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The postcode lottery of safety: COVID-19 guidance and shortages of personal protective equipment (PPE) for UK police officers

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Abstract
The COVID-19 pandemic has caused significant changes to police working practices involving the enhanced wearing of personal protective equipment (PPE), and ways of working inside and outside of police stations. The safety guidance released by the various government agencies has been conflicting, confusing and unhelpfully flexible, and there are significant discrepancies between some of the 43 forces of England and Wales. This article draws on primary interview data with 18 police officers from 11 UK police forces to explore the problems that officers faced in accessing appropriate PPE and the difficulties in obtaining and understanding accurate coronavirus health and safety information.

Keywords
Coronavirus, COVID-19, policing, police, personal protective equipment (PPE)

Introduction

On the 31 December 2019, Chinese officials alerted the World Health Organisation (WHO) about an unknown illness that had infected 40 citizens in Wuhan, China. On the 7 January 2020, the coronavirus was genetically sequenced and became known as the respiratory disease 'COVID-19' (WHO, 06/03/20). At the time of publication, there

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were 128 million active COVID-19 cases and over 2.8 million deaths worldwide, and the daily figures are rising sharply. Many police officers have died from coronavirus (Hider, 03/09/20), increasing fear and anxiety for officers. Although reporting practices differ and we are yet to see the true number of deaths in policing, there are at least four police officers dead in the UK from the coronavirus (*The Independent* 30/03/20), 17 in Peru, 95 in China (*The Federal*, 04/04/20) and 80 in the USA (18 in New York alone) (*Police One,* 2020), and all of these figures bar the latter have not been updated since April 2020.[1] The use of contamination prevention practices has always been important to the police (De Camargo, 2019a), but even more so now. Until recently, personal protective equipment (PPE) for police officers received little attention short of the usual 'standard precautions' of gloves, surgical masks and hand sanitiser. PPE, as a vital tool in disaster response, garnered raised awareness following events such as the 1995 Tokyo subway sarin attack, the 1995 Murrah Federal Building bombing, the 2003 SARS pandemic, and the 9/11 terrorist attacks. These events demonstrated how a lack of appropriate PPE can result in adverse health effects for front-line workers.

The relationship between policing and public health is an important one; the work of policing impacts directly and indirectly on health; and health conversely impacts both directly and indirectly on policing (see Anders et al., 2017; Gilmour, 2018). In early 2018, The College of Policing (CoP), Public Health England (PHE), and the National Police Chief's Council (NPCC) signed up to the Policing, Social Care and Health consensus to provide a focus for partnerships to work together to focus on people's health and well-being, prevent crime and protect the vulnerable (CoP, 2020). This was part of The Policing Vision 2025 (NPCC, 2016), a 10-year plan requiring a more scholarly and multi-faceted approach to tackle new challenges to policing, although no one could have predicted the worldwide challenge and devastating impact of the novel coronavirus COVID-19. The consensus is currently only used in England and there is no single agreed national or international definition of public health approaches in policing (Christmas and Scrivastava, 2019), but public health priorities are 'clearly aligned' with police forces in England and establishes the 'joint commitment [. . .] to make a real difference to improving health and wellbeing outcomes' (NPCC, 2018).

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 (HSE, 2020). The Health and Safety at Work Act (1974) is the primary legislation regarding occupational health and safety in the UK and requires the employer to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees (see Section 2 of the Act). PPE procedures for some forces are publicly available online (designated as uniform standards, policies or similar). West Yorkshire police (2018: 3–4) for example advise that individuals are responsible for 'wearing PPE where appropriate and in compliance with the training received and notifying their supervisor of any issues that impact on the effectiveness of wearing their PPE'. On the other hand, supervisors are responsible for 'ensuring PPE is worn where appropriate by staff, providing staff with relevant information, instructions and training, [. . .] and the manner in which PPE works and should be used'. Others such as Wiltshire police (2017: 7) advise that it is 'essential' that users of PPE be instructed on why and when PPE is to be used, and 'practice in putting on, wearing and removing

PPE'. Line managers also 'must ensure' that 'suitable PPE is provided and is always easily available to all employees that need to use it', and 'adequate information, instruction, training and supervision is provided to all employees who need to use PPE' (2017: 8).

Prior to COVID-19, PPE was in plentiful supply due to arrangements with logistics companies in China. In March 2020, this situation changed rapidly as demand increased to 'unprecedented levels across the globe' with supply chains and transportation links disrupted. Lord Paul Deighton, a British politician, was employed by Health and Social Care Secretary Matt Hancock in April 2020 to coordinate new domestic PPE supplies for a project known as 'UK Make', a national effort to increase UK PPE supplies. The escalating demand for PPE with rapidly depleting stocks led to realisations that the previously established modes of sourcing PPE in the UK were no longer practical and current stock levels were insufficient to meet the COVID-19 demand (Gov, 29/09/20). As part of the national effort, the government issued a 'call to arms' for industry partners to help make essential PPE and companies such as Burberry, Rolls-Royce, McLaren, Ineos and Diageo began manufacturing gowns, visors and hand sanitiser (Gov, 19/04/20). Naturally the majority of the PPE was distributed to front-line care workers and NHS staff, leaving some police forces with severely depleted stock levels in the first few months of 2020. In addition a national PPE hub was set up in April 2020 and took control of sourcing, procuring and distributing supplies of PPE which included gloves, goggles, coveralls, hand sanitiser and various types of masks (NPCC, 2021). The hub was constructed as part of the national police response to the COVID-19 pandemic, 'Operation Talla'. The team was initially responsible for sourcing and purchasing PPE for police forces and also developed a national PPE dashboard to track usage and consumption, and to issue guidance on the correct use of PPE. Although the operation started in April, at the time of at the time of initial interviews in May 2020, guidance, procurement and access to PPE for officers in this study was still perceived to be very limited. The Police Federation of England and Wales (PFEW) national chair John Apter reported in November 2020 that more than 800 police officers had tested positive for COVID-19 in 2020 and this data was only gathered from just over half the forces in the UK (the other 20 forces did not provide figures). PFEW warned that the numbers would have been significantly higher if they had not 'campaigned so effectively for PPE' for officers (PFEW, 13/11/20).

Pre-pandemic officers have general training and access to a wide range of PPE, which included the following types of protective equipment: head and neck, eye, respiratory, hearing, body, hand and arm, and feet and leg (Wiltshire Police 2017: 9), although the majority of their day-to-day working practices do not require mandatory use of PPE. In April 2020, the College of Policing (CoP), in conjunction with the National Police Chief's Council (NPCC) released updated operational guidance on PPE which served to 'give practical advice on how to maximise protection of officers' (08/04/20). The document advised that the health and safety of officers 'is absolutely critical in policing's response to COVID-19', and officers should have PPE 'readily available and as a minimum that this is a fluid resistant surgical mask and gloves'. Unfortunately, the police have an impossible task in that they face an invisible disease which regularly presents asymptomatically as well as the 'usual' hazards from more well-known viruses,

diseases and ailments and more commonly, physical assaults. The Police Federation of England and Wales (PFEW) argued that PPE advice changed four times at the beginning of the pandemic, and contradictory instructions had been issued based on clashing advice from the Health and Safety Executive (HSE), Public Health England (PHE) and the NPCC. Following joint guidance from the CoP and NPCC (08/04/20), surgical gloves should have been made available in all vehicles and offices with immediate effect, but masks and gloves did not need to be worn on routine patrol. It was recommended that aprons and goggles were worn 'when someone is showing symptoms' but as 80% of coronavirus infections are mild or asymptomatic, the involuntary transmission of the virus is difficult to avoid (WHO, 06/03/20), particularly in the highly personal nature of police work. This article uses primary interview data from 18 police officers in different roles and ranks, from 11 UK police forces, to explore the problems that officers have found with PPE – particularly availability and accessibility, information dissemination, and managerial discretionary decision-making.

Methodology

Officers were recruited via a 'call for participants' on Twitter asking for volunteers.[2] 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). Although I specifically wanted to interview front-line officers using a purposive sampling method, a type of digital snowballing took place (O'Connor et al., 2014) in which I achieved 131 retweets, 45,380 impressions, and 2768 total engagements. Although these retweets resulted in significant engagements, only 31 officers in total contacted by private message expressing interest, of which two were personally known to me. Four expressed interest, but upon receiving the participant information forms, did not contact or reply again. Around a third of these officers did not identify themselves as working for any police force in their biographies, although positive identities were established[3] upon sending a participant information sheet, consent form, data management plan and project summary through to a requested official police email address before participation was officially agreed. Five officers withdrew and did not rearrange after setting up interviews because of the Black Lives Matter protests and they understandably had refocused priorities and shifts rearranged. Four other officers said that they would have to 'get the go-ahead' from their 'research centres' before agreeing and did not reply after that. The police are a difficult population to access, particularly without familiar prior connections, and 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:. 8).

As previously mentioned, it had been reported in the news that forces were enforcing restrictions and experiencing the pandemic differently (procurement of personal protective equipment/imposing regulations etc.), and therefore hoped to interview officers from a range of forces so force preference/location was unspecified. I wanted to access the 'behind-the-scenes reality', and not the potentially 'sanitised public version' of officer experiences (Rugg and Petre, 2006: 111–112). As I did not know most of the

participants personally, it is difficult to sift exaggerated 'story-telling' from candid accounts, but data cannot be omitted because of this as the motives for participation 'are likely to be both multiple and elusive' (Litoselliti, 2003: 23). This study, with 18 participants, is 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. Similar to Bullock and Garland (2020), the officers who volunteered were self-selecting, and the resulting accounts proved to be quite negative, particularly regarding the attitudes and support from management. Officers may be 'more motivated to speak [to researchers]' (Bullock and Garland, 2020: 823), to perhaps air grievances in their force's handling of the pandemic and 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 and Garland, 2020).

There was no planned recruitment window, but due to the time sensitivity of the ongoing problems with PPE and sharp increase of infection rates, particularly during the first few months (and thus increased anxiety surrounding their job), I was keen to interview officers as soon as they contacted and consented to the research. This was particularly time-sensitive as it was during the first few weeks and months of the 'first wave' of COVID-19 when the scale of the crisis became apparent (Fisayo & Tsukagoshi, 2020); PPE shortages were at their peak and the unknown nature of the virus caused some police forces to mishandle some aspects of the pandemic. Interest tailed off after 2 weeks and I was not contacted by any more officers, nor were any officers/role rejected for interview. Interviews took place over Zoom between May and June 2020, resulting in over 20 hours of semi-structured interview data recorded with the platform's recording function, and officers were informed verbally and in the emailed forms that all data would be anonymised and they were permitted to withdraw their participation at any time during the interview or post interview up to a specified date.

Although Zoom was launched in 2012, its popularity soared as a conference platform at the start of the COVID-19 pandemic, and although the academic literature predominantly refers to Skype when discussing digital interviewing, the advantages and disadvantages can be similarly applied to Zoom – participants did not have to have a Zoom account to take part (unlike Skype), and joined the meeting via an emailed link. Interviewing in this way encourages participants where there are time and place limitations (in this case, social distancing and lockdown restrictions), and as all of the interviews took place either in the participant's homes (14 out of 18), or in a work office (4 out of 18), this provided convenient conditions (Janghorban et al., 2014). However, despite the benefits of digital interviewing, necessity of access to a high-speed internet, familiarity with online communication, and having digital literacy can affect the nature of the interview (Deakin and Wakefield, 2013). Fortunately, all interviews were conducted without problems, and interviewing participants in their homes (with views of kitchen, living rooms, personal belongings and the like) afforded an unusual level of intimacy and informality.

Of the 18 officers, 11 were male, 7 were female, and they ranged from 22 to 54 years of age (average 35 years). 16 officers were married or in a relationship and 15 lived with

their partner (1 lived with parents, 2 were single and lived alone), and 11 officers lived with children/stepchildren. The officers' experience ranged between 2 and 25 years (average 10 years), and the following roles were identified: 15 police constables/response/special/authorised firearms officer, and 3 sergeants/custody sergeants. I conducted interviews with 18 participants from 11 different forces: Metropolitan Police, Norfolk, Lancashire, Durham, Thames Valley, West Mercia, Cumbria, West Midlands, Sussex, Yorkshire, and Suffolk. Ideally these interviews would provide some insight into an ethnically diverse group of officers, but this was not possible as the respondents self-identified as white British (n = 16), white Irish (n = 1), and Latin American (n = 1). The lack of diversity limits this study and I would hope to explore issues of diversity and intersectionality in any future work on this topic. In the sections that follow, I explore the findings drawing from the officer's narratives of their working experiences of the COVID-19 pandemic and their fears and anxieties around the lack of PPE, particularly as the majority of officers were living with partners and children. These findings pertain to the first few months of the pandemic and officers were asked to recall their feelings and experiences of working during this time. Future research in this area following subsequent 'waves' of the virus may illustrate very different experiences. At the time of publication, there have been three vaccines approved for use in the UK potentially lessening officer anxiety regarding contraction (although on the 4 January, John Apter, the head of PFEW, urged the government to ensure the police received 'priority access' to the COVID vaccines, and advised that the situation is worse than ever, with one in six officers off with COVID-related absence (The Telegraph, 04/01/21).

Interviews were professionally transcribed verbatim using only the audio recordings from Zoom with participants anonymised and identified numerically. Interviews were analysed thematically via processes of data familiarisation, coding, and then formation of themes, and using nVivo software, various nodes were produced such as 'social distancing', 'surgical mask', 'cleaning' 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 to illustrate themes, which are detailed in this paper as: theme 1 'conflicting guidance', theme 2 'social distancing in stations', theme 3 'conflicting information about coronavirus', theme 4 'dissemination of information', and theme 5 'distribution of PPE'. The resulting narratives provided a detailed insight into policing the pandemic, the vast discrepancies between forces in providing PPE, establishing safer working practices, and keeping officers informed about pandemic developments.

Ethical considerations

British Society of Criminology ethical guidelines were adhered to and approval was sought from the university ethics committee before undertaking this study. All

participants provided written and verbal consent to take part in the research and guarantees of anonymity were made.

Theme 1: Conflicting guidance

Early on the in the COVID-19 pandemic, reports emerged of worrying shortages of PPE, and most of these accounts understandably focused on healthcare workers in the National Health Service (NHS). In the months following it became clear that front-line workers suffered from an acute shortage of vital PPE equipment sometimes with out-of-date stock being used, if it was available at all. The Doctor's Association UK has demanded a public inquiry into the government's failure to adequately procure and supply PPE, and a BBC Panorama episode '*Has the government failed the NHS?*' (27/04/20) argued that the government had been miscounting in a way that artificially inflated the amount of PPE available and the lack of PPE caused significant anxiety for those occupations working on the front line. An officer spoke to the *Belfast Telegraph* (25/03/20) and warned

> there's lots of us live with people who are vulnerable and in the at-risk groups, there's plenty of guys whose wives are pregnant and there are officers who are the sole provider to elderly relatives . . . yet police are being told we have to put ourselves and our loved ones at risk.

The newspaper became aware of an email distributed to all officers working in Belfast advising officers that even without PPE officers 'must continue duties as normal; if [you] come into contact with someone with coronavirus, you must decontaminate . . . and monitor your symptoms'. The PFEW (09/04/20) issued very different guidance:

> The PFEW position to police officers in England and Wales is clear and unambiguous; unless you can keep a social distance of two metres or more from your colleagues and any member of the public, then we strongly recommend that you should wear a face mask (*Fluid Resistant Surgical Mask (IIR)*) in order to keep you, your colleagues and the public safe.

This is of course dependent on the availability and procurement of such masks. Most police officers will have (reliant on PPE shortages) access to more commonly seen 'Type 2' surgical masks (familiar in hospitals and medical dramas), which covers a person's nose and mouth and offers protection against large droplets and splashes of fluid. In April, 4000 Scottish officers were given FFP3 masks, which offer an enhanced level of protection through a face-fitted respirator against liquid/solid aerosols, and fine particles dispersed in the air (*BBC,* 17/04/20), although this has yet to be widely distributed to officers in England and Wales. Similar to the way in which PPE was made available and distributed, the interview data confirmed the guidance with regards to PPE and precautions (social distancing for example) at the station were overwhelmingly taken as '*just recommendations*' and were flexible in application, often resulting in lax attitudes from management:

> I would say it wasn't particularly enforced from higher up, as in, chief inspectors and inspectors. It was more a recommendation, and then it was down to individual sergeants whether they enforced it strictly or whether they, essentially said, 'Well, you know, we're gonna be close together anyway', so they were a bit more relaxed about it. (*P17*)

> You're getting all this rubbish through the email all the time, which makes them feel like they're doing something [. . .] When they first did it, the admin ladies put these signs on every other computer, they moved some desks, they taped on the floor, and there was a lot of 'You must adhere to this because the chief might come over, and he's gonna come over and have a look, and if he finds you not sitting in these places . . . ' It was like that. We said 'well, okay', but amongst ourselves, we've got this acceptance that, within the team, we can't get away from each other. We're gonna see each other, we're making tea for each other, we're getting in a car together. (*P2*)

It is understandable the lax attitude of some officers may be due to the fact that not everyone that contracts COVID-19 has severe side effects. There are significant discrepancies between those who contract the virus and are completely asymptomatic, and others who experience life-changing effects, and sometimes die. Although the WHO have noted that underlying health conditions and certain demographics are more likely to suffer acutely from the virus, data is still emerging as to why some people may suffer more significantly than others; for example, those who experience 'Long Covid', the process of 'not recovering for several weeks or months' (Nabavi, 2020). This makes the virus unique in some ways to other disasters, such as the SARS and anthrax attacks which infect victims in a similar way. In addition, this coronavirus was originally passed off as no more than a type of 'winter flu', and relaxed attitudes have permeated the longer the pandemic has lasted. Discrepancies in views about the dangerousness of the virus has not been helped by some reports that mask wearing is ineffective (*BBC,* 07/07/20). Indeed, Brainard et al. (2020) undertook a systematic review of 31 published stories on the efficacy of face masks and found that, although there was a small benefit to wearing face coverings, the evidence is 'weak and inconsistent'. Similarly, Klompas et al. (2020) argued that wearing a mask 'offers little, if any, protection from infection' and 'the desire for widespread masking is a reflexive reaction to anxiety over the pandemic'. Consequently, awareness of conflicting reports may be reflected in relaxed attitudes towards PPE and general health and safety in police forces' everyday working practices, although *P18* thought that it was important to demonstrate best practice from management to encourage the front-line staff:

> I think in fairness to the management team here, they've been very strong on the message that this is what we should be doing. [But] individual sergeants certainly, [and] inspectors overseeing teams, have got very different views on how, to encourage, or not encourage in some cases, the measures that we're being asked to put in place by the chief constable or the CoP [. . .] So where it tends to fall down – the message is quite clear from the top and then it gets diluted [. . .] because we're the people who have to sort this out on a day to day basis. Regardless of what the chief constable says [. . .] if we're not reinforcing the message that we should be doing it because they don't see sergeants and inspectors adhering to the same guidelines, then [the lower ranks are] not gonna do it. (*P18*)

> They have left [the use of PPE] very much up to our discretion and it depends on which officer you talk to as well, like even in our force you go across to [x division], because I'm in [y division], they seem to treat it differently as well 'cos I've seen officers and they're always wearing it, the respirators etc. so it seems to be the culture in each police station, it varies and then it varies by whoever the superintendent is. (*P16*)

There is a large body of literature on traditional police culture that details how the police are resistant to change (see Skolnick, 1966; Reiner, 1985; Chan, 1997; Waddington, 1999; Miller, 1999 and others). *P16*'s discussion of an emergence of different operations based on 'culture' and managerial decisions is in line with these original dominant discourses and closely align with canteen culture (Waddington, 1999) and 'veterans, resistant to change' (Miller, 1999: 197) can deeply influence officer attitudes to COVID-19. Therefore, this paper does not necessarily aim to discuss how each of the 11 forces reacted to the pandemic, but rather highlights how attitudes were contrasted within different teams (and even shift teams) in the same force. The downplaying of virus contraction can therefore be viewed as an attempt to preserve the myth of 'real police work' (see Holdaway, 1983; Hunt, 1984; Miller, 1999). The variations in culture can be resultant of organisation structural changes that policing has seen in recent years with different specialisms, roles and departments emerging faster in some areas than others. This conflict is seen not only from inside forces, as highlighted by *P16*, but from the media and public as well. Often old habits die hard (Cosgrove, 2015; Dick et al., 2013) and 'officers will continue to protect and endorse aspects of the traditional culture due to the reassurance and functional benefits it brings' (Cosgrove, 2015: 16) even if that means being furtively unhappy with the way that management are dealing with a crisis. Officers essentially were aware of the dangerous nature of their job and weighed up the risks. Additionally, certain areas have been more hard-hit than others which also influences attitudes to the virus:

> The police service as a whole, not just senior management, [we're] probably more front-line than anyone, it doesn't seem like that big a deal, and that's purely down to mindset – how big a deal does cleaning down an unseen pathogen seem to you if we're gonna go and ask you to jump into a house where somebody's threatening somebody else with a knife and deal with that? [. . .] it just doesn't seem that important [. . .] if it was like anthrax or Ebola [. . .] then you know people get it very, very quickly; I think that's part of the problem, certainly in [x], is that [y] is not a hard-hit region for coronavirus. (*P18*)

An officer expressed feelings of discontent with how senior management were overseeing the pandemic:

> I'm just disappointed that work have handled it so badly [. . .] I think there's more they could have done. Maybe that's not [z], maybe that's just our division that don't seem to be bothered about [the virus]. There was no empathy about it. There was no understanding of what the frontline were feeling – they don't feel it – [management are] just sat in an office [. . .] One of the [bosses] is currently working from home, shielding. So, they didn't feel what we felt, and [the other bosses] have never come down and asked us – they just don't come down. We've got a new super[intendent] and he's never come down to the office – we were all talking about it last night [. . .] I think we've got the worst senior management team at the moment. (*P13*)

However, in some cases officers were quick to defend management and opined that the responsibility lay with individuals:

> It's down to the individual in my opinion to protect themselves and if there's anything that I think that I didn't know and got wrong in response to the COVID response, it's because I

> didn't bother going to find out and the answer would be somewhere out there, you just need to know where to look [. . .] I'm not overly critical of the job or even of the government [. . .] it's unprecedented [this situation] and there are just incredibly flawed people who are planning the response to it; they are probably more flawed than most, that's why they are in politics, but they are still just people reacting, like we are. (*P16*)

The discrepancies between forces, divisions and teams and has caused real job discontent to emerge for some:

> Instead of letting different divisions do different things, it should have been 'You all do this, and this is what you do', because we were hearing stories like 'Oh. Other divisions are doing better than us', and we were like, 'Why are we being treated so badly yet other divisions are being treated so much better?'. Yeah I think there will be a trench of people leaving the police after COVID [ends]. (*P13*)

Social distancing in stations

According to guidance released jointly by the NPCC and CoP (08/04/20) social distancing was the 'first vital step in protection' and during the cleaning of police stations, cars and equipment, a 2-metre distance should be kept. Similarly, in contact with police colleagues and suppliers, where social distancing was not possible, officers had to '*aspire* to achieve a 2-metre separation'. When officers were asked about this in interview, the general response was that it was practically impossible to achieve this due the nature of the job, but also in part to the design of the stations, shift-work, and the attitudes of management:

> We don't have a big room, so when we go to the briefings, there would be a chair in between everyone. And everyone sort of jokes about it, that it's quite farcical, that they're trying to employ social distancing in an office that isn't big enough anyway, taking desks out, moving things, and trying to make it so we're not together, then we go out and sit in a car together, you know [laughs]. (*P2*)

> I think [the bosses] have to put [guidance] out there, because you know, they've got to, because people will turn around and whinge and say 'oh you're not protecting us', but [the chief constable] is fully aware that it is just not practical, it's not doable. So, he's saying '*Aim* to do [. . .] not *have* to do'. (*P3*)

> I think it's just accepted that some of the guidance that they're trying to put in place it's impossible for us to do, especially in somewhere like [z] where it's always busy. (*P4)*
>
> We're quite lucky where we work [. . .] as it's a brand-new office [. . .] we've got a lot of space [. . .] so, you know, we were very much able to, I'd say, police ourselves in regard to the social distancing. (*P17*)

> They stuck some tape on the carpet about three weeks ago [May 2020], saying 'Keep two metres apart' [. . .] and they've put it all over the place, but it's like, well, this is two months too late. And we'd ask for things, like can you prop doors open so we don't have to keep touching them? [But] anything we've asked for has never happened. (*P13*)

Officers discussed the additions of one-way systems:

> [The changes] have been drip-fed as time's gone on [. . .] There is now a one-way system but I've only seen that in the last few weeks [June 2020], but it's not very good and it's not really adhered to [. . .] because there's not really a corridor in the whole place, it's so open-plan. (*P10*)

> They've put in one-way systems [at our station and we could] control who was coming in and out [. . .] They were all coming through the same entrance in a one-way system on the stairs and things like that so that we were just minimising crossover and risk [. . .] no one is wandering through or taking a shortcut type of thing. They've been quite stringent about that and from what I understand, people are respecting it and following it. [Staff] grasp that it's in everybody's interests [. . .] and I would hope that most of my colleagues are educated or smart enough to realise that if they make the effort, and they're seen to make the effort, people will follow, and it quickly becomes habit. (*P14)*

> When an incident comes in, there might, for example, be no vehicle keys, but your colleague has [some]. What are we going to do? Walk down the corridor in a one-way system and then jump next door to each other in vehicles? (*P11*)

When asked whether shift briefings had changed in light of social distancing, some officers believed that nothing had improved, and others said there'd been a concerted effort:

> We're still having briefing sessions [. . .] but I could self-brief in the car [gestured to handheld device]. I don't necessarily have to sit in a room with 16 other blokes, with what's going on, I just think it's a bit silly really [. . .] Whether we've just been lucky or none of us have been [ill] or gone down with it badly [. . .] I think it's luck rather than anything else. (*P9*)

> At the start of it, we used to brief in our backyard, where the cars are to try and distance ourselves [. . .] but then they realised after a while that it was impractical because our lockers are right next to each other, so are our computers, we sit next to each other in a car you know, so we moved back to the old briefing room. (*P1*)
>
> [We're] doing remote briefings and things like that. (*P16*)

> We get the briefings by email now. (*P4*)

> There's large shifts of like 20 officers all stood in a really large circle; we've got quite a bit of green land [. . .] and they were using that to brief on which is great, but something like that before was unheard of you know, [people] probably look out the window and are like 'what are they doing out there?' [laughs]. (*P7*)

Dissemination of coronavirus information

In addition to confusion about guidance and safer working practices during the pandemic, problems were reported regarding management dissemination of accurate coronavirus information. Understandably, this confusion is, in part, as a consequence of the

unknown nature of the virus (at the time of interview); according to the Centres for Disease Control and Prevention (CDC, 04/08/20), there is still 'much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing'. The situation is constantly changing so police forces are understandably struggling to keep abreast of new developments, but in the beginning the dissemination of information was the most confusing:

> It was really chaotic at the beginning. Boris [Johnson] would have his meeting at 5 pm but then the senior leadership would be telling us [new information] from the day before, and deployed that to [the whole] Constabulary, and then they were having to actually backtrack or change [the guidance] later that day [. . .] It just seemed a pretty simple issue that wasn't really rectified in my opinion. (*P1*)

> [In the beginning], we were quite blasé about it I think it would be fair to say, I include myself in that. I don't think we realised the health implications of coronavirus. So, I think our decision-making was largely influenced by the fact that we thought that the outcome of it wouldn't ever be particularly bad. (*P18*)
>
> The guidance was changing on a daily basis and it was a little bit overwhelming [. . .] You'd go home after one shift and come back and it would be half a dozen emails, and you spent half your time trying to work out what the latest guidance was. (*P6*)

> My husband reads a lot of newspapers [. . .] he was a lot better informed, and was saying things to me [. . .] so I started to look more at it, and then obviously it becomes a little bit more scary when you do [. . .] To begin with there was a week where it was very much like 'I don't want to sit by so-and-so', 'I don't wanna go there' you know and feeling like you almost had to look after yourself. (*P7*)

> I think X Police themselves have tried to keep individual officers up to date. I just think some of the information coming out of the government hasn't been as clear as it could have been. (*P8*)

> A couple of times somebody's come in and basically said, 'I don't really know what's going on, erm, but if I do know what's going on, I'll let you know!', and that's it really. The guidance from the CoP, [the bosses] just said 'this is what it is, but in practice we know it's not possible, so just do what you can'. (*P1*)

> It was like right, what do we do, what's best, what's right, what's you know, the correct things. Then you'd like, look at the CoP and stuff and it was a bit woolly. The stuff coming out of the government was a bit woolly until [the first] lockdown[4] came. Then it was right, stay in the house, stay away from everybody else. The world is closing for the time being, which for us was quite reassuring in all honesty, in that people were taking it seriously now. (*P14*)

Other officers expressed praise for how the situation was handled:

> I have to admit, we were quite well informed, especially once [the first] lockdown had started. At the end of every day, we would have an update [. . .] so we could just go onto

email straight away, get a fresh look at what was going on in regard to the coronavirus legislation, and tips on how to keep ourselves and our families safe and protected as best as possible. (*P17*)

[At the start] we were getting different advice and it would probably change on an hourly basis [. . .] but things have massively calmed down where you don't have to worry about conflicting advice anymore. (*P16*)

Application of guidance and distribution of PPE

The problem with 'guidance' is that it is applied at the discretion of commanding officers, all with different experiences, expectations and perceptions of risk. The guidelines on what PPE to wear, and when, changed four times in the first few weeks leaving forces to interpret clashing coronavirus guidance from different authorities. This did not go unnoticed by PFEW chair John Apter who said 'this [has] resulted in the totally unacceptable position of different chief officers following different advice, thereby creating a postcode lottery of safety for police officers'. PFEW vicechair Che Donald argued that some forces were using Public Health England (PHE) guidelines and other forces were using advice from Health and Safety Executive (HSE), the latter of which are much more detailed. Apter claimed the mixed messages were '[. . .] nothing short of a disgrace; it's dangerous and completely unacceptable. This is not a training exercise; this is reality and is a matter of life or death [. . .] what we want is uniformity' (*The Independent*, 09/04/20). Uniformity and standardisation has always been a problem with the forces in the UK (De Camargo, 2019b), and the current model where 43 police forces work independently in the way they interpret and apply principles, regulations, and guidance can cause issues. This has become ever more apparent during the current crisis, with stark contrasts in how officers have policed the pandemic. Understandably, the policing practices of different areas cannot be standardised, due to the personalised needs of particular areas, and the demographics of people and places within those locales. Lancashire Constabulary for instance, has three divisions, each run by a chief superintendent, and each of these sectors (South, West and East) houses 14 areas in total. One of the areas, Blackpool for example, has a team of 58 officers including two inspectors and five sergeants. Each of the sergeants, inspectors, senior management etcetera, may all have interpreted the guidance differently due to personalised perceptions of risk and how 'strict' the superintendents/chief constables are in that force. This was particularly evident when talking to officers from different teams *within the same force*. It was presumed that forces would differ in guidance application at some level, but the contrasts even *within* area teams (and also shift teams within those areas) showed that approaches towards risk, safety and guidance indicated some glaring disparities. The following subsections detail excerpts on various aspects of PPE:

The surgical mask

The surgical mask has become perhaps the most symbolic piece of protective equipment during the coronavirus pandemic. Although shortages of masks have not been quantified

in the UK, the US have discussed scarcities; according to a US doctor who works in response at the Department of Health and Human Services, front-line services generally have access to 35 million masks, but in the case of a 'severe event' the US alone would need *3.5 billion* mask*s*. More concerning was that although there were 12 m masks in the Strategic National Stockpile, as many as 5 m were potentially expired and multiple states reported the front-line had received only 10–25% of their requests for supplies of masks and gloves. It is estimated that it would take approximately 18 months to provide the amount required for the front-line during the pandemic (Budd, 27/03/20). While these figures are US based, the argument about PPE shortages worldwide is applicable here in the UK. Although discretionary during the first few months, it has now become law to wear a mask in all indoor public spaces in the UK, unless you are exempt for medical reasons. Surgical masks provided to officers should only be worn once to avoid risk of contamination (WHO, 2020), and officers detailed the confusion over how to wear them:

> The surgical masks are white, and blue aren't they, one side is white, and one side is blue. One of the guys on our team, he must have been on Google or something, and he put on our Whatsapp group, 'right, there's a certain way to wear these masks'. You've got to wear the blue side outwards because it won't work if you wear the blue side against your mouth. So, I was a bit sceptical about this and then I Googled it myself [. . .] and realised, oh right, there's a certain way to wear these masks – we hadn't been told. (*P9*)

> I think initially our decision-making was clouded by not really understanding [. . .] you know, what PPE to use or what the purpose of it was, or how to best use it. We gathered the purpose [of the masks] but no-one sorta knew or told us. (*P15*)

> We hadn't been told [any PPE advice]. The first I knew of how to wear a mask properly was when I was in [the local hospital] about to do a bed watch, and the nurse said 'Oh, do you know you've got your mask on the wrong way?' [laughs]. (*P3*)

> [Instead of surgical masks], we've got like laser printed shields that are reusable apparently, but nobody knows what to do with them to reuse them. (*P2*)

> We were involved in a job of detaining illegal immigrants off a truck [. . .] they'd come from Iran which is was designated high-risk, and they had boarded the truck [. . .] in Northern Italy, which was again a very high-risk area at the time [. . .] At one point, someone rang and said, 'Well, the masks that you've got, the people that you're now gonna detain should be wearing those' [laughs], and we were already 3 or 4 hours into the job, so you're like erm, well, it's a bit late for that. (*P15*)

> We were getting different guidelines; you'd get one in the morning, one in the afternoon and one in the evening – the guidelines were constantly changing about when to wear masks, who to wear masks for. I think at one point, it was a case of, you wear a mask to everyone's house, and then it was only wearing a mask to certain people's houses, like if they were in the vulnerable category [. . .] It was confusing, very confusing. (*P12*)

Although most officers argued that they had been given little to no information on how to wear and dispose of PPE safely, some forces seemed to disseminate information more effectively. For example, Surrey and Sussex Police created a publicly available 'COVID-19 Toolkit'; a comprehensive 31-page document detailing what PPE to wear and when, advice on cleaning, PPE, and a detailed chart of the new 'COVID-19 National Decision Model Risk Assessment'. Although this information proved useful to officers, 'what PPE to wear and when' is problematic if there's no PPE available to wear. The accessibility of surgical masks in particular seemed to be a real problem, particularly in the first couple of months, and for some forces, even longer:

> We weren't allowed more than one [PPE kit] between two [. . .] and then only one of you could wear it, because they had a shortage of masks to begin with. For at least the first ten days, you had to go back to the station to get a mask, and then there was a fight with the admin woman to actually be allowed because I had told all my team to take one and have one on them, and I'd got it wrong and there was this big argument with the admin ladies. I said, 'We haven't got enough [masks], and there *is* enough 'cos they've got a box of 40 and that's enough for every response team to have one, you know, and that's the very least we should be doing!' (*P2*)

> We were given one mask and that was to last for as long as we could make it last – all shift, and [these were] the ones that last for four hours. (*P15*)

> We did have access to masks, but the stock wasn't great – they weren't very easy to get, and we were issued with just one single use one [per shift]. (*P17*)

> There were issues around the masks being single use, so put them on, but once you've taken them off that's them done, you can't wear them anymore. Then that changed to, no you have to wear them all day. I think that was probably because we were running out of stock so it was a case of 'we can't keep using masks all the time'. (*P9*)
>
> We didn't get masks straight away, and when we did get them, we got defective ones so they had to be returned. (*P4*)

The UK government combined advice from the CDC and the WHO regarding the use of PPE when there are acute shortages; *where it is safe to do so*, reuse of masks is currently approved. What is 'safe' is, of course, subjective, and considering that coronavirus is invisible and most carriers do not show symptoms, this is particular problematic. Most manufacturers advise that surgical masks are single use but the HSE recognised that a 'compromise' is required to 'optimise the supply of PPE in times of extreme shortage' (Gov, 21/08/20). The government acknowledges that these are 'exceptional circumstances' and is not reflective of HSE's standard approach to PPE – this advice seemingly only applies to masks, and not gloves or aprons which 'cannot be reused' (Gov, 21/08/20). The availability of PPE improved over time for some forces:

> I'd say it's only in the last month [June 2020], if that really, they they've given a little PPE package with two pairs of gloves, two masks – but that's it, and that's to last you the whole

> shift [. . .] But obviously you can only use the face mask for twenty minutes . . . and you're on shift for ten hours. (*P3*)

> I think the stock issue is fine now [June 2020], there seems to be loads of masks finally. (P9)

> About two to three weeks ago [May 2020], we got issued three fabric facemasks, which were personally issued to us, so we can, you know, rotate and use them for different situations and then take them home, wash them, bring them back, use them again. (P17)

> If you went to any sudden death incidents, there are now grab bags available, which include a full hazmat suit, goggles, masks. (P11)

But officers were still having to locate their own PPE:

> I was working on a murder where I needed to go out and see someone face-to-face [. . .] so then I had to think, 'right, okay, what do I need? Where do I find it?', and it really should have been the organisation with all of that, should have been better at the start I feel, you know, there should have been somebody designated for PPE all the time. (*P7*)

Antibacterial hand-gel

According to the WHO and CDC, the best way to prevent the spread of infection and reduce the risk of contracting coronavirus is by regularly washing hands with plain soap and water for at least 20 seconds. However, if soap and water are not available, the CDC recommends that an alcohol-based sanitiser is used that contains at least 60% alcohol, and like surgical masks, there was a significant shortage of hand sanitiser at the beginning of the pandemic. This is perhaps unsurprising considering that pre-pandemic production of sanitiser was around 3 billion litres annually . . . the WHO estimated that healthcare professionals alone would need 2.9 billion litres *per month* during the COVID-19 crisis (*BBC*, 02/04/20). Companies struggled to get hold of supplies of alcohol or were being charged more than 10 times the usual price (a tonne of ethanol usually costs £700 but companies were being quoted £10,000 in some cases) which made the production of sanitisers very slow, or non-existent, at least for a while. If available, consumers were being limited to two products per person in supermarkets, and police forces were struggling to acquire appropriate hand sanitiser for officers:

> We were given a little tub of spray which firstly had no alcohol. It was just antibacterial [. . .] we had to wait three weeks before we had one with alcohol. (*P4*)
>
> Hand sanitiser was provided, but they couldn't afford to give a personal issue, so we had one per car. (*P15*)

> At the beginning there was a shortage of hand sanitiser, and one of the problems with [the one the police provided], it wasn't alcohol-based, because of the potential for it to affect alcohol tests, breathalysers, that sorta thing [. . .] But it actually has to be alcohol-based to kill off the virus, so they had to start from the beginning really. (*P8*)

> We were given this hand foam for the cars, and then we were told about two weeks later this hand foam doesn't kill COVID. (*P9*)

Cleaning

The HSE (2020) advised workplaces that in order to protect people from coronavirus, various cleaning procedures must be followed. Coronavirus transfers from people to surfaces and can be passed on to others who touch the same areas. HSE advised that any surfaces that are frequently touched (and handled by lots of people) will need to be regularly cleaned, including work surfaces like desks, workstations, vehicles, kitchens, and shared equipment; and there are two important components in adequate cleaning regimes: deep cleaning (at least once per day) and periodic cleaning (on a regular basis throughout a single day). *P13* argued there were discrepancies, even in the same division:

> Four [officers] went off [sick] with suspected COVID symptoms in my [police] husband's office last week, and they left him and a colleague in the office and then they said 'we're gonna deep clean the office' but kept him working in the office! [laughs] I was then going mad, I said 'well, why would they keep you in the office if they were gonna deep clean it?'. You know, they've never deep cleaned our office. Front line policing offices, never been deep cleaned, and we've had people with confirmed cases of COVID. So, I was like, 'why did they get them to deep clean your office but not ours?'

> What they did is release this 47-page email, but didn't put into place that if you had officers go down with it they didn't really put out the PPE or authorise a clean of the station, so we'd be coming in using the keyboards, the workstations, whatever – these people have come in [. . .] with the sweats or the cough and then they've gone home, but by then they've touched the door handles, they've touched chairs, cups, the kitchen, everything. (*P5)*

The HSE suggested that a way to reduce people's contact with surfaces was to allocate specific work areas to employees. There is a tendency to 'hot-desk' in stations, where officers do not have designated areas to work but use whatever is available to undertake administrative tasks. Hot-desking was still in use in all of the forces spoken to, and although some bigger stations had withdrawn some computers from use, in some areas it was just impractical:

> Nothing's changed [. . .] It would be very difficult [. . .] to actually change anything because it's like one corridor with computers either side, and [. . .] we can't designate desks to certain people 'cos there just aren't enough. (*P1*)

> You have to [share because], there's probably like ten computers for 30 officers. (*P15*).

> In an ideal world, there'd be one person per desk, but obviously with police rotating between three or four shift patterns a day it's impossible. (*P8*)

While most forces were providing communal sanitising spray and blue roll to wipe down computers, cleaning was at officer discretion:

I think if you're bothered about it you can do it [. . .] that's the way we're kinda going with it. They're not enforcing it. (*P15*)

This is the classic problem with government advice [about cleaning,] the government have put out 'oh you can use common sense', but that doesn't apply, the police recruit from the public like everyone else and we employ people who don't have [common sense]! (*P18*)

We have an inspector coming around, sticking her head in, and saying 'Have you got a packet of wipes in the room?', then she'll go. (*P5*)

Officers detailed measures in place for refreshment breaks:

You can sit in the canteen [. . .] but you can't buy food, which is strange. You can't buy food and sit in the canteen, but if you're having your ref [break] and you've brought your own food in, you can sit in it [laughs]. It's a bit strange. (*P13*)

We've changed the way we work massively. Erm, even things like having a drink, a cup of tea, we can't have it in anything [. . .] so we've all gone and got travel mugs. (*P6*)

And how things have changed using the bathrooms:

In the toilets, there's a sign on it that says, 'two people only'. (*P16*)

They [initially] turned the hand driers off, took the fuses out of them, 'cos they said it wasn't hygienic, and they gave us blue roll. But then the blue roll ran out, so one of the guys put the fuse back in [laughs]. (*P2*)

There's only one person allowed in the bathroom at a time, and there's always a huge queue and they have to knock and make sure no-one's in there [laughs]. (*P9*)

Conclusion

The Policing, Health and Social Care consensus detailed a three-tier approach for the prevention of adverse health outcomes: 'primary prevention (preventing the problem occurring in the first place); secondary prevention (intervening early when the problem starts to emerge to resolve it); and tertiary prevention (the ongoing problem is well managed to avoid crises and reduce harmful consequences)' (Christmas & Scrivastava, 2019: 4). Although the specificities of dealing with an extreme public health crisis is clearly not detailed in the consensus, it is evident that some forces in this study were not adhering to both secondary and tertiary prevention with regards to the availability and procurement of PPE, social distancing and cleaning measures inside and outside of police stations contrary to their focus on health and well-being strategies.

Similarly, in April 2020, UNISON, who represent and campaign for better working conditions for public service workers, were dismayed to report that the guidance on PPE had changed. Initially, masks were advised in police workplaces if social distancing could not be maintained – an update advising 'aspirational social distancing' came only

6 days after the original guidance was released on mask usage. UNISON (N.d.) argued that they were 'extremely disappointed' with the change and their position was 'very clear' – that the risk of COVID-19 transmission must be mitigated as far as is possible via the use of appropriate PPE, with the provision of fluid resistant surgical masks as a minimum. The NPCC (09/04/20) assured the trade unions that police forces have 'sufficient supplies' of face masks and were able to access what they needed 'from regional hubs' (UNISON, N.d). Officers in this study argued that this was not actually the case for quite some time, and the availability, accessibility and advice on appropriate PPE was severely lacking, particularly in the first few months of the pandemic. As supplies have now been replenished for most front-line occupations, these challenges are lessening – but the problems within police stations remains and can create employee dissatisfaction. Employees who are happy with their physical environment are more likely to produce better work outcomes (Dole and Schroeder, 2001), and higher levels of satisfaction improve morale and can shrink voluntary resignations (Kamarulzaman et al., 2011). This may reduce the likelihood of officers leaving the force after the pandemic is over, as predicted by *P13*. It is important to note that the shortage of PPE, although potentially disastrous, is not necessarily the fault of individual forces – the pandemic presented an unprecedented situation for all front-line workers and the world was unprepared for such an event. The interviews noted that the shortage of PPE was not the most problematic issue, particularly as the 'OpTalla' team ensured that supplies were replenished as quickly as possible but was the lack of appropriate PPE advice regarding instructions and training. Officers detailed experiences of receiving no-alcohol hand sanitiser, reusable plastic visors with no awareness of how to clean and reuse, and presumptions that officers would know which way around their face masks needed to be, are just a few examples of the misinformation and confusion officers faced. These incidents contribute to the stories that officers shared with each other during the anxiety-ridden first few months of the pandemic when the unknown nature of COVID-19 and its effects on unprotected front-line workers caused anxiety and fear of contraction (De Camargo, 2021). At the time of interview, in May/June 2020, procurement and appropriate usage of PPE had become much less of an issue for most of the forces in this study, although the PPE problems were ongoing for at least five months at that stage – these delays proved to be worrisome and disappointing for the officers interviewed, and some blamed management's poor handling of the crisis on their considerations to leave the police post-pandemic.

The consensus among participants in this study were that police forces were engaging in *illusionary safety* measures. Officers expectantly undertake inherently risky and dangerous work, and police deaths in the line of duty are fortunately few and far between, particularly in the UK. The coronavirus however, has presented a dangerous risk to front-line workers, and although the infection rate and subsequent death rate is still comparatively low, some of the blasé attitudes exhibited by managers were reflected in how officers themselves felt about their likelihood of transmission. Many workers underestimate their own risk and over-estimate their immunity from harm. Objective risk and perceptions of individual risk is mitigated often by working in a 'culture of invincibility' (Turner & Jenkins, 2018), but it is this 'warrior mindset' (McLean et al., 2019) that can be the problem within police culture, as discussed earlier. Hundreds of police deaths

from COVID-19 worldwide have shattered the illusion of safety that officers are not at risk. Regardless of officers' personal perception of the likelihood of contracting COVID-19, or indeed, any other serious ailment (Hepatitis etcetera), it is the anxiety-inducing nature of PPE not being readily available and accessible to officers should they wish to use it that is possibly most damaging (see De Camargo, 2021). In events where higher levels of protection are needed, and for longer, there are increased costs and training required resulting in an increased 'physiological and physical burden to the user' (Hick & Thorne, 2006: 246). Following reports of fatalities, officers may become hyper aware to the potential of harm, but as was documented by officers in this study, the heightened awareness of these risks may fade over time. But now is not the time to be nonchalant; with deaths and infection rates increasing daily, police forces need to be ever more vigilant to the risks of infection.

On a positive note, on the 9 November 2020, the UK government announced the breakthrough of a COVID-19 'milestone' vaccine potentially offering 90% protection (BBC 09/11/20). At the time of publication, there were three vaccines approved for use in the UK: Astra-Zeneca, Oxford and Moderna. Although there is still emerging data regarding the effectiveness of the vaccines, and various manufacturing and logistical challenges ahead, it is a 'watershed' moment (BBC 09/11/20). However, promising scientific breakthroughs aside, hospital and care home workers, and those who are in high-risk categories will be prioritised first for the vaccine, again leaving police officers wondering when they will eventually feel 'safe' from the virus. On the 4 January 2021, John Apter, the head of PFEW, urged the government to ensure the police received 'priority access' to the COVID vaccines, and advised that the situation is worse than ever, with one in six officers off with COVID-related absence (The Telegraph, 04/01/21). Earlier this year, one of the study's interviewees contacted me to say that they had, after expressing much anxiety about the lack of PPE in their force, contracted COVID-19 and given it to four of their family members, one of which had to be hospitalised. On the 26 February 2021, Phase 2 of the UK's vaccine rollout was announced, although the decision to distribute the vaccine based on age (and not occupation, unless NHS or care home staff) has been strongly criticised by the PFEW. John Apter, has angrily spoken out against the Vaccination and Immunisation Joint Committee's decision calling it 'a deep and damaging betrayal that will not be forgotten' after the plans did not include any specific vaccination provisions for police officers (McCulloch, 2021). Coupled with many officers' experiences in this study and the government's ignorance of pleas to vaccinate front-line police, particularly following an open letter to the English and Welsh governments signed by all 43 forces calling for priority vaccinations (PFEW, 09/02/21), suggest that the handling of the crisis was somewhat problematic, and is likely to cause long-lasting damage to police officer morale. The national (and worldwide) roll-out of the vaccine will hopefully be swift and effective, allowing the world to return to some 'normality' of living and working.

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Notes

1. These figures have been collated from various newspaper articles as there is no national database recording police deaths worldwide. A non-profit memorial charity has reported that the coronavirus pandemic has been responsible for more police officer deaths in the line of duty than any other cause combined in 2020 (Hider, 03/09/20).
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. I am looking for around 20 officers as it is an exploratory/pilot study. Please retweet to your policing networks'.
3. Conversely several officers asked for reassurance that their interviews would be anonymous – interestingly these same officers also asked for the link to my university profile to 'check credentials' even though my job, university workplace and real photo is on my Twitter profile.
4. The first lockdown in England started on the 23 March 2020, with restrictions easing on Saturday 4 July. The second lockdown began on the 5 November 2020, with all areas in England entering 'tiered' restrictions. The tiered restrictions for each area were decided based on five factors: 'case detection rates in all age groups, case detection rates in the over 60 s, the rate at which cases were rising or falling, the number of positive cases detected as a percentage of tests taken, and pressure on the NHS including current and projected occupancy' (O'Reilly, 26/11/20). The third lockdown started on the 4 January 2021 and was yet to end at the time of writing.

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