEALTH, WELFARE AND DIGNITY

Background

Mobile workers find it difficult to access hygiene facilities while at work because

- although there is a legal requirement for hygiene facilities in workplaces, for most mobile workers there is no formal provision
- there has been a decline in the provision of public and commercial facilities
- there is often a charge for using public and commercial hygiene facilities
- there is no legislation for toilet breaks at work.

Employers are legally required to provide access to hygiene facilities [1] with workplaces expected to provide “clean toilets and hand basins, with running hot and cold or warm water, soap and towels or another suitable means of drying” [2]. When visiting another workplace workers must be allowed to access hygiene facilities [3]. Some employers may also provide access to portable toilets, chemical toilets and water containers [4]. However, **many mobile workers do not have access to hygiene facilities where they are working.**

The Health and Safety Executive (HSE) advises employers that they must provide hygiene facilities where possible and that “public toilets and washing facilities should be a last resort” [4]. However, when mobile, workers often have no choice and must seek to access hygiene facilities in public, private and commercial spaces (such as libraries, coffee shops, pubs, petrol stations, supermarkets, and civic buildings). This is concerning as many public toilets are closing or are inconveniently located [5]. The decline in the number of department stores [6] and pubs [7] has also reduced the number of accessible facilities. Furthermore, there is a cost associated with using these facilities with some public toilets charging for entry [5] and schemes that provide free access to commercial facilities in city centres were suspended during the pandemic and are not fully up and running again [8].

Employers are required to ensure workers' health, safety and welfare at work [9] and if an employee (including those on zero hour contracts) works more than 6 hours they are entitled to a 20 minute break [10]. However, there is no legislation for number and duration of toilet breaks, and many employers when scheduling work do not allow for toilet breaks.

The project

The aim of the project was to investigate barriers to hygiene facilities encountered by mobile workers. This report is based on a desk review of the literature and interviews conducted between March and July 2022, with 22 mobile workers from different occupations.

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“They don’t think that you don’t get toilet breaks, or there’s nowhere to get a drink, or you don’t have those kind of – I don’t have a staffroom where I can go and do those kinds of things. It doesn’t even cross people’s minds.” (Window cleaner)

“Every tradesman I know will have some sort of anecdote where they were caught short and they had to use some sort of, you know, a stack of bricks to make a toilet or a bin bag and a bucket.” (Heating engineer)

Summary

For mobile workers accessing hygiene facilities is challenging as public and commercial facilities are not readily available, use may come at a financial cost and workers may need to seek permission. Workers often rely on the goodwill of people in private homes, develop their own workarounds or avoid using facilities. For mobile workers, lack of hygiene facilities fosters inequalities, impacts their dignity, welfare and productivity, and is a serious health concern for communities as a whole.

Importance of hygiene at work

Hygiene at work is important for

- the health and well-being of workers
- the health of the wider community
- reducing the pressure on health services
- improving workplace productivity.

Providing opportunities for hygiene in workplaces protects workers from acquiring and transferring infections [11] including SARS-CoV-2, Norovirus and other transmittable illnesses. For some occupations there are increased risks [12, 13] if they are exposed to germs through the nature of their work (for example nurses, police) and if they are mixing with a wide range of people, particularly in indoor settings [14]. Access to facilities also prevents illnesses associated with restriction of fluid intake [15] and / or the ignoring of urges [16]. Furthermore, access to facilities is important for a person's dignity [17, 18]; without access to facilities workers may be forced to improvise and / or soil their clothing [18].

Providing opportunities for hygiene in workplaces protects those whom workers come into contact with (such as colleagues, clients and customers) from acquiring infections and spreading them into wider society [11]. Good hand hygiene is important for everyone and especially important in caring professions [19] and professions where food is handled [20].

By reducing the spread of infection, good hygiene can also reduce the pressure on health services, reduce the need for antibiotics and hence help to tackle antimicrobial resistance. Additionally, in healthcare settings hand hygiene reduces the spread of healthcare-associated infections [21].

It is estimated that poor hygiene and lack of hygiene facilities account for up to 30% of lost time at work [22]. A reduction in illness reduces both absenteeism and presenteeism (attending work when ill), with employers financially benefiting from increased productivity [23, 24]. This effect is magnified for self-employed workers and those on short term contracts who are unable to claim sick leave.

Hygiene inequalities

Lack of hygiene facilities affects everyone and disproportionately affects people with legally protected characteristics such as people who menstruate, older people, disabled people, and those with health conditions [18, 5]. Some occupations are overrepresented by workers who may be more at risk of contracting infections and / or have an increased need for adequate hygiene facilities [12]. For example, more women than men work in caring services [25].

Hygiene campaigns

Nationally and internationally there are campaigns to improve the situation for workers in general, specific groups of workers and the general public. Support for these campaigns would also help to improve the situation for mobile workers.

- Since 2020, unions have been campaigning for the provision of personal protection equipment at work [e.g. 26, 27].
- In 2021, UNICEF demanded that “governments should show leadership and make hand hygiene a public policy issue, backed with relevant regulation and enforcement” [21].
- In 2020, the Department for Transport sent a letter to remind businesses that they are obliged to provide hygiene facilities to visiting drivers [28].
- In 2020, the WHO recommended that all public buildings and transport hubs should provide hand hygiene facilities [29].
- In 2019, the Royal Society for Public Health called for government legislation to make planning and provision of public toilets compulsory as well as calling for novel approaches to financing public toilets so that they are free to use [5].
- In 2010, the TUC [17] called for the enforcement of the welfare laws and the right for workers to go to the toilet when needed.

Mobile workers

Mobile workers work away some or all of the time from their work base or they have no fixed work base [30]. They may (1) work inside private premises, for example house cleaners, healthcare workers, maintenance & utility workers, and / or (2) work outside, for example gardeners, window cleaners, delivery drivers, park rangers and / or (3) regularly move between locations as part of their work, for example freelancers, the police, the military, business travellers. Additionally, workers from many different occupations may need to move between locations intermittently, for example to attend meetings and visit sites.

It should be noted that the Covid-19 pandemic has resulted in an increase in the number of mobile workers in some areas of work such as delivery and courier services.

Project findings

Mobile workers

- are often unable to access hygiene facilities
- may need to pay for and / or do not get paid while using facilities
- may need to ask permission (that can be declined)
- risk their health (and by extension the health of those they come into contact with).

The reduction in public toilets, department stores and pubs has meant that mobile workers are often unable to access hygiene facilities in public and commercial spaces.

“I’m gonna have a wee anyway. I’m gonna wet myself – I’ll do it anyway. I hope no-one reports.” (Gardener)

Workers with protected characteristics are particularly adversely affected.

“It’s unfair. What do the ladies do when they have that time of the month when it’s not up to you when you need to go to a facility.” (Delivery driver)

“I used to drive around the country quite a lot and, as a coeliac in the same sort of condition, stops at service stations were vital.” (IT trainer)

Furthermore, facilities may not be open when mobile workers need them.

“Because I’m a late worker, a late night worker, and sometimes I’m out of hours for coffee shops, and I feel really uncomfortable, actually, going into a pub on my own, having to use the toilets and I feel quite conscious.” (Mobile hairdresser)

Facilities may be located in spaces that would be considered inappropriate for the occupation, for example, pubs for those working with children and uniformed police officers.

Using facilities has a financial cost for mobile workers if accessing facilities takes time away from work, particularly when facilities are some distance away. Furthermore, when using facilities in cafes and pubs workers may feel obliged to buy a drink, adding an additional financial burden.

To access facilities in private homes and some commercial spaces, mobile workers need to ask permission. This can be uncomfortable for workers and also upsetting when permission is declined.

“She has a catheter that needs emptying quite regularly, and so we went into one particular place and they refused her, and that was a vet’s.”
(Community care worker)

Mobile workers are risking their health when they are unable to wash their hands with soap and water, which is especially important before touching and eating food.

“They [cables] don’t really get cleaned, so you end up with this mysterious black gunk all over your hands ... I’ll probably end up just eating my sandwich with dirty hands quite often.” (Sound engineer)

To avoid needing to use facilities, mobile workers avoid drinking and eating, which is further detrimental to their health.

“I’d wake up in the morning, I’d have a brew, I’d go to work, go to the toilet and then go out of the nick and I wouldn’t have another drink. So you kind of, you manage it that way.” (Policeman)

Particularly if they are self-employed or on zero hour contracts, many mobile workers continue to work when sick as they cannot afford not to. This not only impacts on their health but could also affect the health of those they come into contact with.

“As long as I can get out of bed I will go to work. I’ve gone to work – I have felt sick, and been sick, but I’ve still gone out to work because obviously you haven’t got any choice really. If you’ve got bills to pay you’ve got to out and go out working.” (Window cleaner)

Recommendations

Mobile workers should be able to plan their day so that they can promptly use facilities of acceptable quality, without having to negotiate access, and at no detriment to their health. Multiple solutions will be required that will need the support of the government, local authorities and businesses.

- Local authorities should be obliged to plan for and provide public toilets.
- All mobile workers should be able to access hygiene facilities in any commercial premises.
- Mobile workers should be able to access hygiene facilities (public or commercial) without any financial cost to themselves.
- Toilet breaks should be a worker’s right, including when mobile.
- Personal protection equipment including sanitiser should be freely provided to mobile workers as part of their employment contract. Provision should be easily obtainable and affordable for mobile workers who are self-employed.

References

- [1] Health & Safety Executive. (2013). Workplace Health, Safety and Welfare: Workplace (Health, Safety and Welfare) Regulations 1992.
- [2] Health & Safety Executive. (6 September 2022). A safe place to work.
- [3] Health & Safety Executive. (4 April 2022). Access to welfare facilities at work.
- [4] Health & Safety Executive. (n.d.). Have the right workplace facilities.
- [5] Stanwell-Smith, R. (2019). Taking the P***? The decline of the great British toilet. Royal Society for Public Health.
- [6] BBC. (27 August 2021). UK loses 83% of department stores since BHS collapsed.
- [7] House of Commons Library. (21 May 2021). Pub statistics.
- [8] LAVS. (22 June 2021). Lavatory and ablution venue scheme.
- [9] Health and Safety Executive. (10 February 2020). Health and Safety at Work etc. Act 1974.
- [10] Gov.uk (n.d.) Rest breaks at work.
- [11] WHO. (1 April 2020). Recommendations to Member States to improve hand hygiene practices to help prevent the transmission of the COVID-19 virus.
- [12] Moulac, M., Pavlou, P., & Vona, L. (March, 2022). Occupational safety and health: Adjusting provisions in the light of COVID-19. Publication for the Committee on Employment and Social Affairs, Policy Department for Economic, Scientific and Quality of Life Policies, European Parliament, Luxembourg.
- [13] European Agency for Safety at Work. (24 April 2020). COVID-19: Back to the workplace - Adapting workplaces and protecting workers.
- [14] ECDC. (11 August 2020). COVID-19 clusters and outbreaks in occupational settings in the EU/EEA and the UK.
- [15] Bendtsen, A.L., Andersen, J.R. and Andersen, J.T. (1991). Infrequent voiders syndrome (nurses bladder) prevalence among nurses and assistant nurses in a surgical ward. Scandinavian Journal of Urology and Nephrology, 25(3), pp.201-204.
- [16] Windell, J. (2020). Constipation: struggling in silence. Community Practitioner, 93(1), pp.30-32.
- [17] TUC. (8 March 2010). Give us a (Loo) break!
- [18] ASLEF. (19 November 2021). Health Implications of not having access to toilets at work.
- [19] NHS. (2021). How to help someone you care for keep clean.
- [20] Food Standards Agency. (2018). Personal hygiene.
- [21] UNICEF. (2021). State of the world's hand hygiene: A global call to action to make hand hygiene a priority in policy and practice.
- [22] Health & Safety Executive. (30 June 2021). Occupational health issues.
- [23] CDC. (n.d.). Handwashing: A corporate activity improving health & increasing productivity.
- [24] Zivich, P. N., Gancz, A. S., & Aiello, A. E. (2018). Effect of hand hygiene on infectious diseases in the office workplace: A systematic review. American journal of infection control, 46(4), 448-455.
- [25] House of Commons Library. (4 March 2022). Women and the UK economy.
- [26] IWGB. (n.d.) Covid-19 Demands.
- [27] Unite the Union. (8 July 2022). Coronavirus Work Rights. UK Advice for Coronavirus from Unite.
- [28] Department for Transport. (May 2020). Access to hygiene facilities for drivers. Available from Unite the Union.
- [29] WHO. (2020). Interim recommendations on obligatory hand hygiene against transmission of COVID-19.
- [30] Health & Safety Executive. (6 September 2022). Transient workers.