



Covid-19 Contact/Call Centre Workers in Scotland– Making Workers Safe

COVID-19 CONTACT/CALL CENTRE WORKERS IN SCOTLAND



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COVID-19

CONTACT/CALL CENTRE WORKERS IN SCOTLAND

Section 1: Introduction and Background

1.1 Introduction

Every Thursday at 8pm people from communities across Scotland celebrate the dedication of those who are fighting to save lives from the deadly SARS CoV-2. The focus of attention is on those working on a very visible front line, the nurses, doctors, paramedics, cleaners and all those working in the NHS and, more recently, on the shockingly underpaid care home workers who have been in the forefront of coping with the most extreme human tragedy. Recognition, too, is given to other groups of workers, the shopworkers, pharmacists, delivery drivers, postal workers and many others who keep people supplied, fed and protected in countless ways.

Yet, other groups of workers are vitally important for society during this crisis, who we might regard as performing active service on an invisible front line, hidden from public view, namely contact/call centre workers. They may contribute directly to saving lives through 111 or emergency services or helplines. Moreover, when many face-to-face services have become impossible, contact by telephone, email, internet-based, mobile and other forms of contact become key means of communication. Vulnerable people and those aged over 70, unable to leave the house, may rely totally on remote contact. Telecom contact centres ensure that connectivity is maintained, financial service centres respond to peoples' money worries and payment queries and public service centres (e.g. DWP or HMRC) deal with issues of Universal Credit or furlough payment.

However, as call-handlers in large numbers attest below, many services they provide while compelled to attend their contact centre workplaces are non-essential. How can many sales activities or the cancellation of digital TV channels constitute essential or key services? As has been demonstratedⁱ, ambiguities and a lack of clarity exist in the UK government's definition of what is a key or essential industry and the categories of work and workers within them. Nevertheless, as emphasised above, many contact centre activities are vital for society during this period of crisis.

1.2 Contact Centres in Scotland

Contact centres are an important, but understated or even unacknowledged, area of economic activity in Scotland. The author of this report has researched call/contact centres in Scotland for 25 years and has completed a series of audits that provided the empirical basis for understanding the sector's scale, composition, location, characteristics and challengesⁱⁱ. In 1997, 16,000 were employed in Scottish call centres, a total which rose sharply to 46,000 by 2001, 56,000 by 2003 and 86,000 by 2008. The last full audit published in 2012ⁱⁱⁱ established that 90,000 were employed in contact centre activity in Scotland, including those in non-customer facing roles, but who were integral to centres' operations. Contrary to the received wisdom that contact centres would be offshored wholesale to the low labour cost global south (India and later the Philippines)^{iv}, the Scottish sector demonstrated resilience even after the great crisis of 2008. While a fresh audit is needed to identify current trends, including reliable data on the impact of automation, available evidence suggests that employment levels have largely been sustained.



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The sector has a presence across the entire country and some concentrations of employment. Most notably, in Glasgow in 2012, 12.2 per cent of the working population were engaged in contact centre or related activities, with 7.7 per cent in West Lothian and 7.2 per cent in Greenock for the same year. In many urban and certain rural areas contact centres have been a major source of employment and, in some, the most significant source of new jobs. Given the size of this workforce, the working conditions of its agents, customer service representatives, advisors or whatever specific title is given to call handlers are of great importance. And here, with Covid-19, as this report emphatically demonstrates, there are enormous problems. The frontline, to extend the military metaphor, on which contact centre workers are engaged is dangerous.

1.3 Contact Centres – A Unique Working Environment

In order to understand fully the findings in this report, some contextualisation is necessary. The call/contact centre was and is defined by the *integration* of what were new telephonic and computer technologies, the key innovation being the Automatic Call Distribution system by which calls could be routed in succession to waiting computer-utilising agents within and between centres^v. This mechanisation of the ‘front office’ distinguished the call/contact centre from other clerical or service work. The technological ‘architecture’ had consequences for work organisation, specifically the structuring and the pacing of work, labour productivity and detailed divisions of labour, and for monitoring and the measurement of output, combining to produce a quite distinctive labour process.

Crucially, given the aims of this inquiry - to report on and analyse agents’ experiences of the risks they face from SARS CoV-2, the virus that causes the disease Covid-19 - is the fact that the technologies permit the centralisation of previously dispersed, or create new, servicing and sales activities. Scale economies are a key rationale for the call/contact centre. They mean the concentration of workers in relatively large workplaces. In 2012, the mean size of a Scottish contact centre was 232 employees, with almost 80 per cent of the Scottish workforce employed in centres of 250 or more employees. The cost minimisation imperative driving productive efficiencies has led to high density, maximum occupancy floors, with workers typically clustered in closely adjacent work stations in open plan offices in sealed buildings. It is within this typical workspace configuration that call-handlers are potentially impacted by the SARS CoV-2 virus.

From a health and safety perspective it is worth recalling, the Health and Safety Executive’s (HSE’s) depiction of the call centre as a ‘unique working environment’ (HELA, 2001), with distinctive characteristics. While acknowledging this ‘uniqueness’, others including this author^{vi}, critiqued the HSE’s understanding of the nature and scale of the risks call/contact centre agents face. Although the HSE identified risk factors individually, it did not combine them holistically. To grasp the significance of call/contact centre risks (and to bring remedy) requires a synthesis of proximate environmental factors (workstation, space, display screen, ergonomics – musculoskeletal), work organisation and job design factors (repetitive sedentary work, pressurised call handling, psychosocial - stress)^{vii} and ambient environment factors (heating, air quality, lighting, noise) which the HSE has not. It is the last of these factors that the HSE seems to understate. A search of the HSE website for guidance on call/contact centres reveals little specific attention paid to call/contact centre working risks since the early 2000s. A limited exception is the provision of an ‘Example risk assessment for a call centre’^{viii}, but this makes no mention of, for example, the potential hazards arising from HVAC (Heating, Ventilation and Air Conditioning) systems in sealed buildings, where workers are clustered in typical open plan offices.



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Over a quarter of a century, this author and colleagues have researched employee experiences of working in call/contact centres and back offices, where large numbers report profound problems associated with HVAC systems^{ix}. In these studies, 1,000s in ‘customer-facing’ front-office or back office roles have provided extensive testimony of the deleterious conditions experienced. Two typical responses from Scotland will suffice. The first is from a Customer Service Advisor at a utilities’ contact centre, the second by a PCS lay branch officer at a large HMRC office in the West of Scotland.

‘The company have to do something about the air conditioning – it’s an incubator of germs. In an office of 800 people one person with a little bug leads to germs rattling about the place’^x.

‘It’s a very big area of contestation. There are huge tranches of coughs, colds, sneezes, sickness, diarrhoea...but people are not confident in their own position nor relationship with their manager and do not feel they can say, “Actually, I’m just stressed out of my box because that place is a hell hole”’^{xi}.

To repeat, this report analyses the experience of the hazards call/contact centre workers are facing from SARS CoV-2, the virus that causes the disease Covid-19, in this unique working environment in which occupational health risks have long been identified.

1.4 SARS-CoV2 and Covid-19

Knowledge of the coronavirus disease (Covid-19) and the virus that causes it (SARS-CoV-2) have deepened as epidemiological and medical science, since December 2019, have grappled with its unique character, the threats posed to public and occupational health, its transmission routes, rates of infection, symptoms, illness, morbidity and of course prevention and treatment^{xii}. While it is not necessary to repeat in detail this knowledge here, it is nonetheless important to emphasise certain crucial characteristics that may have major implications for call/contact centre workers.

Many studies and guidance documents^{xiii} have drawn upon scientific evidence over the last two decades of the two previous coronavirus attacks SARS 2002-3 (SARS-CoV-1) and MERS 2012 (Mers-Cov). Important for these and every epidemic are the transmission routes of the infectious agent. For Covid-19 the standard assumption is that two transmission routes are dominant, via large droplets (droplets or particles emitted when sneezing, coughing or talking) and via surface (fomite) contact (hand-to-hand, hard surfaces). A third transmission, that latterly has received attention from scientists, is the faecal-oral route, with obvious implications for toilet use and safety.

To expand on airborne transmission routes, there are two exposure mechanisms.^{xiv} The first is close contact transmission, through large droplets >10 microns. It is reported in numerous medical texts, and forms the basis of the WHO’s guidelines, that these are released and fall to surfaces not further than 1-2 m from the infected person. However, according to experts^{xv}, many particles >10 microns become truly airborne and can travel long distances, including being recirculated through HVAC ductwork systems. Beggs^{xvi} restates Stoke’s Law, by which a 12 micron particle will take 7.5 minutes to fall 2 m in the air. Crucially, then, for the purposes of this study, it is important to recognise that in a typical office space with a HVAC system the air is not still and so droplets remain suspended in the air and may enter the ductwork system, where recirculated can result.



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At the same time, large droplets do fall on nearby surfaces and objects, such as desks or tables. The route of infection is by touching surfaces, then the face, nose, eyes or mouth. People standing or sitting within 1-2 m of an infected person can catch it directly by breathing in droplets coughed, sneezed or exhaled by them.

The second is airborne transmission through small particles (<5microns) which may stay airborne for hours and be transported long distances and are produced by coughing, sneezing or talking, nor forgetting of course the evidence referred to in the previous paragraph, that particles much greater than this can remain airborne for considerable periods of time^{xvii}. Small particles form from droplets which evaporate and dessicate. SARS-CoV-2 remains active for up to 3 hours in indoor air and 2-3 days on room surfaces at common indoor conditions. With the contact centre environment and sealed buildings in mind:

‘Such small virus particles stay airborne and can travel long distances carried by airflows in the rooms or in the extract air ducts of ventilation systems’^{xviii}.

Airborne transmission caused infections from SARS-CoV-1 in the first decade of the century^{xix}. Evidence is emerging that SARS-CoV-2 is also transmitted via airborne particles. That SARS-CoV-2 has been isolated from swabs taken from exhaust vents in rooms occupied by infected patients^{xx} has led the Federation of European HVAC Associations to conclude, ‘This mechanism implies that keeping 1-2m distance from infected persons might not be enough...’^{xxi}, a critical observation confirmed by other specialists^{xxii}.

Important studies over a longer time frame have examined the transmission of diseases via recirculated air in confined spaces. A path-breaking project investigated a tuberculosis epidemic by way of droplet nuclei on the USS Byrd^{xxiii}. Droplet nuclei measuring from 2 to 10 microns were rapidly and easily dispersed throughout a closed environment with a recirculation ventilation system, leading to the conclusion that the droplets infected others who had little or no direct contact with an infected individual who was shedding mycobacterium tuberculosis in his pulmonary secretions. Further, in an additional conclusion, that is germane to this study, Hook confirmed that in this context, asymptomatic transmission was possible.

Additional studies are also insightful, including the work of Beggs and colleagues^{xxiv}. First, in critiquing existing epidemiological models used to predict the transmission of airborne disease in confined spaces, the authors emphasise the salience of occupancy density and proximity^{xxv} (resonating with the South Korean call centre study – see Section 5.3), duration of exposure, ventilation (uneven air mixing) and susceptibility and infectivity. Second, they conclude that aerial dissemination of bacteria may be a far greater problem than has hitherto been recognised. Citing another study^{xxvi} affirmed:

‘...that airborne gram-negative pathogens were being widely disseminated by the air-conditioning systems and contributing to both surface contamination and patent colonisation’^{xxvii}.

This brief engagement with relevant literature foregrounds the evidence as reported by contact/call centre workers in Scotland, indicating the transmission routes, which may have particular salience for dissemination in the ‘unique’ environment.



1.5 The Covid-19 Contact/Call Centre Workers' Survey

This study originated as a collaboration between the author and the STUC through Dave Moxham, its Deputy General Secretary, both of whom were receiving anecdotal reports of widespread Covid-19 related sickness amongst contact/call centre employees. Trade unions in Scotland were and are being contacted by members and non-members with complaints of workplace hazards, of inadequate safety measures and of having to attend centres in order to deliver what were clearly not essential services^{xxviii}. It was agreed that what was urgently needed was evidence from a wide range of contact centre workers reporting on their experiences and perceptions of hazards.

Drawing on his extensive knowledge of contact centres and informed by evidence from the interviews with 12 current employees from four different centres, the author composed a draft questionnaire in word document form. This draft was then piloted with the interview cohort, and feedback led to certain amendments and to the clarification and finessing of questions. The word document was then transposed into an online survey through the JISC platform and was launched on 6 April.

Within the overall aim of gathering data from a large sample of contact centre workers of their experiences and perceptions of hazards, two principal objectives were stated at the outset. First, was the vital need to discover those workplaces where safety in workers' experiences was being seriously compromised, and to construct evidence-based reports of what might be termed 'bad practice'. These reports could form the basis of interventions by trade union officers where particular problems were identified, and to seek to overcome them through negotiation with employers. Second, it was important also to identify best practice, notably in the form of supported homeworking, where workers were removed from workplace hazards. Such best practice could raise the health and safety bar for the sector as a whole. A third, objective emerged during the research process following release of preliminary findings and the publication of an Intermediate Report as the numbers of completed surveys grew and the database accordingly expanded^{xxix}. Given the gravity of the concerns raised by the findings, it became clear the study was raising important issues, not just of occupational health but of public health generally. Thus, an objective became the compilation of reports aimed at informing public policy.

An important point should be made in relation to the methodological approach of this study. HM Government in its report published on 11 May 2020 ('Working safely during COVID-19 in offices and contact centres') emphasised at the outset^{xxx}, that not only do employers have a duty to consult their 'people' on health and safety but more importantly that, 'The people who do the work are often the best people to understand the risks in the workplace...'. Excising the word 'often' takes us close to the methodological approach that informs this study. Worker evaluations of their own conditions is well-established as a key diagnostic resource^{xxxi}. To the extent that the self-completed questions and the first hand narratives justifiably constitute 'lay worker epidemiology', it may provide a better way forward or at the least a compelling complementary approach to professional epidemiology^{xxxii}.

The research was supported in the first instance by the STUC, and then by other trade unions nationally, the Communication Workers Union (CWU), Unite the Union (Finance and Legal), Transport and Salaried Staff Association (TSSA). Support in the form of disseminating the link to the survey https://phil.onlinesurveys.ac.uk/covid19-call-centre-back-office-workers_savelives was given also by the Union of Shop, Distributive and Allied Workers (USDAW) and Public and Commercial Services Union in Scotland. Other bodies promoting the link were Regional TUCs



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in England and the important health and safety campaign, Hazards. Many individuals contributed by sharing the link.

By 10 May, 2,760 completed surveys from contact/call centre workers from across the UK had been received. This report is based on an analysis of the responses of the 510 Scottish call handlers (disaggregated from the database on that date) working in in-house centres in diverse industrial sectors and in the outsourced sub-sector across Scotland. The statistical findings presented below follow the structure of the survey. They are combined with illustrative and sometimes longer direct quotes from respondents drawn from the corpus of rich and extensive qualitative testimony. As demonstrated emphatically and in great detail throughout the report, workers are currently facing serious hazards from Covid-19 that require urgent remedy. The report concludes (Section 5) with a discussion that integrates the findings with contemporary research on Covid-19 of relevance to the contact centre and lays out occupational health and policy recommendations for the Scottish Government.



Section 2: Required to Attend Call/Contact Centre or Back Office

Are you still required to attend your call/contact centre or back office?

Yes 371 (72.7%) No 139 (27.3%)

Given the effective division of call/contact centre workers' experiences into two categories – almost three in four surveyed are still required to attend their workplace, and the minority who are homeworking – the report is divided initially into two sections reflecting this separation.

2.1 How did you find out that you had to keep attending your centre? (n=369)

Conversation with supervisors – 116 (31.4%)

Text message – 88 (23.8%)

On site mail – 87 (23.6%)

Other – 48 (13.0%)

Team meeting – 22 (6.0%)

Personal email – 8 (2.2%)

Of the 'other' category, the most common response was the recurring theme of BAU (Business as Usual), simply the assumption that call-handlers had to attend work, that this was the general expectation in the absence of any message to the contrary. In this context of a general expectation to attend, several explicitly stated that they had received no communication from their organisations. Colleagues and workmates were another source of information in circumstances where no contact had been received from their organisation or management.

Some typical responses include the following:

'I have never been told directly that i have to continue attending the office. I just assumed that i would and the idea that i wouldn't was never discussed.' (Male, 46-55. civil servant, more than 10 years)^{xxxiii}

'Manager meeting giving us an option to work or stay home on full pay. Last week a communication from CEO saying they will no longer pay those who do not attend work except those self-isolating'. (Male, 56-65, financial services, less than a year)

'No one has said anything as it's business as usual (BAU) for us. I expect an update if something changes'. (Male, 36-45, telecoms, more than 10 years).

'There was no formal email or conversation, we were just expected to still attend!' (Female, 25-35, telecoms, 1-2 years)

What did the message say?

This question was answered by 294 respondents. As an open question, the responses were in narrative form, so it required the researcher to categorise them according to the dominant theme in the answers. In many cases, a response might have included overlapping themes, such as being a key worker or the need to work normally. In these cases, the category selected has been the one deemed the most appropriate and an explicit reference to key or essential worker has been regarded as the dominant theme. The responses according to these main identifiable categories are as follows:

**Table 1: Content of Message from Employer/Management**

Content of Message	No	%
Key, essential worker	161	54.8
Business as Usual (BAU)	77	26.2
Critical to business	22	7.5
Have to attend	18	6.1
Not offered to work from home	16	5.4

A number of observations can be made from analysis of the responses. First, and most common, is the ambiguity in the categorisation of key or essential worker given to the workers by their organisation, an elusiveness which derives in large part from the government's lack of precision^{xxxiv}. Workers' understanding of, and largely a critique of, the appropriateness of the definition as it applied to their own role is explored in detail below (2.17 and 2.18) in analysing responses to separate questions.

Second, there is the common theme that can probably be best summed up in the acronym BAU (Business as Usual), itself specifically reported by sizeable numbers. A broad categorisation, it encompasses responses such as the need to attend work as normal, the importance of providing customer service, work is continuing as normal, often without additional clarification. The following is typical of a cluster of brief communications:

'That despite the PM announcement we were required to attend work as normal'. (Female, 46-55, legal services, 3-5 years)

Thirdly, analysis of the responses reveals an elision in an organisation's definition of key or critical in terms of societal need and what is articulated as critical to business,

'Dear colleague, You may have seen the Government's announcement this evening with regards to restriction of movement and social distancing. In line with this we would like to confirm that if you work in Customer Service you are deemed critical to our business and should come in as normal. Thank you'. (Gender not given, 26-35, financial services, 1-2 years)

2.2 Are you working more, less, the same as your contacted hours?

Table 2: Working More, Less the Same (n=366)

	No.	%
The same	314	85.8
More	32	8.5
Less	20	5.5

A subsidiary question asked respondents why they might be working 'more' or 'less'. Of the 32, reporting 'more' the main reasons were extra hours and overtime to cope with demand, related to the other most common reported reasons, understaffing due to staff being absent with Covid-19 symptoms and increased call volumes. A typical response is:

'Short staffed & increased work load. We all work more so as to reduce the impact on our colleagues and spread it out'. (Female, 36-45, civil service, more than 10 years)



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Amongst the responses of those reporting less hours, were reconfigured shifts, in some cases because organisations had reduced building capacity, so fewer were able to work their pre-Covid-19 hours.

‘Cannot fit all staff into office so they put us into two short shifts early, and late’. (Female, 46-55, outsourced, less than a year).

1.3 Call volumes – have they increased, decreased or remained roughly the same?

Table 3: Call Volumes

	No.	%
Increased	194	52
Decreased	118	31.6
The same	61	16.4

Of the 160 who reported an increase and also gave an estimate of the percentage increase in the volume of calls they were experiencing the median was 59%. Of the 99 who reported a decrease and also gave an estimate of the percentage decrease in the volume of calls they were receiving; the median was 50%. In overall terms, then, a greater number of call-handlers are experiencing increases in call volumes than are experiencing a decline in call volumes. The median percentage increase reported is greater than the median percentage decrease reported.

Further, those who report an increase are indicating a significant increase. Even allowing for some exaggeration in perception there surely can be no questioning this development. At the same time, as specific services and call flows within centres are reconfigured some call-handlers are seeing their volumes decrease by around a half. Within many centres, managers are moving staff from some low demand to high demand or Covid-19 related services.

What is emerging, then, is a picture of internal flux, with decreased building occupancy levels (2.4 below), some services seeing huge increases and others abandoned or reducing, while management strives to move call-handlers internally, insofar as skills and competencies permit, to meet excessive demand where it is occurring.

2.4 How occupied is your floor or section compared to normal? Roughly what percentages of call-handlers, team leaders and manager as compared to pre-Covid?

Call handlers (n=354) 54% Median 50%

Team Leaders (n=351) Mean 62.3% Median 60%

Managers (n=344) Mean 62.5% Median 75% (65 responses report 10% or less of managers present)

2.5 How much social distance is there between you at your work station and the next call-handler and their work station? What social distance arrangements have been put in place?

Analysing answers presents a challenge because these are open questions. In some cases, respondents have simply answered with the distance in numbers (mostly decimal but not always), sometimes in words and often with a combination of information and comment. Analysis is possible, though, because responses can be placed into meaningful categories, but only by scrutinising each answer and making informed judgements in a relatively small number of cases.

**Table 4: Reported Social Distancing (n=328)**

	No.	%
More than 2 metres	28	8.5
2 metres	141	43
One complete desk/seat/computer apart	43	13.1
Less than 2 metres	116	35.4

A majority of respondents report that the distance between their work station and the next call handler is either two metres (43%) or more than two metres (8.5%). Around one in eight of the respondents (13.1%) described the distance between themselves and the next call handler not numerically, but in terms of being separated by one work station/computer/desk/seat. This spatial description might suggest social distancing, according to the government guidelines specifying 2 metres, but many reported that this physical separation did not necessarily amount to 2 metres, and in some cases while adjacent desks might satisfy that criteria the back-to-back distance fell short. Of greatest concern, of course, is that fact that more than one in three respondents (35.4%) reported that the distance between themselves and their next work station was less than 2 metres, sometimes considerably so. This category includes those who reported that they might be distanced by 2 metres from their adjacent colleague in a bank or a row but not back-to-back or in what was a relatively common diagonal arrangement.

The following comments are quite representative of those who indicate the widespread extent of the failure to implement the 2 metres social distancing. The first of these are quite shocking in the context of what was by now a well-established spatial safety principle.

‘Approximately one meter either side and 70 centimetres behind and in front’. (Gender not given, 25-35, financial services, 1-2 years).

‘Sometimes as little as 1 metre’. (Male, 46-55, telecoms, more than 10 years)

The following comments provide texture and nuance to the statistics above, particularly in relation to the complexities relating to and the limitations of ensuring social distance.

‘We are now 5 feet away from the person beside us, but only 2 feet away from the person behind us’ (Gender not given, 25-35, financial services, more than 10 years)

‘It wasn't at 1st only in the last week they have tried this but with people coming back from self-isolation it's proving difficult as we are all hot desking’. (Female, 36-45, sales, more than ten years)

‘Not nearly enough. There is a desk between each person. But you have someone to the front left and right, then you have someone to the back left and right. Not nearly enough. You need to walk by at least 5 people every time you get up’. (Female, 25-35, financial services, 3-5 years)

‘One computer space between each other, not 2m I can reach my arm out and could touch someone else’. (Female, under-25, telecoms, 1-2 years)

‘Minimal distancing at desks, 1 desk apart, staggered on each side of each bank of desks. However, this is only when sat at a desk with nobody walking about between desks. Once



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away from your desk, there is no way or method in place to reduce contact and maintain safe distancing’. (Male, 25-35, financial services, 1-2 years)

One theme that emerged from the respondents’ testimony, which was unsolicited by the question, were the concerns that call handlers have regarding hotdesking. Several perceived that having the social distancing measures in place had little effect if hotdesking continued, because the practice might facilitate the spread of the virus. Concerns over hotdesking re-emerge throughout this study, both in response to specific questions and in volunteered testimony to open questions.

2.6 If social distance arrangements are in place when were they put in place? (n=307)

1 March – 1	29 March - 7
9 March – 3	30 March - 35
10 March – 1	31 March – 17
14 March – 1	1 April - 26
16 March – 9	2 April - 5
17 March – 6	3 April - 1
18 March – 3	4 April - 7
19 March – 1	6 April - 7
20 March – 10	7 April - 3
22 March – 3	23 April - 4
23 March – 3	25 April - 2
24 March – 63	28 April - 4
25 March – 34	30 April – 3
26 March – 16	6 May - 2
27 March – 22	7 May - 1
28 March - 3	

What social distancing messages were you given? (n=320)

There is widespread agreement among respondents as to the content of the messages given by organisations with the 2 metres distancing rule being by far the most common, and in many cases is the sole specific instruction cited by respondents. In some cases, employees were simply presented with copies of the government guidelines. Additional common messages related to where agents were required to sit or be located. Others referred to limitations on lift or toilet occupancy and on the need to maintain workstation cleanliness. Others referred to one-way walking systems, different staircases for walking upwards and downwards and signposted directions.

Although the question sought to elicit factual data relating to organisations’ messages and instruction, a sizeable minority provided comments, mostly critical, expressing concerns regarding the efficacy of the arrangements for their protection. A sample of these testimonies is provided here.

‘Left at our seat for 7.5 hours and we get a bought lunch brought down from cafe, we are not allowed coffee with it, we need to go use the social room to make coffees with shared equipment. (Male, 25-35, telecoms, 3-5 years)



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‘That we should do it including while travelling but we are in a room where there isn’t enough space to sit a desk in between and they are sending people in 6-seater taxis’. (Male, telecoms)

‘They are trying to spread the people out so folk are not next to one another. This is a worry as other shifts l/people have to use the same equipment, desks and chairs’. (Female, financial services)

‘We’ve been advised to keep 2m distance at all times where possible - however this is difficult when walking past people in communal areas’. (Female, 46-55, financial services, 3-5 years)

2.7 Do you sit face-to-face with other call-handlers or team leaders? (n=363)

No – 202 (55.6%) Yes – 161 (44.4%)

Despite social distancing arrangements, which apply in the main to call-handlers having a intervening workstation/seat/screen/desk between themselves and their adjacent colleagues, a large minority (44.4%) reported that they did sit face-to-face with others in their centres. A follow-up, open question asked respondents to describe their arrangements in this respect. The 133 relevant^{xxxv} responses are grouped into three categories according to their content. The qualitative data has been quantified. First, there are those who state explicitly that they are sitting more than two metres. Second, there are those who describe their seating configuration, but it is not possible to ascertain from their responses whether they consider themselves to be 2 metres or more from their facing colleague. Rich descriptions of seating arrangements are given; call handlers still sitting in banks and rows, others spatially reconfigured in ‘diagonal’, ‘chevron’, staggered’, ‘checker board’ or ‘v’ formations, according to the topography of the specific centre. In direct face-to-face arrangements there may be dividers or baffle boards or pods or no barriers. The third category is where respondents explicitly report that their face-to-face seating arrangement means a distance of less than two metres from their colleague.

Table 5: Reported Seating Arrangements (n=202)

	No.	%
More than 2 metres	6	4.5
Face-to-face, diagonal, staggered, chevron etc. without stating distance	141	43
Less than two metres	55	41.4

These findings are cause for great concern. They amplify the disturbing evidence presented above, where more than one-third of respondents report that they are not subscribing to the obligatory two metre social distance. Again, the statistical findings are effectively illustrated by a selection of the comments volunteered. It is clear that, in some locations, organisations are making efforts to increase the space between call handlers but, despite the best of intentions, the outcomes have not always been successful:

‘Pre-covid there would be a 3x3 bay as described above. Now there are at most 3 people per 6 bays in a v formation’. (Male, 25-35, financial services, 3-5 years)

‘6 desks in groups, 3 facing another 3. Managers opted to leave middle desks empty but you were still less than 2m from colleagues opposite or diagonal to you’. (Female, 36-45, financial services, 3-5 years)



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‘Desktops are back to back - therefore you face onto another person however as part of social distancing this person has been removed, however currently sitting with people diagonal from me’. (Female, 26-35, financial services, 1-2 years)

‘All desks are beside and across from each other, even being one desk apart there is NOT enough distance between us. Lots of people coughing in same banks of desks, touching same doors and toilets etc’. (Female, no age given, financial services, less than a year)

In other cases, it is even more evident that the configuration of the workstations in these densely occupied workspaces is problematic, when social distancing becomes an urgent priority,

‘Desks are in a straight line, 2 lots of 4 desks on each side which face each other with a foot divider between the desks’. (Female, no age given, financial services, less than a year)

‘No baffle boards so have been directly across from other agents before 17/03/2020’. (Female, 56-65, telecoms, more than 10 years)

‘Not directly opposite but diagonally and there is a gap in the baffle board which means you are face to face and I don't think it's 6 foot apart’ (Female, 25-35, financial services, 5-10 years).

While taking into consideration the limitations imposed by layout and configuration, some of the comments suggest that management in certain centres are permitting proximities in an apparent flagrant breach of the required two metres.

‘There’s a small partition separating but this is beneath eye level and still facing one another directly or diagonally across, with less than 1 metre between’. (Female, under-25, telecoms, less than a year).

‘1m diagonally’. (Female, 46-55, financial services, 3-5 years)

‘I have a colleague who sits opposite myself, another colleagues who sits next to me with less than a metre distance’. (Male, telecoms).

Then, there are the effects of the inescapable verbal interaction between agents or between team leaders or managements and vice versa, which simply negate any social distancing measures that have been implemented. The single word comment provided by this female, telecoms agent – ‘Unavoidable’ – may best capture the face-to-face reality.

‘The layout is “zig zags” however if requiring help or an escalation, senior team or TL has to come over to you directly’. (Female, 25-35, telecoms, less than a year)

‘As a team leader i have people approaching my desk on a regular basis to ask questions, bank of 6 desk, 3 at each side, the 2 end desks at each side are used so there is someone sitting opposite me, the screens are big enough to block them out’. (Male, 25-35, outsourcer, 1-2 years).



2.8 Do you have team meetings, huddles, involving team leaders or managers? Are these face-to-face, virtual? Do you have 1-1s?

Table 6: Team Meetings and Huddles

	Team Meetings (n=358)		Huddles (n=347)	
Face-to-face	124	34.6%	122	35.2%
None	157	43.9%	153	44.1%
Online	77	21.5%	77	20.7%

A clear majority report that they do not have team meetings or huddles or have them on-line. Respondents report on the fact that these and similar group meetings have been cancelled while others provide a rich description of the growth of platform-based communications through Zoom, Skype, Microsoft Teams or Webex, or by teleconferencing or telephone. Nevertheless, it is an additional matter of great concern that more than a third still do have ‘face-to-face’ team meetings or huddles. The comments serve merely to underscore the hazardous nature of such interactions.

‘All meetings have been face to face but have been reduced to around 15 people instead of the normal of 40 people. Still too close’. (Female, 25-35, financial services, 1-2 years)

‘At best again 1 mtr apart for duration’. (Male, 25-35, telecoms, more than 10 years)

‘Each bank of 12 desks constitutes a team. Face to face meetings and huddles still occur but with an element of social distancing’. (Male, age not given, civil service, more than 10 years).

‘Meetings in a meeting room, spaced out as much as possible but probably still not within guidelines’. (Gender not given, 46-55, financial services, 3-5 years)

‘Our team meetings are usually together in one of the meeting rooms. We all sit together around the table’. (Female, 46-55, telecoms, 3-5 years)

‘Separated but in a circle facing each other with no barriers and only 2 to 3 feet separation’. (Male, 25-35, telecoms, less than a year)

‘Team briefing face to face with no social distancing’. (Female, under-25, outsourcer, less than a year).

‘We have a team brief for 15 minutes before starting to take calls. Everyone sits right beside each other, no social distancing in sight’. (Female, 25-35, outsourcer, less than a year)

‘We still have team meetings. Everyone is spaced out, however people are still coughing away in the confined space’. (Female, 25-35, financial services, 3-5 years)

Almost two-thirds (64%) of 364 respondents report that they do not have 1-1s and a further 7.1% state that they never did have 1-to-1s prior to Covid-19s. Nevertheless, to add to the concerns



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registered above regarding the continuation of face to face meetings and the limitations and inadequacies of social distancing, as many as 28% of respondents report that they still have 1-1 meetings with team leaders and managers, many of them face-to-face.

2.09 Do you take breaks at your work station? Are you allowed outside for fresh air?

Only a small minority (11.3%) reported that they were obliged to take their breaks at their work station, compared to the 88.7% who did not.

A very small percentage of respondents (6.6%) reported that they were not allowed outside during the course of a shift for fresh air, as compared to the 93.4%) who are.

2.10 How often do you leave the work station and move about the floor or office?

The distribution of the 335 responses to this question is given in Table 7. As can be seen a small minority either never or rarely leave their workstation, almost exclusively for fear of infection as the selective comments reveal. Then, there is the 1 in 10 who say that they leave their workstation only once in a shift. Then, the table shows the higher numbers who then leave their work station more frequently. Including both the 'A lot, all day, as much as possible', no fewer than 43.5% leave their workstation to walk around the floor at a minimum of four times. The question of frequency is important, for when workers leave their work station and walk around the floor or building their potential interactions with colleagues increases the risk of exposure to SARS-CoV-2, in addition to the dangers of that they may already have experienced while sedentary at their workstations.

Table 7: frequency of Leaving Work Station

Frequency	No	%
Hardly ever, never, as little as possible	16	4.8
Once	32	9.6
Twice	48	14.3
Three times	88	26.3
Four times	50	40.9
Five times	29	8.7
Six times	20	6.0
Seven times	5	1.5
Eight times	9	2.7
Nine times	2.	0.6
Ten times	5	1.5
Variable	5	1.5
A lot, all day, as much as possible	26	7.8

The comments provide insight into the anxieties of call handlers, in addition to the range of the numbers of occasions they might leave their workstations. The fear of infection is evident:

'I have not been due to worry about the covid. Before hand I'd leave my seat every break'.
(Male, 25-35, telecoms, 3-5 years)



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‘Now, about 15 mins in an 11-hour shift’. (Female, under-25, financial services, less than a year)

‘Far less than usual, i leave for the bathroom which is only a few minutes, if there is someone to sit free i will leave for my break if not 2 breaks are taken still at work station, i leave and go outside during lunch’. (Female, financial services)

‘Rarely, as although social distancing measures are in place it is still difficult to remain 2 metres from colleagues at breaks/lunches so these are taken at desks and only leaving desks when absolutely necessary. This is not an ideal situation when I work 11 hour shifts’. (Female, under-25, entertainment services, less than a year)

‘Only to toilet as anxious about the spread of virus’. (Female, 25-35, telecoms, 1-2 years)

‘In some cases, strict restrictions are imposed by management, or limitations are typically the result of the well acknowledged characteristic of many call centres maximising call throughput and agents facing CHTs, ‘Ready’ targets and response times’. (Female, 25-35, telecoms, 3-5 years)

‘All break areas have been taken away so need to eat our breaks and lunch at the desk. We leave the desks to collect the food or go to the toilet’. (Female, 25-35, financial services, 3-5 years)

‘Call centres are generally micro managed so personal breaks are limited. I tend to stick to my allocated breaks and lunch to adhere to conformance and adherence’. (Female, 46-55, telecoms, 3-5 years)

‘Nevertheless, the job also requires many agents to leave their workstations for multiple reasons, whether trips to the printer, to deal with mail or most commonly to discuss issues with team leaders or managers. (Female, 46-55, financial services, more than 10 years)

‘Frequently to go to printer, collect work’. (Female, 36-45, financial services, 3-5 years)

‘Quite often as require to use printer’. (Male, 46-55, financial services, more than 10 years)

‘Due to the nature of the job, I can leave my station up to 10 times a day (printing letters, collecting cheques, visiting other departments)’. (Gender not given, 46-55, financial services, more than 10 years)

‘Several times, eg for help with accounts, to see TLs, use printer, get water, go to bathroom and canteen and outside for cig breaks’. (Female, 36-45, telecoms, 6-10 years)

‘Up to 30 times easily through breaks and asking questions to managers’. (Female, 25-35, telecoms, 1-2 years)

2.11 What arrangements, if any have been given, re toilet breaks? How often are the toilets cleaned?

There is considerable variation in the answers and in the types of answers, making it problematic to categorise and attempt to apply quantitative methods to answers. Accordingly, this discussion



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will articulate the most common themes which will be illustrated by judicious quotation. There were marked differences in responses reporting on whether new arrangements had been in place. A significant minority of respondents, perhaps one-third stated there had been no arrangements, and that it had been ‘usual’ or BAU (‘Business as Usual’). Alongside, the latter was a further sizeable minority who reported that they ‘didn’t know’ or were ‘unaware’ of any changes.

‘As far as I’m aware they have not increased the number of times toilets have been cleaned and are currently only cleaned 3 times a day. There has also not been any communication as to any different arrangements with toilet breaks’. (Female, under-25, financial services)

‘Not very often once a day but I wouldn’t say its once a day more like once every few days’. (Male, 36-45, NHS)

‘As and when required. Toilets are cleaned the same amount as before the outbreak’. (Male, under-25, telecoms)

‘Have not as of yet witnessed toilet cleaning’. (Female, under 25, telecoms)

At the same time, significant numbers reported the increased frequency of cleaning and new arrangements, with a greater or lesser degree of clarity or detail of instruction being implemented.

‘Only one person allowed in toilet rooms at a time. Very frequently cleaned’ (Male, 26-35, telecoms)

‘Only 1 person in toilet at a time and toilets are cleaned more regularly than usual’. (Male, under 25, telecoms)

‘Signs are being left by cleaners advising cleaning times etc. Only one person to go in the room at a time. One cubicle free, other two taped off’. (Female, under 25, telecoms)

‘Toilets are cleaned very regular. The toilets have never looked more cleaner as they do now’. (Male, 26-35, financial services)

‘Toilets have been cordoned off so that people are using cubicles that are not beside each other’. (Male, under 25, telecoms)

In a sizeable number of reported cases, though, where arrangements had been put in place, they may be limited and/or the perceived or experienced outcomes were not regarded positively.

‘Have to keep toilet breaks to a minimum approx 8 minutes per 7.5 hour shift. Toilets not cleaned often enough. Sometimes no hand soap. Hand dryers never work^{xxxvi}. Sometimes no towels to dry hands’ (Female, 46-55, outsourcer)

‘No guidance just a sign that says 1 in at a time, but when we have to wait or spend more time washing hands we then have to make back the conformance back to the business and you must stay later so your time online says 7.5 hours, this can get you on a disciplinary plan if you fail conformance’ (Male, under 25, telecoms)

‘There are signs on toilet doors saying to limit usage to 1 person at a time. However, there are multiple cubicles and sinks. This is not being adhered to in my experience’. (Male, under 25, telecoms)



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‘There is supposed to be a one-way system but as the toilet is next to the floor through a set of doors many people ignore it. Unknown how after cleaned’. (Female, 36-45 civil service)

‘Toilets have been reduced as have sinks which makes the two toilets less hygienic as with the majority of staff in more people are using the same cubicle - germs are spreading more than if all toilets were accessible. I’m not sure exactly how often toilets are cleaned but several times I have been told but I went to use the toilet and it does not appear to have been cleaned in a while’. (Male, under-25, telecoms)

Finally, though, there is some frank, even angry, testimony describing serious concerns with the poor condition of the toilets.

‘Not enough they are disgusting’. (Female, 46-55, financial services)

‘Toilets are cleaned once a day I think, which is the same as it was before, and the standard is not any better, sometimes you wouldn’t think they had been cleaned’ (Female, under 25, financial services)

2.12 How are you expected to move around the floor avoiding contact? What about corridors and tight spaces? (n=354)

Responses to this open question provide extensive information of the measures taken in attempts to ensure staff can walk across floors and through centres without making physical contact with colleagues, in order to avoid breaching the 2 metre social distancing requirement. The most common initiatives that organisations are reported as having taken include single lift occupancy, the introduction of one-way systems around floors, with markers and direction arrows on floors and walls indicating the appropriate flows and the closure of canteens and rest rooms. More specific actions include taped off photocopiers to prevent clustering, the closure of smaller rest rooms, one person only at a kettle or coffee machine and, in one case, giving staff individual plastic door handles. A layer of organisations from respondents’ testimony are taking steps aimed at maintaining social distancing. Yet, in many cases where respondents report that management have made announcements, guidance is very often not prescriptive but quite general in nature, asking employees to follow government guidelines, use common sense or act responsibly.

Worryingly, 217 of the 354 respondents to this question (61.3%) provide critical comments or the arrangements or lack of arrangements. Most serious of all, as many as 56 (15.8%) of respondents report that no arrangements have been put in place, no instructions have been issued, it is business as usual and essentially things should be as ‘normal. For example,

‘As normal just don’t cough when passing anyone’ (Female, 46-55, telecoms)

‘Business as normal, been advised it is up to agents to take responsibility as they are adults and that so long as only passing and no contact longer than 15 mins is ok’. (Female, 36-45, telecoms)

‘Move around normally, very little thought given to distancing’. (Male, 46-55, telecoms)

‘No adjustments made’. (Male, 26-35, financial services).



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‘No instructions given for moving around the floor or avoiding contact. Building is old and corridors and other passing spaces are narrow’. (Male, 46-55, telecoms)

‘No plans in place. Corridors and tight spaces are a free for all’. (Female, 36-45, financial services)

‘Normal service during work’. (Male, under-25, financial services)

‘On a wing and prayer...really. I have asked for floor markings to encourage one-way traffic, different in/egress points, lifts powered off or warnings for 1 occupant at a time only etc.’. (Male, 36-45, telecoms)

The bulk of the remaining comments are a litany of complaints regarding not so much the impracticality of arrangements, but the sheer impossibility of implementing safe social distancing within the confined space of the centre, particularly walkways, but also stairwells. (A word search of responses to this question reveals 11 uses of the word ‘impossible’ and 17 of the ‘difficult’ in the context of discussing the ability to maintain social distancing within the tight spatial constraints). The following quotations are a small sample of the vociferous complaints. So important is this testimony regarding the breaches to social distancing that the critical comments have been collated in Appendix 1. Urgent action is required.

‘Adhering to 2m social distancing on main floor, however main thoroughfare on each floor is only 1.75m wide, so pretty difficult to maintain social distancing’. (Male, 46-55, civil service)

‘One-way walking system but nothing to prevent people passing each other in close proximity. They’re about a meter and a half width split into 2 walk ways by a line on the floor’. (Male, 26-35, outsourcer)

‘Sometimes people wait for someone to pass in the corridor along the bays, but mostly not, as you would be constantly waiting. There are a couple of hundred people per floor, sharing a kitchen and 1 toilet with 3 cubicles per gender. Which we all have to walk down the same tight walkway between the desks to get to’. (Male, 26-35, telecoms)

‘Stairs are a nightmare with no social distancing. Lifts are one person at a time’. (Male, 46-55, financial services)

‘There is no consideration at all!!! The toilets are crammed. There has been things put in place for the lifts, however this means more people are using the stairs. There is no social distancing. Loads of people going up and down with no social distancing. When standing the queues for the canteen there is no distancing between the line and the people passing the line’. (Female, 36-45, financial services)

‘They put masking tape down the middle of the corridors and walk ways so it’s single file but the corridors and walkways are not 2m wide to begin with, so it’s pointless’. (Female, 26-35, entertainment)



2.13 Have you been given PPE (Protective Personal Equipment) for when you move around?

Of the 369 responses to this question, only 13 (3.5%) said that they were being given PPE for when they moved around their building, a pertinent issue when considering the evidence from previous questions on the profound difficulties regarding social distancing. Only two respondents made specific reference to having been provided with masks;

‘Face masks, shields, gloves and hand sanitizer is available’. (Male, 46-55, telecoms)

‘Masks, gloves’. (Female, 36-45, outsourcer)

Others who responded in the affirmative to this question mentioned blue gloves or sanitiser, but in some of these responses and in those of some who answered no, complaints were made regarding availability and suitability.

‘PPE has been provided and they ran out of sanitiser last week so didn’t have any the weekend and Tuesday’. (Gender not given, 26-35, telecoms)

‘Actually filling up the usual empty hand sanitiser units’ (Female, 26-35, financial services)

‘Gloves available and also hand sanitiser. Gloves are no use as too big and we use keyboard all day’ (Female, 46-55, outsourcer). .

2.14 Perceptions of effectiveness/ineffectiveness of management?

Table 8: Effectiveness or Ineffectiveness of Management

	Very Effective %	Effective %	Neither %	Ineffective %	Very Ineffective %
Keeping us informed about Covid-19 arrangements (n=367)	11.7	36.0	19.1	22.6	10.6
Taking necessary steps to ensure social distancing (n=371)	8.4	30.5	21.3	27.0	12.9
Providing PPE (Personal Protective Equipment) (n=365)	1.4	3.3	15.1	20.8	59.5
Allowing us to work from home (n=366)	1.1	6.3	12.0	23.5	57.1
Easing the targets we have (n=362)	16.3	23.2	31.8	13.0	15.7
Relaxing Performance Management measures (n=365)	15.1	21.9	29.0	18.6	15.3
Sanitising the work stations and head-sets (n=367)	10.1	26.2	15.5	24.3	24.0
Sanitising work surfaces (n=367)	9.8	34.1	13.6	22.6	19.9
Making sure you alone use you work station (n=368)	6.5	14.9	11.4	20.7	46.5
Helping to deal with increased call volumes (n=364)	4.7	13.5	38.5	19.5	23.9
Bring flexible about travel-to-work arrangements (n=364)	13.5	28.8	22.8	13.7	21.2
Sanitising the toilets (n=365)	9.6	29.3	28.8	16.7	15.6
Sanitising the lifts (n=367)	9.3	24.5	33.2	15.3	17.7
Controlling occupancy numbers in lifts (n=367)	33.0	31.3	18.0	8.7	9.0
Giving you personal sanitiser n=368)	8.2	16.3	9.8	17.4	48.4

Reflecting on the findings presented in Table 8, it might be useful to begin with the four sanitising questions: ‘headsets and workstations’, ‘work surfaces’, ‘toilets’ and ‘lifts’. In respect of the first



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of these, considerably more believed that management was either ‘ineffective’ or ‘very ineffective’ (48.3%) than either ‘effective’ or ‘very effective’ (36.3%). Clearly this is a major concern for employees in Scotland’s call centres. The area where management receives the strongest degree of support for effectiveness is in relation to toilets. Nevertheless, even in this respect almost one third regarded management as either ‘ineffective’ or ‘very ineffective’. More than four in ten (42.5%) believed management was either ‘ineffective’ or ‘very ineffective’ in sanitising work surfaces. Similar percentages (33.8%/33%) of respondents regarded management respectively as either ‘effective/ very ineffective’ or ‘ineffective/very ineffective in relation to sanitising the lifts.

In overall terms, the areas which management is seen to be more effective than ineffective are as follows; keeping employees informed about Covid-19, controlling lift occupancy, easing targets and to a lesser extent in being flexible regarding travel-to-work arrangements. While slightly more regarded management as being effective or very effective in relaxing Performance Management measures than regarded them as ‘ineffective’ or ‘very ineffective’, it is still worth noting that more than one in three (33.9%) did consider management to be either ‘ineffective’ or ‘very ineffective’ in this respect. It might have been though that given the seismic shock of Covid-19 on maintaining operations and disrupting working patterns and call flows that management might have relaxed Performance Management to a greater extent than these findings suggest.

In respect of the responses regarding perceived management effectiveness in taking the necessary steps to enforce social distancing, slightly larger numbers believed that management was either ‘ineffective’ or ‘very ineffective’ (39.9%) than either ‘effective’ or ‘very effective’ (38.9%). Given the findings reported in 2.5-2.12, this finding is not that surprising, except perhaps that one might have expected the margin to have been greater.

There are five areas where respondents report management as far more ineffective than effective. In ascending order of strength of perception are, ‘helping to deal with call volumes’ (43.4% - combined ‘ineffective’ and very ‘ineffective’ responses), ‘giving employees personal sanitiser’ (65.8%), ‘making sure an employee alone would use their work station’ (67.2%), ‘providing PPE’ (80.3%) and ‘allowing employees to work from home’ (80.6%). The findings on perceptions of effectiveness in regards to providing PPE and personal sanitiser reinforce those of the previous question. Some amplification needs to be given of the issues regarding sole use of one’s work station. This is evidence, emphatically confirmed in answers to later questions, of contact centre workers’ antipathy towards hotdesking, a theme that forcibly emerges throughout the written testimony. Employees, as will be seen, regard hotdesking as not only an invasion of personal space, but also a serious potential hazard in the potential spreading of Covid-19.

A final reflection on the findings presented in the table are in the strength of employees’ feeling regarding homeworking. That more than 8 in 10 perceive management be either ‘very ineffective’ (59.5%) or ‘ineffective’ (23.5%) ‘in allowing us to work from home’ is a major finding of this report. As amplified by additional evidence below, large numbers perceive homeworking to be both desirable and possible and, being denied the ability to have it, is widely seen as leaving workers exposed to high risk of exposure to Covid-19 in their contact/call centre environment.



2.15 Do you have to take a lift to get to your work floor? On average, how many other people are in the lift when you take it?

During the period immediately after Covid-19 was declared a pandemic by the WHO on 12 March 2020^{xxxvii}, anecdotal evidence emerged of the risks that workers were being exposed to in having to take lifts to floors of the building on which their call centres were situated. Thus, it was appropriate to include specific questions which could provide hard data. Of the 368 who answered this question 155 (42.1%) reported that they did not take a lift to their floor, while a corresponding (213) 57.9% reported that they did.

A subsidiary question, focused on ascertaining the degree to which employees might be exposed to risk, was directed at determining the extent of lift occupancy. Of the 209 answered this question, 166 (78.1%) reported that they would be the sole occupant of the lift given the enforcement of an organisation's rule imposing this restriction. Nevertheless, that leaves as many as 43 (21.9%) of lift users in this survey who report lift sharing. Thirty-seven respondents gave the number of occupants. In percentage terms, 2 occupants (24.3%), 3 occupants (43.2%), 4 occupants 8.1%), 5 occupants (10.8%), 6 occupants (5.4%), 7 occupants (2.7%) and 10 occupants (5.4%). That more than in 1 in 5 occupants of lifts in this survey report that sole occupancy does not occur, in flagrant breach of social distancing, is an additional matter of concern. Limited testimony provided additional insight into the nature of this risk.

'5/6 when busy at shift change but otherwise people are able to wait so only'. (Female, under 25. financial services)

'Only one allowed although I heard that some people go in groups but that is there chice and not sure if it has been addressed'. (Female, 56-65, telecoms)

'Only one if rules not flaunted '. (Female, 46-55, financial services)

'Now there are 1 but got a lot of abuse if asking people not to share'. (Female, 46-55, financial services)

'Meant to be 1 other but rules not abided by'. (Male, 26-35, telecoms)

'I walked out of several lifts after others got in I'm only comfortable with one other in lift but others seem less bothered' (Female, 46-55, outsourcer)

From this limited number of comments, two trends seem apparent, an apparent laxity on the part of management in enforcing the rule, and a degree of irresponsible behaviour by a small minority of employees.

2.16 Heating, Ventilation and Air Conditioning (HVAC). Many workers have complained over years about extreme temperature, dry atmosphere, no opening windows and colds and bugs circulating amongst call centre workers. Has this been true for your workfloor? How worried are you that HVAC on your floor will circulate Covid-19?

Of the 365 who answered this question, 326 (89.3%) answered in the affirmative and 39 (10.7%) in the negative. A subsidiary question asked respondents to give examples if they had answered yes. As many as 301 provided, often extensive comments, amounting in total to almost 6,000



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words, definitively attesting to the acuity of the question. In fact, many respondents commented on its appropriateness:

‘All of that statement is true, we don’t have any windows to open, they are fixed, the temperature is either extremely hot or very cold, there is never a correct medium at work’. (Male, telecoms)

‘All of the above, too hot or too cold. No fresh air. Sickness bugs and flus go round the office all the time. Heating system is an air con system which circulates the air all over the office passing the germs around’. (Female, 36-45, telecoms)

‘Really all of the above’. (Female, 26-35, civil service)

It is virtually impossible to exaggerate the depth and breadth of the exasperation with, complaints of, anxiety caused by and reports of ill-health attributed to the HVAC systems in the respondents’ call/contact centres. Despite the fact that the respondents come from a multiplicity of centres in diverse sectors, this very sizeable number (92%) of the respondents who responded in the affirmative to the question volunteered complementary but, in composite, almost identical accounts of their experiences of working in similar environments. Since a sample of quotations does scant justice to the volume and intensity of complaint, the harshness of experience and the resigned acceptance of discomfort at best and serious ill-health at worst caused by HVACs, the full responses have been collated in Appendix 2. It makes for disconcerting reading. Nevertheless, for the purposes of the main report some typical responses are presented here.

First, there are the almost universal complaints regarding the extremes of temperature that are not merely seasonal, but often daily and frequently occurring within the same floor even to the point of sharp contrasts between adjacent work stations. For example,

‘Air con is either full on or freezing, no happy medium and no windows either than in stairwells. Breeding ground for bugs especially as desks and PCs are not normally cleaned’. (Female, 36-45, telecoms)

‘Always cold in morning & hot in afternoon. Air conditioning is pretty redundant. If 1 person gets a bug we all get it’ (Male, 46-55, telecoms)

‘Aircon is in pockets, one desk warm, next one needs a second layer’. (Female, 46-55, financial services)

‘Everyone is different but sometimes it can be very cold or warm in the centre as it is centrally controlled. We can, however, sometimes get fans if it is too warm. and with all call centres, if one person has a cold, everyone has a cold within a few weeks. (Female, 26-35, financial services)

So, while respondents complain about the ‘feast or famine’ of excessive temperature, they invariably connect these experiences to the AC systems that spread germs and bugs. In this sense the deleterious effects of sub-optimal or problematic HVAC systems engender holistic litanies of complaints born of bitter historical, continual and recent experience.

‘Before the corona outbreak [our department sales] had terrible attendance normally would be 5% but was around 20% in January, flu everywhere people turning on and off



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the air con as air is shared among all the floor and then the [closed] windows’. (Male, 26-35, telecoms)

‘Call centres are epicentres for disease, based on their nature I think this will always be the case. The call floor is either dry and scorching or extremely cold, there is no happy medium’. (Gender preferred not to give, 26-35, outsourcer)

‘Constant complaints about the temperature never being quite right. Never a consensus on whether it is too hot or too cold. Colds and stomach bugs are frequent and tend to spread throughout the office. I have had more bugs in my year and a half in this office that I have in previous 10 working elsewhere’. (Male, 26-35, telecoms)

‘Common cold and flus travel very fast around the call centre due to the nature or the job and how densely populated it is’. (Female, under 25, entertainment)

‘Constant Flu's, colds, coughs going around. Most people say 'that's part of working in a call centre'. (Male, under 25 telecoms)

‘If 1 person gets a bug everyone gets it due to poor air con within the building and its circulating germs - the desks were never cleaned before covid always covered in dust’. (Female, 36-45, telecoms)

‘If one person in your team catches anything infectious or contagious there will be a wave of people catching the same thing in not only your team but the whole call floor. Windows do not open and air con is either too hot or too cold as well’ (Male, under 25, telcoms).

The prevalence of the ill-health generated by HVACs is compounded by presenteeism, employees who are ill and feel compelled into coming into work when ill, with the underpinning punitive sickness absence policies and practices that can lead to disciplinary action^{xxxviii}.

‘No open windows in office. Centre has very high levels of absence during winter months due to people coming in with regular flu viruses. Open plan nature of centre and agents worried about disciplinary measures if absent leads to a lot of this’. (Male, 25-35, financial services)

‘Long term issue with air conditioning that causes the office to uncomfortably warm. Lack of fans/air circulation. Place is a petri dish during cold and flu seasons, with taking time off for safety seen as not the smart responsible thing to do’. (Male, 25-35, financial services)

‘Normally encouraged to come to work unless extremely unwell but this results in common cold virus working its way round the area’. (Female, 46-55, financial services).

Into the toxic mix of HVACs causing often unpredictable, unbearable extremes of temperature, profoundly problematic air circulation, which recycles reused air and causes, by turn, humid and bone-dry atmosphere and the circulation of colds, flu, bugs and viruses, comes an organisational practice that ramps up the anxieties of buildings occupants – hot-desking. It is difficult to overstate the loathing contact/call centre workers have towards this practice.

‘Always concerned previously, even more anxious about it now. Hot desking instils dread & fear into myself & others’, (Female, 46-55, telecoms),



‘Bugs circulate quickly due to the air conditioning and hot desk situation’. (Female, 46-55, financial services)

‘It is always either extremely cold or hot and due to hotdesking, we are always ill from being at work’. (Female, 36-45, telecoms)

In tacit, if not explicit recognition of the toxic, and now potentially lethal effects of the HVACs, reports from respondents suggest that managements have been disabling them for fear of spreading Covid-19.

‘Not all the windows work so cannot be opened so the AC is used but this is not cleaned regularly. Although AC has been stopped to avoid spread of Covid’. (Female, 36-45, telecoms)

‘Currently there's signs that air con is not meant to be used but last week, the air con was on the flow’. (Male, 25-35, telecoms)

Finally, the inescapable conclusion reached by some is that the HVAC system is suspected of facilitating the transmission of Covid-19, but management responses to this hazard are often reported missing.

‘People having colds and coming into the office. A member of my team has tested positive for Covid-19, however since then, no new measures have been implemented, people still using that same workstation’ (Female, 46-55, outsourcer)

Into this febrile environment, the arrival of Covid-19 stimulated this question: how worried are you that HVAC on your floor will circulate Covid-19? The statistical findings in Table 9 speak for themselves. Almost 1 in 2 were very worried that the HVAC on their floor would circulate Covid-19, with an additional 35.9% considering themselves to be quite worried. Combined, those ‘very worried’ and those ‘quite worried’ amounted to 82.9%, worries which as we have derive from extensive experiences of the effects of HVACs in these contact/call centre environments in, mostly, sealed buildings with high occupancy rates.

Table 9: Worried About the Circulation of HVAC

Very worried	Quite worried	A little worried	Not worried
174	133	0	63
47.0%	35.9	0%	17.0%

2.17 Designated an essential, key, emergency service?

The first question asked whether respondents had been designated a key, essential or emergency worker. Of the 369 responses, 109 reported ‘no’ (29.5%), 29 (7.9%) stated they were not sure and 231 (62.6%) reported yes.

If you have answered ‘yes’ can you say what reasons the employer gave for this designation?

While a sizeable minority reported that they had been given no reason by their employer, the most common answers given the large number of respondents who are telecommunications and financial services workers were that these were essential or key workers as designated by the government. Responses indicated that many in the sample were providing very important



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services, ensuring elderly or vulnerable customers remain connected or resolving problems for customers who might be experiencing financial distress. Some typical examples:

‘To continue to serve our vulnerable customers and keeps people connected during the outbreak’ (Male, 25-35, telecoms)

‘Work for a bank and in lending so been considered essential to help with finances’ (Male, 25-35, financial services)

‘Work for telecoms company. Reason was “keeping the public connected and informed during COVID19” (Female, 36-45, telecoms)

‘Many people can't risk leaving their house at this time and need to do online order including elderly people who have never placed an order online and need support to do this. We are also helping the elderly and vulnerable to get on the priority list for online delivery slots and we are needed if someone's card declines and need to pay with an alternative card’ (Female, 25-35, outsourcer).

‘Mortgage payment holidays, mortgage/unemployment crisis ongoing’.

Another clutch of respondents worked for the Civil Service, providing essential services for the public, whether in relation to benefits, pensions, for example. A number worked in emergency services, either on 999 lines or in the communication and control rooms of the emergency services,

Nevertheless, many who responded were sceptical as to their designation, a theme explored in the questions below. The quotes below are representative of a layer of workers who, while working in industries that generally have been designated as key or essential, believed that their roles or activities did not justify that designation.

‘They advised we need to serve the vulnerable and they need phones, we are in a sales environment, we very rarely speak to vulnerable customers so there really is no need whatsoever why we can't work from home’. (Male, telecoms)

‘Front line customer service staff required, as Employer considers them key workers (sent to all staff, even back office staff to which it doesn't apply). Initially back office staff supporting with volumes of customers service contact, however this has now been automated and standard non-essential/non-critical work resumed. (Female, 46-55, financial services)

‘I work as a sales advisor. The company has basically stipulated that all areas of the business are key workers, instead of micro analysing the business as a whole to select the real key workers. They mentioned our job is crucial for taking 999 calls. My job role does not involve this and I don't think anywhere in our call centre handles these types of calls’. (Female, 46-55, financial services)

‘Just for the sake of it because we're employed by them, the higher-ups are too disconnected from our roles to understand what is essential and what is not (what we actually do of a day) - they see all customer problems as one pot so can't prioritise from work-stack those in line with Govt declarations, so BAU, asses on seats needed to keep work-stack down and utilisation up’ (Male, 46-55. telecoms)



Do you consider that you are an essential, key, emergency service worker?

Of the 365 who responded to this question, 40 (11%) stated that they did not know, 74 (20.3%) reported that they believed that they were, while a very large majority of 68.8% stated that they did not consider themselves to be essential or emergency workers. These are remarkable findings, demonstrating a wide gulf, a considerable discrepancy, between the designation that has been given to call handlers and their perception of this designation. Insight into the reasons for this discrepancy are provided in response to the following subsidiary question.

Please give reasons for your answer?

The first category of responses concerns the decline in the volume of calls that does not justify workers' continued attendance at a centre. For example:

'Pre covid 19 I took on average 2/3 calls a day. It has now dropped to an average of 1 a day. I haven't completed my training and haven't been signed off as competent so I cannot work from home. They have 37 members of staff successfully working from home to take the average 50 calls a day but I still have to go into the office'. (Female, 46-55, financial services)

'My normal work has all but been reduced to nothing and we are now being trained to help out other departments some of which are working from home - I think this is unfair as I am in the office being told I am essential because I work in customer service and yet my normal job is not what I am doing, and there are days when we have no work for hours, meaning I am risking getting ill for no reason'. (Male, 25-35, financial services)

'They have decided that we will do other things, so far most days we have been doing nothing as we are not trained (and can't be trained properly with social distance) the very little work we got was admin things, copy and pasting onto a spread sheet - which could be done at home if we had a lap top. We are filling in a spread sheet. Is this really essential? when there are more than 100 in the office, potentially just waiting to catch or infect the virus' (Gender not given, 25-35, financial services)

Second, there is largest number of respondents in this category, who do not believe that their work is essential, whether unnecessary sales, upgrades or cancellations and, in some cases, the respondents question the ethics of the roles they are performing.

'As above, our role is nothing like keeping anyone connected or faults or 999 feel they are just using the company brand to get away with us for a chance of a one off sale as we are classed as sales team as this is drummed into us every day.' (Female, 36-45, telecoms)

'From all shifts that I have been in since the partial lockdown, I can say that I have not taken a single call that has been deemed an 'emergency'. All of my calls have been usual cancellation calls, i.e. customers looking for a new offer as their contract has expired. I believe that all actions that we specifically take in retentions can be done online through customers managing their own accounts or via live chat if we were given the option to work from home' (Female, under 35, entertainment).

'I am cancelling sport - my job is not essential I am risking my life to go there and it to sit and cancel sport'. (Female, 25-35, telecoms)



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‘I have a newly born baby and I don’t consider putting his, mine and my partners and her kids’ lives at risk to cancel people's sport’. (Male, 25-35, telecoms)

‘I sell premium bonds. I understand it's essential to keep finance stable but I just don't want to die for 9.30 an hour’. (Female, 46-55, outsourcer)

‘Our clients are wealthy and have no financial troubles, they have bank accounts all over the world they can access. We do not do anything vitally important.’ (Male, 25-35, financial services)

‘Putting my families health on the line for calls about off chicken is not something I should feel obligated to do. We are not essential workers and to claim so would take away from those who are actually keeping this country running’. (Gender not given, under 25, outsourcer).

‘They have inflated our sales target so we can’t hit them to make bonus and then they will pay 80% contingency bonus if you can’t hit this target, and that's biased on a 13 week average so the money will just keep dropping to zero and the work load is more in that selling to financially crippled people is harder and makes me feel lower than the low, but has to be done to try hit this impossible target to keep any regular money flow’. (Male, 25-35, telecoms).

Third, those who believe that their services can be easily done on-line or where contact with a customer is still required could be performed working from home.

‘Almost everything I do can be either automated or done from home, it is simply a matter of investment’. (Male, under 25, financial services)

‘Any queries can be dealt with online via home working’. (Female, 46-55, civil services)

‘Customers are able to renew deals online and as there are no customers moving home or able to move to other companies during this time there is no need for me to be putting myself or family at risk’. (Female, 46-55, telecoms)

‘I don't directly deal with customers, I could easily complete my tasks at home. I don't speak to customers on the phone. We were initially provided with laptops only to be told they don't work, I know this to be untrue as a colleague of mine is able to do her job from home and was allowed the system access to do so. I don't understand why it would be different for anyone else. I've had to move out of my family home as I live with an "at risk" family member, so I can continue coming to work’. (Female, under 25, financial services).

In summarising the evidence of the responses to the previous two questions, the discrepancy is stark. While 62.6% agreed that they have been designated as essential or key workers, 68.8% believed that the roles that they performed did not justify that designation.

It is absolutely clear that many contact centre workers are undertaking key and essential roles during the Covid-19 crisis. They work on an invisible front line. These vital services include the emergency services, whether working in police communication rooms or on health service lines or on other 999 calls. Others in telecoms are ensuring that vulnerable, elderly and isolated



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members of our society remain crucially connected. In financial services, as financial worries escalate a range of services provide re-assurance, deal with urgent debt and payment concerns. Then there are the diverse civil service centres that provide vital assistance on issues of benefits, maintenance and social security.

In contrast, though, the evidence reveals, also, that significant numbers believe that they are coming into work and exposing themselves to serious risk, and yet are not performing important or key services, whether sales, unnecessary non-essential consumer enquiries or are undertaking work that could be resolved in other ways, either online or via homeworking.

2.18 Aspects of Work and Employment - Agreement/Disagreement with Statements

The findings contained in Table 10 provide statistical findings of important aspects of contact/call centre workers' experiences in post-Covid conditions. It might be helpful to begin with the three aspects that might be regarded as relating to discipline, attendance and performance. Almost 80% either 'strongly agreed' (51.4%) or 'agreed' (27.8%) with the statement, 'I do feel pressurised into coming to work'. Any expectation that there might have been some relaxation of or flexibility towards attendance are confounded by the responses to the statement, 'I am worried about my attendance record'. Here, 62.5% either 'strongly agreed' (37.7%) or 'agreed' (24.8%). Thirdly, there is the statement, 'I am worried about my Performance Appraisal', to which a majority, 51.8%, either 'strongly agreed' (31.5%) or 'agreed' (20.3%), another aspect of people management where a greater relaxation of the pressure on employees might have been expected.

Table 10: Please express your agreement or disagreement with the following statements.

	Strongly Agree %	Agree %	Neither %	Disagree %	Strongly Disagree %
I do feel pressurised into coming to work (n=370)	51.4	27.8	11.1	7.0	2.7
I come to work because I'm committed to customers (n=360)	14.7	28.9	29.4	18.6	8.3
I come to work because I'm worried about losing money (n=371)	46.9	26.1	8.6	10.5	7.8
I am worried about my attendance record (n=371)	37.7	24.8	15.1	12.1	10.2
I am worried about my Performance Appraisal (n=375)	31.5	20.3	18.7	17.6	12.0
I am worried about my colleagues' health (n=369)	56.4	32.5	6.2	3.5	1.4
I think it is likely I will catch Covid-19 (n=370)	42.2	32.2	20.5	3.2	1.9
I am worried I will give Covid-19 to family or friends (n=369)	63.1	26.0	6.8	1.6	1.9
I will come to work with a cold even if I don't think it's Covid (n=366)	32.2	26.5	11.7	18.6	10.9
Management is more interested in profits than my health (n=367)	47.7	21.8	14.7	10.6	5.2
Team Leaders are sympathetic to my Covid-19 pressures (n=376)	16.2	30.1	19.4	17.6	16.8
Managers are sympathetic to my Covid-19 pressures (n=359)	11.7	20.6	25.9	19.5	22.3
My targets and metrics are as tough and demanding as before (n=366)	15.3	13.1	31.7	24.6	15.3
Since Covid-19 customers have become more demanding (n=367)	35.1	25.9	22.1	12.0	4.9
My colleagues are more supportive than before Covid-19 (n=370)	23.5	30.8	33.8	7.6	4.3

For a minority, it would seem that Covid-19 has not led to a relaxation of work pressures. More than one in four (28.4%) 'strongly agreed' or 'agreed' with the statement, 'My targets and metrics are as tough and demanding as before'. A larger number, though, 39.9% 'disagreed' or 'strongly disagreed'. Nevertheless, a clear majority believed that their job had become more difficult in one notable respect. Sixty-one per cent 'agreed' or 'strongly agreed' with the statement, 'Since Covid-19 customers have become more demanding', compared to only 16.9% who disagreed.



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It is notable that in the context of the introduction of furlough payments and financial protections afforded workers, that as many as almost three quarters (73%) either ‘strongly agreed’ (46.9%) or ‘agreed’ with the statement ‘I come to work because I am worried about losing money’. Notwithstanding, the importance of this source of pressure and the justifiable concerns that employees have for their health and the risks they identify as being associated with the workplace, as many as 43.6% either ‘strongly agreed’ or ‘agreed’ that they come to work because they are ‘committed to customers’.

The table contains items on respondents’ perceptions of team leaders and managers’ sympathy towards employees. More respondents (46.3%) ‘agreed’ or ‘strongly agreed’ with the statement ‘Team Leaders are sympathetic to my Covid-19 pressures’, than those who ‘disagreed’ or ‘strongly disagreed’ (34.4%). Still, this latter statistic does mean that more than a third believed that team leaders were not sympathetic to the pressures faced by call centre agents. Attitudes to managers were less favourable. Less than one-third (32.3%) ‘agreed’ or ‘strongly agreed’ with the statement, ‘Managers are sympathetic to my Covid-19 pressures’, compared to the 41.8% who either ‘disagreed’ or ‘strongly disagreed’. Negative attitudes to management in general are exhibited by responses to the statement, ‘Management is more interested in profits than my health’. Almost seven in ten, 69.5%, either ‘agreed’ (21.8%) or ‘strongly agreed’ (47.7%).

It is appropriate to conclude this section by considering the responses to the statements regarding the perceived impact of Covid-19. Almost three-quarters of respondents, 74.4%, either agreed (32.2%) or strongly agreed (42.2%) with the statement, ‘I think it is likely I will catch Covid-19’, in contrast to the mere 5.1% who ‘disagreed’ or ‘strongly disagreed’. The following findings though are cause for even greater concern. Almost nine in ten, (89.1%) ‘agreed’ (26%) or ‘strongly agreed’ (63.1%) that they were they were ‘worried’ that they ‘will give Covid-19 to family or friends’. The responses to one of the statements provide at least some relief from these grim findings. A majority (54.3%) ‘agreed’ or ‘strongly agreed’ with statement, ‘My colleagues are more supportive than before Covid-19’.

2.19 Performance Management and Performance Appraisals? ^{xxxix}

Table 11: Management continuing with performance appraisals

	No.	%
No, but they said they might	12	3.3
No, they have stopped them	35	9.6
Not said one way or another	185	51.0
They have suspended them temporarily	59	16.3
Yes, they are still going ahead	72	19.8

Thoughts on Performance Management and Performance Appraisal.

Answers to this open question were given by 184 respondents. Only a very small number expressed positivity regarding performance management and appraisals in Covid-19 conditions, in many cases comments generalising into an expression of deep dislike for the process per se. Two brief comments of approval are as follows:

‘This has recently been eliminated and has taken a lot of pressure off of calls’. (Male, 25-35, telecoms)



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‘They are a bit more understanding of the teams’ service level not being as efficient’.
(Male, 25-35, financial services).

For the most part, these expressions of approval are exceptions. Even in cases where management is reported to have alleviated the stats underlying performance management, or have relaxed the processes, distrust is revealed.

‘My manager has not been expecting us to still meet targets, but, I still feel pressure to adhere to stats and adherence, as I still receive emails if I am not meeting my adherence’.
(Female, under-25, telecom, less than a year)

‘While I feel stats in general have been reduced, I still feel significant pressure to get sales in and that with calls being much more demanding and constant than normal, I feel even taking a couple of minutes break to clear my head is not allowed as it keeps getting drilled into us how when we’re there we need to be on the phone to get through as many calls’.
(Telecoms, age, gender, length of service not given)

The overwhelming body of responses concerned the inappropriateness of maintaining processes given the wholesale disruption to business and to call flows caused by the Covid-19 crisis, which undermined the achievability of measured performance on which appraisals and ratings were based. The following comments are quite representative of the breadth and depth of animosity.

‘Utterly ridiculous. This is not business as usual. They are glossing over the fact people are actually dying from this illness. However, they add more stress with our ratings’.
(Gender and age not given, financial services.)

‘Should of course be cancelled during what is a global pandemic and staff health prioritised’ (Male, 46-55, logistics)

‘They are ridiculous to begin with but they should be cancelled now. We are all under increased stress facing constant abuse from customers - KPIs and processes are the last thing we care about’. (Female, under 25, financial services)

‘Ridiculous considering the pressure we are all under’. (Female, 36-45, telecoms)

‘All efficiencies and performance should not be tracked in times like this. It is unfair on employees as we regularly get pressured about our stats’. (Male, 25-35, telecoms)

‘It is commonly believed that it is company policy to always find fault whilst giving a performance review. At this time of increased stress, it is affecting staff morale. I have not personally had a review in the last few weeks but have seen other colleagues complain about the additional pressure and have witnessed one colleague walking out in tears before taking the afternoon off. (Male, 25-35, telecoms)

‘Disgusting, people are terrified enough as it is to go in to work for non-essential working in an environment that is as dirty as it was before the outbreak just to turn a profit for a large company who could do without. People will come in and be told to pitch pitch pitch



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until they're blue in the face because managers and performance managers want to take as much advantage of a 3-month average bonus as they can'. (Male, 25-35, telecoms)

'Performance measures will not be achieved because people are not going to take out products during a recession. Our performance is reviewed annually so I imagine that most will not meet their target. It is not clear if those self-isolating will have an impact on attendance records'. (Male, 25-35, financial services)

Of additional concern from a risk perspective is the fact that 39.2% of the 260 who responded to the question regarding the form that planned or impending performance appraisals would take, reported that they would be in person. Of course, this might involve social distancing in a large space, but nevertheless the fact that appraisals have not been changed to remote forms is an issue.

2.20 Perceptions of Hazards

As a means of analysing the findings presented in this Table 12, in order to identify the relative seriousness of the respondents' perceptions of hazards, it is helpful to combine the 'very hazardous' and 'hazardous' percentages. Before turning to the analysis of the hazards associated with working in building, the transportation items will be considered. Clearly, the use of public transport is seen by respondents as a major hazard. More than two-thirds, 67.4%, without excluding the n/a responses perceived travelling to work by public transport as either 'hazardous' or 'very hazardous'. Excluding the N/A respondents, 77% believe that 'travelling to work by public transport' is 'very hazardous' and a further 16% 'quite hazardous'. By contrast, only 4.7% regarded travelling by car as either 'hazardous' or 'very hazardous'.

Table 12: Perceptions of hazards

	Very Hazardous	Hazardous	Somewhat Hazardous	Not Hazardous	N/A
Travelling to work by public transport (n=372) ^{xi}	55.6	11.8	4.0	0.3	28.2
Travelling to work by car (n=361)	0.8	3.9	28.5	36.6	30.2
Walking to the building (n=356)	13.2	25.0	35.1	23.6	3.1
Entry to the building/using the lift (n=367) ^{xli}	28.9	30.2	27.5	9.3	4.1
Accessing my work station (n=369)	26.3	32.5	28.2	12.7	0.3
Cleanliness/sanitisation of work stations (n=367)	28.6	30.2	29.2	11.7	0.3
Proximity of colleagues on floor (n=368)	26.1	30.2	30.7	12.8	0.3
Social distance when moving around (n=369)	39.0	29.8	20.3	8.7	1.4
Going to the toilet (n=366) ^{xlii}	39.3	30.1	20.5	8.7	1.4
Leaving the building (n=365)	22.5	28.8	33.7	14.8	0.3
Using headset and phone (n=365)	22.7	20.5	31.0	23.0	2.7
Work station being used by others (n=366)	61.5	14.2	9.6	5.7	9.0

Three features of working that stand out as being the most hazardous are in order 'work station being used by others', 'going to the toilet' and 'social distance when moving around'. The most serious hazard as perceived by respondents was the 'Work station being used by others', regarded by 75.7% as either 'very hazardous' or 'hazardous'. This finding emphatically confirms the indications throughout this report so far, that hotdesking is a major concern of call handlers. Next in terms of seriousness are 'going to the toilet' and 'social distance when moving around', which underscore the evidence of the problems in respect of these aspects as evidenced answers to earlier



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questions. ‘Going to the toilet’ was seen as ‘hazardous’ or ‘very hazardous’ by 69.4% and ‘social distance when moving around’ by 68.8%. Next in perceived seriousness of hazard is ‘entry to the lift/using the lift’, regarded by 59.1% as ‘very hazardous’ or ‘hazardous’. ‘Leaving the building’ is regarded as ‘very hazardous’ or ‘hazardous’ by 51.3% and ‘walking to the building’ by 38.2%.

Three issues associated with the work station are regarded as serious hazards. ‘Cleanliness/ sanitisation of the work station’ and ‘accessing the work station’ are seen equally by 58.8% as ‘hazardous’ or ‘very hazardous’. These are closely followed by ‘proximity of colleagues on the floor’ perceived as ‘very hazardous’ or ‘hazardous’ by 56.1%. An additional aspect of the labour process, ‘using the headset and phone’, which might be related to cleanliness and hotdesking is regarded by 43.2% as ‘very hazardous’ or ‘hazardous’.

2.21 Have you requested to work from home, but have been refused?

Of the 364 responses, 129 (35.4%) reported that they had not requested to work from home compared to 235 (64.6%) who stated that they had. Of the 258 who responded to a subsidiary question that asked respondents what had been the outcome of their request 15 (5.9%) had their request agreed, 146 (56.6%) were awaiting a decision and 37.6% had their request refused.

2.22 How worried are you now with working in a call centre, how worried were you 7 days ago, and how worried do you think you will be if you are still working in a call centre in 7- and 14-days’ time? (n=364)

Table 13: How worried/unworried are you with having to work in a call centre at the moment? (n=375)

Very worried %	Worried %	Neither %	Unworried %	Very unworried %
60.3	28.0	8.0	1.6	2.1

Table 14: How worried/unworried were you 7 days ago? (n=366)

Very worried %	Worried %	Neither %	Unworried %	Very unworried %
45.9	37.4	8.2	5.5	3.0

Table 15: If you have to remain working in a call centre how worried do you think you will be in 7 days’ time? (n=368)

Not worried %	Quite worried %	More worried %	Much more worried %	Terrified %
6.5	19.8	22.3	25	26.4

Table 16: If you have to remain working in a call centre how worried do you think you will be in 14 days’ time? (n=364)

Not worried %	Quite worried %	More worried %	Much more worried %	Terrified %
6.6	17.3	14.6	21.7	39.8



2.23 Do you know of colleagues in your call centre who have developed Covid-19 symptoms and have had to leave work and self-isolate?

Of the 369 respondents, 59 (16%) reported that they did not know, 33 (8.9%) stated no and 277 (75.1%) said yes. A subsidiary question asked respondents to provide details, which produced 258 responses. These responses are perhaps the most shocking of the entire survey and justify a full record being provided in an appendix (Appendix 3). Some respondents simply give numbers, from which it is impossible to say whether they represented colleagues with symptoms or confirmed cases. Nevertheless, it is instructive to provide these details.

Cases	No.	Cases	No.	Cases	No.	Cases	No.	Cases	No.
1	23	5	7	10	14	19	1	30	5
2	22	6	6	12	1	20	11	35	1
3	8	7	8	14	1	24	1	40	7
4	11	8	5	15	5	25	3	50	7

In addition, respondents provided percentage figures for their workplaces or their floors or teams. Some examples are given here.

‘40% of upgrade dept....most are still off’. (Female, 46-55, telecoms)

‘50 - 75% - Unknown’ (Male, 36-45, financial services)

‘50%’ (Gender not given, 25-35, telecoms)

‘70%’ (Gender not given, 35-45, sales)

‘80%, standard covid symptoms’ (Female, under 25, outsourcer)

‘Around 40% have symptoms, and there has been 2 confirmed cases, but that floor is still open and not deep cleaned at all’. (Female, 25-35, financial services)

‘Around 75% of colleagues have had to self-isolate’. (Male, under 25 financial services)

The extensive written comments provide further insight into the severity of the problem, a sample of which are provided here, including the reporting of fatalities and severe cases.

‘1 confirmed fatality from covid 19 from a colleague on a different floor of the building in a different dept. Approx 10 colleagues self-isolated and are all now fine’. (Male, 36-45, financial services)

‘1 who passed away’. (Female, financial services)

‘1 tested positive and the building was closed for 2 days then re-opened, others including my manager are self-isolating at home’. (Female, 46-55, financial services)

‘2 in critical condition countless others self-isolating’. (Male, financial services, 25-35)

‘5 people I know of have been sent home and one I know of has actually been tested positive and he was all over the news’. (Female, 25-35, entertainment)

‘All teams have had at least 15 people off, about half the team members. There are multiple teams on each shift rotation so probably about half the staff have had to isolate due to someone in their house having symptoms or having them themselves. (Female, under 25, financial services)



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‘Almost everyone on my floor has isolated that could be more than 100 people’. (Gender not given, under 25, telecoms)

‘I died, 2 mild symptoms returned after quarantine. (Female, 46-55, financial services)

‘Majority of staff including myself have had to self-isolate. I am aware that a colleague on the same floor has been hospitalised and tested positive for covid-19’. (Female, 25-35, financial services)

‘Of my knowledge there has been 1 confirmed case and 2 suspected cases. The confirmed case was a colleague who I know and am friendly with - he required hospital treatment. Managers are aware of this and tried to deny the situation at first. When the colleague eventually confirmed it to everyone for himself, they then accepted that it had happened but have made several cover stories to try to keep the office open’. (Female, 25-35, financial services)

Given this appalling testimony, it is no wonder that so many contact centre respondents in this survey expressed the worries that they did in 2.22, nor is it surprising that so many in 2.18 expressed the fear they would catch Covid-19 and/or would infect their family or friends.



Section 3: Those Working from Home^{xliii}

3.1 On what date did you move to homeworking and what date do you think you should have moved to homeworking?

135 respondents gave both the date on which they had moved to homeworking and the date when they believed they should have moved to homeworking. The mean difference between these dates was 8 days. A subsidiary question asked if there was a difference between the dates, what degree of risk did they believe they were exposed to from Covid-19 for the time they were compelled to remain in their centre. It should be born in mind that while the mean was 8 days, respondents reported a range of time gaps, from the longest at 39 days to many who moved on the same day that they thought they should.

Table 17: Perceived risk from delay in moving to homeworking (n=130)

Degree of perceived risk	No.	%
A great deal	32	24.6
Some risk	48	36.9
A little risk	29	22.3
No risk	21	16.2

Only 16% of the 130 who answered the question believed that there had been no risk, evidently mostly those who experienced no delay. For the remainder, 24.8% reported a great risk, 36.9% some risk and 22.3% a little risk,

3.2 How quickly or slowly was your organisation in making the homeworking arrangements?

A small majority (51.9%) believed that their organisation acted quickly or very quickly in facilitating homeworking. In contrast, 30.1% viewed their organisation as acting quite or very slowly.

Table 18: How quickly or slowly in making the homeworking arrangements? (n=133)

Very quickly %	Quite quickly %	Neither %	Quite slowly %	Very slowly %
26.3	25.6	18.1	15.8	14.3



Section 4: Comments

Experienced researchers are aware that when respondents fill in questionnaires, they are fortunate to acquire useful qualitative data from the final comments section. The lack of finely grained detail is one of the potential limitations of using the survey as a research instrument. That limitation is certainly not the case with this survey. As many as 131 of the Scottish contact/call centre worker respondents provided written comments. Some were succinct, emphatic one liners, which often conveyed a brutal truth.

Others were like essays, 100s of words of personal testimony and experience, all motivated by the fearful conditions in which they were working. Altogether, almost 10,000 words of written testimony were provided. While a summary of their content emphasises the common themes – the ever-present dangers encountered in the workplace, the acute frustration at being denied homeworking, profound questions regarding their status as key workers and the non-essential work that many believed they were undertaking or the fear of becoming ill or making family or loved ones ill – the most effective way to convey the richness of their testimony is to provide a selection of their comments. Some of the more personal quotations have been excluded, not least in order to maintain anonymity. Covid-19 is having tragic human consequences. Surely, where it is possible to make workers safe, then action should be urgently taken as many of these testimonies urge.

‘Any time the government advise us to stay at home we get an email or text telling us we're essential and we're expected to be in. A person was confirmed to have covid and we weren't told until 5 days after, we also weren't told who they were or where they sat, we had to find out for ourselves and it is still considered by management as a secret. The person's work station wasn't deep cleaned until almost a week after they were confirmed and cleaning took place at night so people wouldn't see it'. (Male, 25-35, financial services)

‘We are given free food but it is all put in the same place so people from all over the building are coming in and out of there. The lifts are still communal and there is no advice for social distancing while moving around the building. The management have introduced social distancing at workstations by removing the middle person from a three-person bank of desks but for some people this hasn't happened as they don't have the space. I am not the kind of person to concern myself with these things but there seems to be an attitude from management that they need to be seen to be putting things in place instead of implementing anything that is actually effective. I am of the opinion that my life isn't as important as a customers' inconvenience' (Anon).

‘Building should have been closed and employees offered to work at home’. (Female, 56-65, telecom)

‘Colleagues who have helped to test working from home say it is all running as it should and there are only a couple of minor things that need to be sorted before it will work - however the communication is that it will take another 2 weeks before we'll know if this has worked. There doesn't seem to be any urgency regarding getting staff working from home’. (Gender not given, 25-35, financial services)



‘Given the current situation I feel that my particular role within the company is a non-essential role. I work for [product] cancellations, a facility that could easily be moved temporarily online to reduce the risk of people like myself travelling on public transport (4 buses a day) to get into the office, to spend 11 hours in an area where although there have been some social distancing measures taken, there could be a lot of improvement. Since feeling so pressured to be in work, I have developed severe anxiety about going to my work, and dealing with the influx of calls we are getting that are non-essential, and quite frankly aggressive customers due to the excessive wait times. For something that can quite easily be managed online (such as the pause of sports subscription) I find it absurd that the company would continue to risk their staffs’ health in forcing them to work in the office’. (Female, under 25, entertainment)

‘I am genuinely so worried/anxious and miserable in the workplace. I have no issues at all continuing to work, however when I CAN DEFINITELY work from home and am being FORCED to come to the office (or take unpaid leave for 2 weeks) when actually the business are refusing to buy laptops I find this really so disappointing. I spoke to my team manager and voiced that I feel so undervalued and really let down as I have done everything to make the company a better place whilst I’m here, I explained my anxiety worries etc and was brushed aside and given more spreadsheets to tidy. I am more than happy to continue working but THIS MUST BE DONE FROM HOME! Please help, we are all really struggling’. (Female, 25-35, financial services)

‘I do not feel like the company has put staff’s H&S first. The site security guards do not wear gloves, social distancing is in place in the lifts for example but not enforced. People being sent home with symptoms and desks not being sealed off. They want staff to attend as per ‘bau’ until home working set up. Once home working kits are given they expect normal hours of work to be done from home. They are sending full kits home or 2 monitors, a key board and mouse etc so not just a laptop. Many people do not have work desks. No mobile phones given so expected to use own mobile to take calls with earphones so no headset. The whole process is a shambles’. (Male, 25-35, financial services)

‘I feel because the government said we were on list for key worker the bank have used this but were not all key worker so the bank can use this to make you come to work’. (Male, 46-55, financial services)

‘I feel like we're coming into work and being told “At some point in the next week a sniper is going to take up residence in the building across the street and he'll start trying to pick you off. Remember to wear body armour!”. We will soon have it in the workplace, it's an inevitable conclusion as is the eventual death of a colleague. This is insanity’. (Female, 46-55, outsourcer)

‘I feel that after a decade being treated as second class citizens in the civil service, we are now told we are key workers. Wages have increased by 60p/ hour in a decade. We are pressurised to meet U.K. Government targets while being patronised by management and politicians. Many of my colleagues are working 7 days a week as they feel pressured to do so’. (Male, 56-65, civil service)



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‘I truly feel the company are taking full advantage of the ambiguity regarding this telecommunications umbrella when it comes to getting sales staff to come in to work during this horrific time. The key key worker status is for 999 or connections, people who actually keep customers connected. We don’t! I am disgusted by how we have been treated during these already terrifying times’. (Female, 36-45, telecom)

‘My work are giving people no option but to come to work or go on SSP, they could furlough the workplace but won’t and don’t give anyone who is high risk the choice of furlough, they are putting peoples’ lives at risk for a job that isn’t essential and could be done online’. (Male, 25-35, outsourcer)

‘Old-world management behaviours are going to result in some of us here dying’. (Male, 56-65, telecom)

‘Our back-office area has been split between 2 floors and we were advised by management that if there was a breakout on a floor then the floor would be closed and everyone would be sent home for safety reasons which was initially reassuring. Following a confirmed case within office with the individual being hospitalized followed by the person next to them then experiencing the same situation, the company then breached their own set of standards and kept the floor open for business as usual’. (Male, 25-35, financial services)

‘THE HOT DESKING ISSUE HAS TO BE SOLVED AS IT IS WRONG’. (Male, 56-65, telecom)

‘Today is my first day back after being off for 4 weeks, three of which were self-isolation. today I’ve had to pass people who are well within the 2 metre social distancing advise. team leaders are standing at the end of desks talking to people and team members where there is little room to get by them causing you to be right next to them, ie within 1-2 feet. this really worries me as you can have all the safety measures in the world in place but if people don’t follow them then it’s all for nothing. plus I’ve heard (but not seen) that some people are trying to go in the lift more than one at a time’. (Female, 25-35, financial services)

‘WE SHOULD BE AS SAFE AS POSSIBLE PEOPLE ARE DYING FORM THIS’. (Female, 56-65, financial services)



Section 5: Discussion and Conclusions

5.1 Introduction

This report makes clear that very large numbers are extremely anxious, even ‘terrified’, of working in environments they perceive and experience as full of risks. A toxic mix of inadequate or impossible social distancing, much face-to-face contact, inadequacies of sanitisation, the dread of contamination from the workstation and, in particular, hotdesking, combine with deeply problematic air circulation, making homeworking an urgent necessity. It must be conceded that poorly designed and maintained HVAC systems can make occupants feel uncomfortable and even ill, but does not mean that they are necessarily transmitting Covid-19. However it is even more important to stress that recirculating HVAC systems in sealed buildings, that are otherwise might not be causing problems, *can still be distributing SARS-CoV-2 virions around the building*. It is instructive at this stage to engage with important recent studies and reports that deepen our understanding of these hazards.

5.2 Social Distancing

One powerful theme, based on substantial evidence, is the inadequacy of social distancing measures and, more dramatically, the impossibility of ensuring social distancing because of structural impediments that are intrinsic to the contact centre’s built environment - layout, configuration, space constraints, occupational density.

In this respect, research conducted by consultants on analytics, Buro Happold, has particular salience^{xliv}. Their report draws on analyses of the behaviour, and especially the movements, of employees in typical office environments, where employees’ actions can be digitally tracked by sensors and Internet of Things’ (IoT) devices. Movements include, for example, occupants leaving their desks, when they encounter colleagues and engage in conversations and how they interact in open-plan workspaces. From existing data sets, the distances between a building’s occupants were analysed to understand what would be required to implement 2m/6ft social distancing. The model they adopted involved digitally re-constructing a 1m radius circle around each (anonymised) employee as they undertook daily activities on the office floor. If the distance between two people remained more than 2 metres, then the digitally represented individual stays coloured green in the animation. ‘When the circles touch or intersect the social distancing is violated’. The exercise for a ‘typical’ office revealed ‘that most of the circles are red (violated) most of the time’ in the desk spaces, meeting rooms, corridors, entrances and cafes. The animation in the report is compelling and it is highly recommended that it be consulted^{xlv}.

A final insight from their report has major implications regarding safe social distancing, or the difficulty, if not total impossibility, of ensuring it in the contact centre environment. The study used a predictive modelling engine to scenario plan social distancing at office occupancy rates of 20%, 40%, 60% and 80%. The result was that beyond occupancy rates of 40%, wholesale revisions of desk layout and ‘high footfall areas’ would be required for effective social distancing. Recalling the finding from 2.4, respondents report on their perceptions of current occupancy rates, with means of 54% for call handlers, 62.3% for team leaders and 62.5% for managers, all significantly in excess of 40%. An issue always with the use of the means is that they conceal distribution. In fact, 38% of respondents in the survey were working on floors where call handler occupancy rates were 60% or more and this is *without* significant reconfiguration (merely minor adjustments) having taken place.

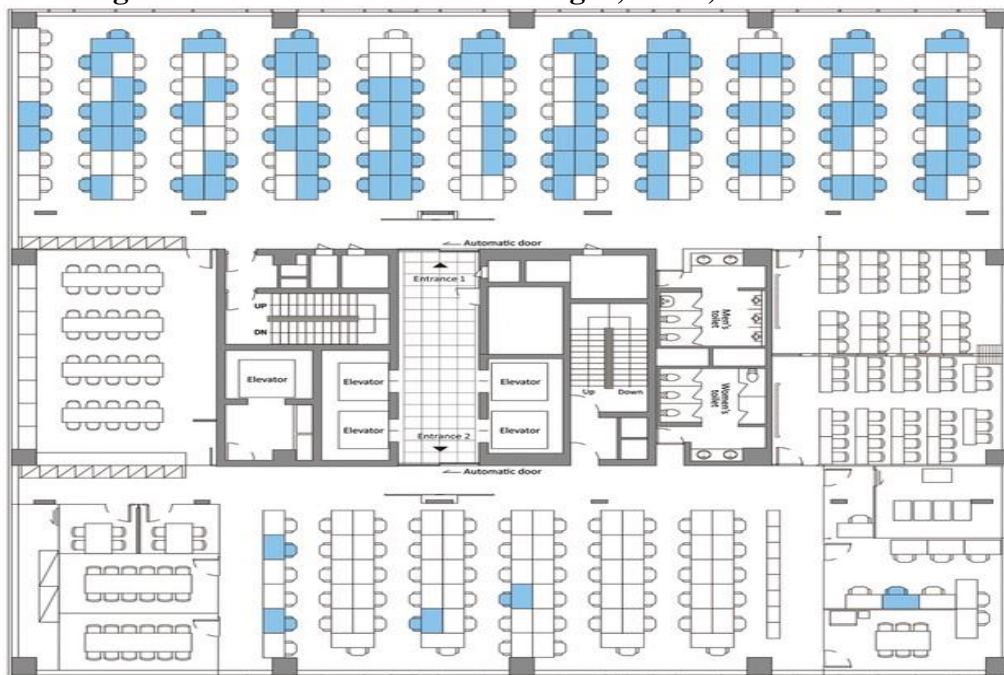


These reflections serve merely to amplify the dangers employees face from the problematic social distancing measures contact centre managers have put in place, as evidenced in 2.5-2.8. To potentially compound the danger, notwithstanding moves to further homeworking since data collection, many respondents report that centres are expecting to accommodate employees obliged to return to the workplace following periods of self-isolation. The headline stats from 2.20 should be emphatically restated – 68.8% of the surveyed workers perceived moving around the floor to be either ‘very hazardous’ or ‘hazardous’, and 56.3% perceived the proximity of colleagues to be either ‘very hazardous’ or ‘hazardous’. If this evidence of deeply problematic social distancing was all that this survey had revealed then it by itself would be sufficient to demonstrate the imperative of homeworking and invalidate decisions to have workers return to the centres while Covid-19 remains prevalent.

5.3 Covid-19 and the Korean Contact Centre Study – Model of Best Practice

An important study has analysed the epidemiology of a Covid19 outbreak at a call centre in Seoul, South Korea^{xlvi}. On 9 March 2020, the Korea Centre for Disease Control and Prevention (KCDC), the country’s public health authority, in tandem with local governments formed a joint response team to investigate and control a possible Covid-19 cluster at a commercial-residential building. In the 19-storey building, the call centre was located on the 7th-9th and 11th floors. In sharp contrast to the nature of responses in the UK, Building X (as referred to in the study) was immediately closed. Face-to-face interviews were conducted with case patients, using standard epidemiological investigation forms^{xlvi}. Of the 1,145 patients under investigation (PUI), 1,143 were tested for Covid-19, 922 employees, 20 residents and 20 visitors. The great majority, 96.9% (94) of confirmed cases worked on the 11th floor call centre, which had 216 employees, generating an ‘attack rate’ of 45.3%. Most cases were on the same side of the building (Figure 1).

Figure 1: Call Centre Floor Building X, Seoul, South Korea



(Source: Park et al, (2020) – shaded/blue work stations show confirmed cases)

The investigation followed up 225 household contacts of confirmed case-patients (average of 2.3 household members per confirmed case). Covid-19 had occurred in 34 household members who



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had contact with symptomatic case patients, amounting to a secondary ‘attack rate’ of 16.2%. In effect, the call centre had become an infection incubator which seeded secondary infections remotely in the workers’ homes. This case shows the importance of a continuous and effective test and trace regime such as demonstrated in South Korea^{xlvi}.

What is the general significance of this study and also the implications for the impact of Covid-19 on contact/call centre employees in Scotland? First, the outbreak shows alarmingly, in the researchers’ words, ‘that severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) can be exceptionally contagious in crowded office settings such as a call centre’. Second, despite considerable interaction between workers on different floors of Building X in the lifts and lobby, the spread of Covid-19 was confined almost exclusively to the 11th floor and very much to one side of the building. The authors suggest that these concentrations indicate the ‘duration of interaction’ was probably the main cause of transmission of SARS-CoV-2. However, they do not consider the possibility that HVAC might also be a facilitator. Third, this outbreak (as do those in Scotland) demonstrates that this is not simply an occupational health concern but has serious implications for public health generally. The secondary (household) attack rate of 16.5% raises major issues concerning the role of asymptomatic Covid-19 case patients in spreading the disease.

A striking difference between Korea, on the one hand, and the UK and Scotland, on the other hand, is in the contrasting extent of the mobilisation of state and public health resources into testing, tracking and tracing of potential cases. In addition to the rigour of the investigation into the building’s occupants, the extent of community monitoring is staggering in comparison to the UK; for example, between 13-16 March, 16,628 text messages were sent to persons who resided up to 5 minutes near Building X, instructing recipients to avoid contact with others and go to the nearest Covid-19 screening centre to get tested. (In Scotland, systematic testing and tracing was not introduced until 28 May 2020). At workplace level, KCDC’s scientific rigour enabled the location of cases on the call centre floor to be identified. Two comparative observations; first, the UK (and Scotland) do not come remotely close in workplace and worker mapping, monitoring, testing, identification and isolation and, second, even if such scientific rigour were applied, the widespread practice of hot desking in UK contact centres, would prevent the construction of such workplace maps, such as that developed for Building X, where workstations/seats could be mapped to specific cases of infection.

A general conclusion is that South Korea provides a model of best practice which the government, health authorities and employers should at least aspire to emulating. Despite the widespread knowledge of Covid-19 cases in Scottish contact centres has any single site ever been closed for any such investigation? Reports suggests that in one or two cases a centre might have been closed for a deep clean, for a day, but resumed operations despite the evidence of outbreaks of symptoms.

5.4 Heating Ventilation and Air Condition Systems

Amongst the most dramatic findings from the Scottish contact/call centre workers survey are those relating to the deeply problematic HVAC systems. The extensive written testimony conveys not only the deep discomfort long experienced through extremes of temperature, but also the attribution by employees of the extensive spread of infectious illnesses (pre-Covid) to these systems, irrespective of whether these systems might be operating sub-optimally, malfunctioning or even performing according to prescribed standards. If the analogy of the contact centre as a ‘petri dish’ for contamination because of the HVAC was made by one respondent, the sentiment is shared by very many. The profound dread that contact centre workers feel at the prospect of becoming contaminated by Covid-19 through HVAC transmission is statistically confirmed. To recall, 47% were ‘very worried’ and an additional 35.9% were ‘quite worried’ at HVACs’



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propensity to transmit the disease, fears that are far from groundless based on workers experiences, but also on knowledge of the functioning of HVAC systems.

Accordingly, the work of professional bodies applying their expert knowledge of HVACs helps us to understand the risks these systems pose to buildings' occupants. Drawing on the guidance document of the Federation of European Heating, Ventilation and Air Conditions Associations (REHVA)^{xlix}, several pertinent observations are made regarding recommendations for building services operations. They emphasise the importance of increasing both fresh air supply and exhaust ventilation, switching on fresh air supply hours in advance of building occupancy and keeping the supply continuous after occupants' exit. 'The key aspect', they maintain, 'is the amount of fresh air supplied per person'. However, the ancillary recommendation to use more window airing is, of course, unattainable in sealed buildings. Others are more critical regarding the questions of fresh and recirculated air, for is not just the amount of fresh air supplied that is important, but the amount of recirculated air is of crucial importance^l. Ideally, HVAC systems should be full fresh air without any recirculation, but in many buildings this is not the case.

Contrary to certain myths, humidification and air-conditioning have no practical effect. Both the levels of relative humidity (RH) and temperature tolerable (even possible) in the HVAC office contribute to virus transmission affecting virus viability, droplet nuclei and the susceptibility of occupants' mucous membranes. Coronaviruses are resistant to environmental changes and are susceptible only to a very high RH above 80% and a temperature above 30°C. Tests have shown that SARS-CoV-2 remains highly stable for 14 days at 4°C, 1 day at 37 °C and 30 minutes at 56°C^{li}. Humidification up to 65% may have little or no effect on the virus. The evidence does not support the view that moderate humidity (40-60%) will reduce the viability of SARS-CoV-2.

At the same time, REHVA point to specific dangers from HVAC systems. Under certain conditions, virus particles in extracted air can re-enter the building. Heat recovery devices may carry over virus attached to particles from the exhaust air side to the supply side via leaks. The problem is 'leakage from extract air supply into supply air'^{lii}. Older studies^{liii} suggest that the degree of uncontrolled transfer of polluted air can be in the unacceptable order of 20%. In addition, REHVA are emphatic that there should be no recirculation of air because virus particles in return ducts can re-enter a building when centralised air handling units are equipped with recirculating sectors. Although recirculation sectors are fitted with return air filters, the dampers should not be kept open because the filters do not effectively filter out particles with viruses. Some systems, REHVA maintains (fan coil and induction units), which work with local (room level) circulation should be switched off. Duct cleaning has no practical effect against room-to-room infection, particularly in circumstances of air recirculation. An expert in infection transmission affirms the significant point that:

'Many HVAC systems recirculate a proportion of the air in order to save on energy costs. This is a major problem from an infection control point of view, because viral particles can be recirculated continuously around the system and be widely distributed around the building via the HVAC system'^{liv}.

In 1.4. the nature of SARS-CoV-2 and its transmission routes were described and, immediately above, the role played by HVACs in possibly facilitating transmission is indicated. To conclude this section, the potential risk caused by speech droplets through HVACs is considered. In addition to the widely understood mechanisms of coughing and sneezing, talking (the *raison d'être* of call centres) may be sufficient to transmit particles^{lv}. Indeed, speech droplets by asymptomatic carriers of SARS-CoV-2 are increasingly believed to be a likely mode of transmission^{lvi}. From this study, highly sensitive laser light scattering observations confirm the



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‘substantial probability that speaking causes airborne virus transmission’. A serious concern is that *normal speech* (author’s emphasis) produces airborne droplets that can ‘remain suspended for tens of minutes or longer and are eminently capable of transmitting disease in confined spaces’^{lvii}. Thus, HVAC airflows in open plan contact centres may indeed facilitate diffusion.

The evidence from contact centre workers in Scotland, evaluated alongside relevant studies (5.2-5.4 above) prompts reflection on the sustainability of the sealed open plan contact centre. The open plan office originated in the USA in the 1920s, driven by the application of Taylorism to white-collar work^{lviii}. By the 1960s open plan became established as the model for offices in the USA, UK and Australia. The flexible arrangement of workstations and movable partitions became cost-saving imperatives, squeezing more people into a given floor space^{lix}. Open plan offices have promised employers the intertwined advantages of economies of space, the minimisation of ‘unproductive’ aspects of the built environment, and increased visual surveillance of employees^{lx}, intensified by the adoption of ‘non-territorial’ space practices, including hot-desking or desk sharing which offer further cost reduction through eliminating the individualised workstation^{lxi}. Leaving aside for now the long-established, evidence-based complaints that open-plan offices are noisy (even acoustically damaging), distracting and hamper productivity, the fact that they might be downright dangerous as sealed buildings with HVAC operations has been exposed by the ease with which SARS-CoV-2 is diffused. Given that around 7 of 10 offices have adopted the open plan office,^{lxii} existential questions are raised that go beyond the short and medium terms issues of the return of contact centre workers to the work floors and occupancy rates.

There appears to be a widespread misapprehension of the essential characteristics of the built environment of the contemporary modern office including contact/call centres. This failure extends to senior government levels in the UK. One telling example is this sentence ‘Across the country, office lights will be turned on *and windows thrown open* (author’s emphasis)^{lxiii}, included in the Chancellor of the Exchequer’s ‘statement on coronavirus (COVID-19)’ (29 May 2020). His upbeat projection of the return to work betrays a lack of knowledge regarding the prevalence of the sealed buildings, with their non-opening windows, within which HVACs represent a serious potential risk as propagators of SARS-CoV-2. A return to work based on such inadequate knowledge and appreciation of the extant hazards could have lethal consequences.

5.5 Bathrooms and Toilets

To recall, 69.4% of contact centre respondents believe that going to the toilet is either ‘very hazardous’ (39.3%) or ‘hazardous’ (30.1%). Workers’ fears, in this respect again, are well founded. Clearly, visiting the toilet exposes contact centre workers to the serious risks from compromised social distancing by walking through the building that this study has fully evidenced. However, from written testimony, workers report concerns regarding specific aspects of toilet facilities, including social distancing within these closed spaces, the effectiveness and frequency of cleansing and sanitisation, standards of hygiene and the efficacy of washing and drying arrangements. Knowledge of the faecal-oral transmission route, understated in the early stages of Covid-19’s development, has grown. The WHO’s technical briefing of 23 April 2020 recommended the closure of toilet lids as a precautionary measure during flushing^{lxiv}.

Notwithstanding the vigorous defence of hand drying mechanisms by manufacturers, scientific studies are less sanguine. Research has indicted that within large buildings, potentially pathogenic bacteria, including bacterial spores, may travel between rooms and subsequent bacterial/spore by hand dryers is a possible mechanism for the spread of infectious bacteria. It is known that flushing toilets create plumes containing droplets and droplet residue when they are flushed with open lids. Also, SARS-CoV-2 viruses have been detected in stool samples^{lxv}.



This pre-Covid-19 study's results^{lxvi} have indicated that many kinds of bacteria can be deposited on hands exposed to hand dryers and that spores could be dispersed throughout buildings and deposited on hands by hand dryers. Scientific evidence of the dissemination of SARS-CoV-2 by hand dryers has, to the best of this author's knowledge, yet to emerge, but the potential hazards from hand dryers in relation to bacterial transmission is well-established and, thus, erring on the side of caution and precaution it is clear that hand dryers in the toilets of contact centres and offices must be disabled^{lxvii}.

5.6 HM Government Guidance for Offices and Contact Centres

On 11 May 2020, HM Government issued guidance for employers, employees and the self-employed on 'Working safely during COVID-19 in offices and contact centres'^{lxviii}. Much of the early document provides generic advice of the need to conduct Covid-19 risk assessments, the involvement of employees and trade unions, where they exist, and the sharing of the results. Section 2 declares the government's objective, 'That everyone should work from home, unless they cannot work from home', an apparently straightforward statement but one which, when elaborated, is quite imprecise. Notable here is the guidance regarding which workers should remain on-site, and specifically the clause stating those 'in roles critical for business and operational continuity' which, as seen in 2.17 and 2.18 has been the source of contestation between management and employees. Clusters of workers disagree with management on what services constitute 'business critical'. Some discrepancy exists also in the subsequent clause, which refer to those workers 'who are unable to work remotely due to home circumstances or the unavailability of safe enabling equipment'. Admittedly, the document does then emphasise as step 'that will usually be needed' is to plan for the minimum number needed on site.

Attention is then given to ensuring protections for the 'clinically extremely vulnerable' and the 'clinically vulnerable'. Those in the former category are 'strongly advised not to work outside the home', and the latter are asked 'to take extra care in observing social distancing and should be helped to work from home'. Yet, 'the clinically vulnerable' should be offered the option of working on-site if they cannot work from home. In contact centres, as evidenced, a sizable number appear to be denied the option of homeworking, which would prevent exposure to significant workplace hazards. The document then emphasises the importance of maintaining 2m. social distancing, a separation that the evidence (2.5-2.12) establishes is well-nigh impossible.

To be blunt, the generic guidance on social distancing when applied to the realities of contact centre working is inadequate. Perhaps the most flawed aspect is the addition of 'wherever possible' to the injunction to maintain social distancing, for it opens the door to infractions that might engender exposure to risk. While the guidance suggests that where social distancing cannot be followed businesses need to consider whether that activity needs to continue for the business to operate^{lxix}, the mitigating actions recommended are quite insufficient. Increasing the frequency of hand washing and surface cleaning, keeping the activity time as short as possible, using screen or barriers, using back-to-back work or side-to-side working (rather than face-to-face) *whenever possible* (author's emphasis) hardly comes close to overcoming the risks posed by the distinctive characteristics of the contact centre work organisation and workspace configuration.

Equally inadequate, insofar as contact centres are concerned is the applicability of the guidance and advice regarding maintaining social distancing *whenever possible* (author's emphasis) 'while workers travel through the workplace'^{lxx}. First, is the recommendation that non-essential 'trips' should be discouraged within buildings. Yet, even though the contact centre labour process involves extensive sedentary working, an essential part of the job can also involve printing



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documents, interacting with colleagues and consulting with line managers, as the data in 2.10 demonstrates. While most managements have restricted lift occupancy, closed common areas, introduced signage and one-way walking tracks, which are appropriate and commendable, a dominant conclusion of the primary data here, to repeat, is that despite the best intentions social distancing in practice is unachievable. To give one example. The guidance encourages office workers to use stairs rather than lifts *wherever possible*, in order to socially distance, but a number of employees report the confined spaces on stairwells that again compromise the 2m limit.

Further difficulties are evident in the workstation guidance and the stated objective ‘to maintain social distancing between individuals when they are at their workstations’^{lxxi}. A particular objection can be made to the recommended step, worth quoting in full: ‘Workstations should be assigned to an individual *and not shared* (author’s emphasis). If they need to be shared they should be shared by the smallest number of people’. Now this injunction is contradictory, for the first sentence, an emphatic prohibition, should negate the second. Conflicting guidance is also given on hot-desking, universally loathed by contact centre workers and perceived by respondents throughout as a major hazard. On the one hand ‘avoiding the use of hot desks’ is recommended yet, in the same sentence the exception is made so that, ‘where not possible, for example call centres or training facilities, cleaning workstations between occupants’^{lxxii} should be implemented. The pictures included in the guidance as examples of safe, socially distanced layouts^{lxxiii} are idealistic representations that appear to bear little relation to the actual arrangements that have been put in place (2.5-2.12) and fail to take account of the issues raised in 5.2.

The guidance regarding meetings and common areas (Sections 3.3 and 3.4) is sound enough in principle, in respect of, minimising in-person meeting, providing hand sanitiser in meeting rooms, restricting access to common areas or installing screens in reception areas, providing packaged meals to avoid congregated canteens and so on. Yet, they are patently inadequate, in practice, for often even these measures are implemented, violations of social distancing protocols are widely reported. For example, the recommendation, ‘where it is not possible to move workstations further apart, using screens to separate people from each other’^{lxxiv} appears sensible, but evidence has shown problems with the height of screens, gaps between them in the context of proximities of under, sometimes well under, 2 metres.

‘Reducing face-to-face’ meetings is completely reasonable as a step ‘that will usually be needed’ but, as demonstrated in 2.7 and 2.8 they remain widespread (team meetings, huddles, 1-1s) in contact centres in Scotland. Clearly, much more could and should be done to implement them but familiarity with the contact centre labour process suggests that face-to-face verbal interactions between colleagues, and/or between team leaders and call handlers, over a range of matters (escalations, problem queries, clarifications, knowledge exchange, product changes, changes to operating procedures) are the very stuff of daily task performance. Some of the generic guidance is fanciful, even bizarre, when applied to the contact centre environment and the realities of work organisation (e.g. targets and time pressures) and building design. Take for example the following encouragement: ‘Holding meetings outdoors or in well-ventilated rooms whenever possible’^{lxxv}.

This critique of the HM Government’s guidance proceeds now to Section 5^{lxxvi}, ‘Cleaning the Workplace’, which again, unfortunately in important respects, falls far short of providing recommendations that would minimise, let alone eliminate, risks and hazards. Clearly some recommended measures regarding cleansing and sanitisation represent basic requirements but, generally do not err on the side of caution. The most salient weaknesses are to be found in consideration of HVACs. Given the weight of primary evidence in 2.16 and of the additional scientific expertise reviewed in 5.4 it is inadequate to limit recommendations to checking whether



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organisations ‘need to service or adjust ventilation systems’, to not ‘automatically reducing ventilation levels’ and that ‘most AC systems do not need adjustment’. The problem is that disturbing the dust in the HVAC ductwork can create a secondary outbreak of Covid-19.

These meagre measures appear not to have been informed by scientific and critical facilities management studies that have considered the problematic nature of HVACs. There is no mention of the risks associated with recirculated air, the re-introduction of expelled contaminated air, the potential hazards associated with the circulation of droplets within sealed buildings, no consideration at all of this dominant feature of the built environment. A telling instance of the inadequacy of the guidance can be seen in the final recommended step in the report’s Section 5.1, that ‘Opening windows and doors frequently to encourage ventilation’, appended with the frequently recurring qualifier ‘where possible’.

Additional limitations in the guidance relate to the Section 5.3 covering hygiene, handwashing, sanitation, facilities and toilets. Again, certain recommendations, including those on signage, posters, frequency and technique of handwashing and containing coughs and sneezes are generic and of course essential for every social engagement. Yet, call centre specific guidance in a document purportedly directed at those working in this environment is lacking. Now, when the report emphasises the importance of avoiding touching your face, it again fails to consider distinctive characteristics of the labour process. The wearing of, and the need to continually adjust, headsets during task performance inevitably means the touching of the head or face, is not considered. A simple recommendation would have been that management should provide personal sanitisers for each individual at each (not hot-desked) work station, in order for workers to be able to regularly clean their hands as required. In 2.14 48.3% of respondents believed management was ‘very ineffective or ‘ineffective’ in ‘sanitising the work stations and head-sets’.

On the issue of toilets and the maintenance of hygiene standards, much of the guidance is practicable and sound, regarding the provision of hand sanitiser, cleaning regimes and the achievement of social distance, albeit though with a qualification of the last of these ‘as much as possible’^{lxxvii}. Nevertheless, as in other respects, the guidance is guilty of the sin of omission for it does not mention the closing of toilet seats when flushing. Finally, an objection can be raised with regards to the use of hand dryers. For while, it is recommended that paper towels be provided as an alternative to hand dryers in handwashing facilities, in tacit recognition of the evidence presented above in 5.5. However, the message is diluted, again, by the added suffix ‘where possible’. It is not possible to conceive of circumstances where electric hand dryers could not be disabled and for hand paper towels to be provided as a complete alternative.

There is also the problematic area of PPE provision, without engaging in detailed discussion of the different forms and properties of PPE, which of course includes respiratory protective equipment. However, the objection here is the dismissal in the report of the possibility that when managing the risk of Covid-19, ‘additional PPE beyond what you usually wear is not beneficial’ because ‘Covid-19 is a different type of risk to those you normally face in the workplace’^{lxxviii}. The exception, the report states, is clinical settings or a limited number of first respondents such as immigrant enforcement officers. Nevertheless, somewhat contradictorily, it states that if a risk assessment does show that the risk of Covid-19 transmission is very high, ‘PPE should be provided free of charge to workers who need it’. It is forcibly argued in this study of Scotland’s contact centres, based on the key diagnostic resource of worker evaluations of their own conditions^{lxxix} and a range of supplementary studies, that the risk of transmission in these environments is indeed very high.



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In this respect, face coverings or masks may be appropriate for contact centre workers, not as a replacement for other ways of managing risks (or preferably home working as the central conclusion of this report) but a supplementary protection. For example, coverings or masks could be used for entry into and exit from buildings at shift start and finish times in order to at least partially reduce risk in congested areas, with the proviso that hand washing precedes attaching and detaching them. Hand sanitisation at the work station would enable coverings to be attached or detached prior to navigating the floor which, is widely reported, are hazardous because of social distancing transgressions. It should be recalled that 80.3% of respondents believed that management were either ‘very ineffective’ or ‘ineffective’ in providing PPE.

A final omission in the HM Government’s guidance concerns the absence of reference to, or recommendation of, Section 44 of the Employment Relations Act (1996), which provides employees with the means to contest the adequacy or appropriateness of safety arrangements without the fear of recrimination or detriment. According to this legislation, employees have the right to leave and not to return to a workplace if the conditions, they reasonably believe, constitute a ‘serious and imminent’ danger that they cannot avoid. While not at work they should receive full pay^{lxxx}.



Section 6: Recommendations

The Scottish contact/call centre workers, who report in large numbers in this survey, demonstrate that their working environments are a serious health risk, with exposure to SARS-CoV-2 and the possibility of developing Covid-19 an ever-present possibility. The fear that employees express through their responses and presented, discussed and analysed in this report are far from abstractions. A salutary reminder of how direct and personally experienced are the dangers, sections 2.22 and 2.23 workers reveal their own worries and the widespread extent of Covid-19 symptoms, serious and mild cases and even fatalities among their colleagues.

6.1. Recommendation 1

These findings alone should be sufficient reason for organisations to **evacuate those deeply problematic workplaces and to facilitate homeworking or furloughing as speedily as possible**. The default position for the sector should be homeworking and not the maintenance of existing on-site centres. Quite simply, workers urgently need to be made safe. There are circumstances where contact centre or control room operations are genuinely providing emergency or key or essential services, but these should be regarded as necessary exceptions to the general rule of skeleton staffing and homeworking

6.2 Recommendation 2

An important point is that the risks and dangers workers face and the transmission routes of SARS-CoV-2, means that these are not simply matters of occupational health and safety, though they unavoidably are and a major focus, of course, must be on making these workplaces safe. Yet, this is inescapably a **public health issue**. Two pieces of statistical data alone make the public health dimension and responsibility explicit.

First, looking at 2.20 and Table 12, and excluding those who report N/A, 77% of respondents believe that ‘travelling to work by public transport’ is ‘very hazardous’ and a further 16% ‘quite hazardous’. Second, it is shocking that 74.4% of respondents ‘strongly agree’ or ‘agree’ with the statement, ‘I think it is likely I will catch Covid-19’, but it is simply staggering that 89.1% ‘strongly agree’ or ‘agree’ with the statement, ‘I am worried I will give Covid-19 to family or friends’. The Korean call centre example (5.3) makes graphic the scale of ‘primary attack’ at 45.3%, but also ‘secondary attack’, that is to say call centre workers infecting household members of 16.2%. Inevitably, similar transmission routes to the household and community from the workplace will have occurred in Scotland, if perhaps not at the scale of this case study, although it has to be conceded that we simply do not know, because the test, trace and isolate measures were not systematically put in place until 28 May 2020.

6.3 Recommendation 3

An **emergency conference in Scotland** be organised to discuss the evidence of, and the issues by, raised in this report. Such a conference should include health and safety campaigns (Hazards), academics, the STUC, trade unions that represent large numbers of contact centre workers (e.g. CWU, Unite the Union, PCS) and frontline workers, the Scottish Government, COSLA, Local Authorities’ Environmental Offices, HSE and employers.

Important lessons must be learned regarding UK and Scottish governmental and agency responses to the imminence and arrival of the pandemic^{lxxxix} in the context of the fact that the threat to UK



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workers' health and safety has not been theoretical since December 2019. While critical appraisal of the efficacy of responses, actions and measures must inevitably take place, given the unpreparedness of governments to the pandemic, despite warnings from NGOs and the WHO, the emphasis should be on the development of inter-agency working (Scottish Government, Public Health Scotland, COSLA, Health and Safety Executive, Trade Unions) to overcome inherited limitations in policy, resourcing and regulation. Best international practice should be learnt from. Consider the Korean example (5.3) where the workplace was closed on the disclosure of a call centre outbreak, the country's public health authority in tandem with local government formed a joint response team to investigate thoroughly test, track, trace, isolate and control the Covid-19 cluster.

6.4 Recommendation 4

The context is that while many contact centre workers are homeworking, many are not. As an initial step, then, an **immediate audit of all contact centres in Scotland** should be conducted, which will establish exact figures on those working on-site and those homeworking, and should encompass reliable data of the numbers of workers furloughed, those self-isolating or who have self-isolated, and those reporting Covid-19 symptoms or having had them. Acquiring such robust data must surely be a starting point for informing strategies regarding moves out of the lockdown. It raises the wider question of understanding more generally the epidemiological characteristics of particular occupations and industries.

One particular challenge as far as contact centres is concerned is that, with the exception of the outsourced sub-sector, strictly speaking they do not constitute an 'industry'^{lxxxii}, but rather a distinctive organisational form embedded within industry verticals or public sector organisations, such as financial services, telecommunications, travel or the civil service. Their common organisational features tend to be more important than the influence of the industry in which they are embedded. Further, government occupational categorisations (SOCs) do not accurately capture them. A final consideration is that, notwithstanding Brexit it is important that the HSCE Regs are scrutinised as part of an audit by state regulators. Particular emphasis should be applied where there is no trade union presence. The actual or perceived threat of enforcement action should underpin the process. The state regulators should audit this with immediate effect.

One important consideration that the audit must encompass is the question of the appropriateness of organisations maintaining targets, the pressures that workers are placed under that may be contributory factors in workers breaching safety guidance.

6.5 Recommendation 5

The built environment of contact centres has common features, including physical workstation arrangements and technological architecture, floor layout, space utilisation, reliance on HVACs, and there are common workforce utilisation and work organisation characteristics, including high-density occupancy^{lxxxiii}, teamworking, flat organisations, labour process, all of which 'in normal times' produce health and safety risks, but with SARS-CoV-2 transmission and the Covid-19 disease generate extreme hazards. However, the configurations of these elements differ according to specific centres, which despite commonalities, may have unique aspects. Accordingly, **risk assessments** must be conducted in each and every contact/call centre workplace, each building in which they are located and within each floor. This report argues accordingly that **Sectoral Guidance** developed by unions, employers and supported by the Scottish Government will perforce require a somewhat different approach and should be constructed on the basis of the sectoral audit (Recommendation 4) and informed by these risk assessments. Contact Centre



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Sectoral Guidance should follow the detailed specifications outlined in the STUC Paper ‘Principles for Relaxing Lockdown’^{lxxxiv}. A final point of emphasis concerns the provisions of Section 44 of the Employment Relations Act (1996) discussed in 5.6 above^{lxxxv}. While trade unions have promoted awareness of important legislation, which gives employees the right to withdraw from, and not to return to, workplaces where they reasonably believe they face ‘serious and imminent danger’, this provision needs to be emphasised in risk assessments and to be widely publicised by the Scottish Government and appropriate agencies.

6.6 Recommendation 6

Thorough risk assessments must form the basis of creating the conditions that can establish workplace safety. These assessments need to be informed by the insights provided by the evidence in this report, prompted by the important principle that worker evaluations of their own conditions are a key diagnostic resource. They must additionally draw on extant and emerging scientific, epidemiological, occupational health, academic and additional sources of expert knowledge. Risk assessments should be undertaken by employers and by trade unions, particularly health and safety reps who will require additional support and resources from government and employers. Given that levels of trade union density and the extent of union recognition in Scotland means that many contact centre workplaces lack an organised trade union presence – particularly the outsourced sub-sector – the role of **roving health and safety reps** assumes great importance. Such reps should have the right to inspect all workplace in a companies’ supply chains.

In the context of the contact centre sector using roving reps will include circumstances where activities are outsourced. To give but one example; it is the author’s understanding that the AGO contact centre in East Kilbride is performing services on behalf of the DWP, which would mean that this centre should be inspected by reps of the PCS union who represent workers in and are recognised by the DWP. Teleperformance^{lxxxvi} and Webhelp, important global outsourcing companies, with a significant presence in Scotland also deliver services for unionised companies. However, the remit of roving reps should not be confined simply to ‘supply chain’ outsourcing, but to all non-union centres.

Risk assessments should include a critical evaluation of the measures management have taken and are currently taking. For example, reports are emerging of certain contact centre employers taking the temperature of workers entering sites. Such measures should be independently scrutinised from public health and occupational health perspectives to ensure that they are meaningful and not merely aesthetic, and that they form part of a holistic strategy that tackles the widely reported problems of inadequate social distancing, cleansing and sanitisation, movement through the building, structural impediments of workstation layout and, of course, the potentially dangerous effects of HVAC systems in sealed buildings. Relatedly, monitoring health and safety going forward as workers return to workplaces - that of course should only take place when workers believe that it is safe to do so – will be just as important as monitoring now in order to prevent more outbreaks.

6.7 Recommendation 7

Although belated, the Test and Protect approach^{lxxxvii} announced 28 May 2020 is welcome. Given both the primary evidence and supplementary sources analysed in this report, it has been established that contact/call centres are potentially particular hot spots of coronavirus transmission. Accordingly, and consistent with best practice evident in South Korea it is



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recommended that **all contact centre workers in Scotland be tested** and positive cases isolated and treated and then **contacts traced** and appropriate actions then taken. If workplace outbreaks do break out then the Korean model of contact centre closure and test, trace, isolate and treat should be emulated with the proviso of no detriment to workers.

6.8 Final Conclusion

This report concludes with the most important sentence from the STUC Paper on the principles for relaxing lockdown, a position advocated by Hazards^{lxxxviii}: ‘It continues to be a fundamental principle that if work cannot be undertaken safely, it should not be undertaken at all’. The evidence presented in this report, both statistical data from the self-completed questionnaires and the extensive written testimony, is all the more important in the context of an emerging narrative from the UK government of a return to work. There should be no going back to work until and unless workers believe that it is safe to do so. Implementing the recommendations above are essential steps for ensuring this protection. The South Korean call centre case provides a model of best practice, contrasting with contact/call centres in Scotland which contain very serious hazards.

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ⁱⁱ The pathbreaking study of the sector for Scottish Enterprise was by Taylor and Bain (1997), followed by further audits by the same authors (2001; 2003) and studies using the same data-gathering methodologies by Taylor and Anderson (2008; 2012).

ⁱⁱⁱ Taylor, P. and Anderson, P. (2012)

^{iv} Taylor, P. and Bain, P. (2005)

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^x Taylor, P. *et al.* (2003) p. 446

^{xi} Carter, B. *et al.* (2013) p. 762

^{xii} WHO (2020) see website https://www.who.int/health-topics/coronavirus#tab=tab_1

^{xiii} REHVA (2002)

^{xiv} Guan, W-J *et al.* (2020)

^{xv} Correspondence from C. Beggs: 'Many particles >10 microns become truly airborne and can travel long distances, including being recirculated through HVAC ductwork systems. For example, according to Stokes' Law a 12 micron particle will take 7.5 minutes to fall 2m in still air. In a typical office space with a HVAC system the air is not still and so the droplet will remain suspended in the air and may enter the ductwork system, where it can be recirculated'.

^{xvi} *ibid*

^{xvii} Correspondence from: C. Beggs (6 June 2020) observes, 'That is why we find dust deposited on high ledges and in return air ducts in HVAC systems'.

^{xviii} REHVA (2020) p.2

^{xix} Li, Y. *et al.* (2005)

^{xx} Zhang, W *et al.* (2020)

^{xxi} REHVA (2020) p.2

^{xxii} C. Beggs (6 June 2020): 'I agree with this statement'.

^{xxiii} Hook, V.H. (1980)

^{xxiv} Beggs, C. *et al.* (2003; 2010; 2015)

^{xxv} Kenyon *et al.* (2010) The authors modelled TB transmission in the confined space of an aircraft cabin in a long-haul flight.

^{xxvi} Ryan, R.M. *et al.* (2011)

^{xxvii} Beggs, C. *et al.* p.471

^{xxviii} The National (2020)



- xxix Preliminary findings were released on 13 April (Taylor, 2002a) and were followed by an Intermediate Report on 1 May (Taylor, 2020b)
- xxx HM Government (2020) p.4.
- xxxi Watterson, A. (1994)
- xxxii Watterson, A. (2017)
- xxxiii The research process guaranteed the anonymity of respondents while ethical practices were adhered to. The quotes used in the report are mostly accompanied by descriptors of gender, age band, sector, length of service (although not all were given), but do not specify company or location, in order to maintain anonymity.
- xxxiv Molloy, C. (2020)
- xxxv Several respondents deviated from the question to describe how face-to-face interaction between and especially between team leaders or managers and agents still occurred. Such interactions involved team meetings, 1-to-1s and supervisory engagement. The occurrence and form of such interactions are the subject of specific questions later in the survey.
- xxxvi As discussed below (5.5) that a non-functioning hand dryer might be a blessing in disguise.
- xxxvii WHO (2020b)
- xxxviii See Taylor, P. *et al.* (2010)
- xxxix See Taylor, P. (2013)
- xl Correspondence from: C. Beggs (6 June 2020) comments, ‘This is very hazardous’.
- xli *ibid.* ‘Using the lift is very hazardous’.
- xlii *ibid.* ‘This is also very hazardous’.
- xliii The survey has an extended section on homeworking which will be the focus of a later report. It will consider in detail the experiences of those who have been homeworked. It is not necessary to elaborate on these findings in this report, the focus of which is to consider the experiences of those still working in centres, and the conclusion of which ultimately has been to highlight the serious dangers that workers are facing from exposure to Covid-19 and to urge that they be made safe. Homeworking is the principal remedy and recommendation.
- xliv Sharma, S. (2020)
- xlv Sharma, S. (2020) *ibid.*
- xlvi Park, S.Y., Kim, Y.M. *et al.* (2020)
- xlvi To the author’s knowledge no such investigation has been conducted in a contact centre workplace in the UK.
- xlvi C. Beggs (6 June 2020). Comments on first version of this report.
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- ¹ C. Beggs, Comments on first draft. (6 June 2020)
- li Chin *et al.* (2020)
- lii REHVA (2020) p.5
- liii Carlsson *et al.* (1995) cited in REVA *ibid.*, p.5
- liv C. Beggs, correspondence with author (6 June 2020)
- lv Japanese Ministry of Health Labor and Welfare (2020) cited in REHVA (2020), p.3
- lvi Stadnytskyi, V. *et al.* (2020), Anfinrud *et al.* (2020)
- lvii Stadnytskyi, V. *et al.* (2020) *ibid.* p.2063
- lviii Duffy (1980)
- lix Aronoff and Kaplan (1995)
- lx Baldry, C and Barnes, A. (2012)
- lxi Vischer, (2005)
- lxii Holder, S. (2020)
- lxiii HM Government (2020a)
- lxiv WHO (2020c)
- lxv Zhang *et al.* (2020)
- lxvi Huesca-Espita, L. *et al.* (2020)
- lxvii Some are more positive regarding the effectiveness of particular brands of hand dryers in preventing pathogen transfer on hands. See, for example, Snelling *et al.* (2011)
- lxviii HM Government (2020b)
- lxix *ibid.*, p.10
- lxx *ibid.*, p.12
- lxxi *ibid.*, p.13
- lxxii *ibid.*, p.13
- lxxiii *ibid.*, p.13
- lxxiv *ibid.*, p.13
- lxxv *ibid.*, p.14
- lxxvi *ibid.*, p.20-22
- lxxvii *ibid.* p.21



- lxxviii *ibid* p.24-25
- lxxix Watterson, A. (1994)
- lxxx Asquith, S. (2020)
- lxxxi Watterson, A. (2020)
- lxxxii Taylor, P. (2014)
- lxxxiii HSE (2013 second edition) which specifies the Workplace (Health, Safety and Welfare) Regulations (1992) that include
- lxxxiv STUC (2020)
- lxxxv Asquith, S. (2020)
- lxxxvi Teleperformance is the largest dedicated customer contact centre organisation in the world.
- lxxxvii Scottish Government (2020)
- lxxxviii <http://www.hazardscampaign.org.uk/>



Appendix 1

How are you expected to move around the floor avoiding contact? What about corridors and tight spaces? Critical Comments (n=217)

no guidance on corridors apart from try to keep 2 meters away, this doesn't really work in practice.

1 person at a time keeping distance altho this isn't always possible

Impossible to do social distancing on the floor when walking to desk

1 person per lift means that the stairwells are busy with people. queuing system for food at the canteen however at 1 o'clock this is so busy the social distancing rules cannot apply, large groups of people waiting for food.

2 meter distance per colleague however it's difficult when the all centre is full of staff

2 meters apart but doesn't happen

2 metre apart but difficult with amount of people in

a poorly implemented one way system

Adhering to 2m social distancing on main floor, however main thoroughfare on each floor is only

1.75m wide, so pretty difficult to maintain social distancing. Travel on the right side of main corridors, one way system on staircases, one person at a time in lifts.

ample space to move but within seating you cannot keep 2metre rule as got walk past other within 2feet

As above, we're asked to do our best to follow the guidelines however not always possible due to communal printing areas, etc

As normal

As normal

As normal but hand sanitiser available.

As normal just don't cough when passing anyone

As normal you can't avoid walking passed someone in corridors

As normal, doing best not to be near others.

As usual

Business as normal , been advised it is up to agents to take responsibility as they are adults and that so long as only passing and no contact longer than 15 mins is ok

Business as usual in regards to walking down the floor

Can be difficult if you meet someone

Contact is hard to be avoided..

corridors and stairs are an issue as cannot social distance

Corridors are extremely tight, it's not possible to social distance, we are trying and most people are good mannered

Difficult to stay apart on stairwell, corridors

Either need to wait till someone passes or take a longer route round

Far fewer people on the office with 90% at home. Quite easy to keep distance.

Floor is tight with the amount of desks. Toilets are very tight

Give a wide berth as possible. Stairs are more difficult as they are busier, only one person can use the lift at a time.

Hardly any right corridors but tea break room small and common sense applied when in use

Have a one way system in place and works well. Toilets are main problem as often 3/4 people in toilet area at same time

I try to move as far away from others as possible (never 2 metres)

I'm not sure, it hasn't been made very clear.

Instructions only one person in lift and toilets at a time > harder to do this in corridors

It is difficult



It is difficult, but corridors are not wide enough

It's difficult to avoid contact as you have to pass certain pods/people to go to the toilets. There was talk about doing a one-way system to the toilet but I haven't seen that.

It's hard to keep distance

It's difficult

Its impossible

Just as normal

Just as normal

Just as normal.

Just expected to do it

Just told to keep as much space as possible. 2 metre rule is not always possible

just try avoid. 1 person per lift but not always kept to

Just try our best, with 1 person per lift the stairwells are often busy and its hard to stay apart.

lifts have no space can only take one by one up to 8th floor, would be very difficult to avoid other people

mostly by dodging.

Move around normally, very little thought given to distancing

Move as normal

move as normal trying to social distance

Move in 1 s and 2 s

move out the way if someone is coming which is possible at the moment in the office when so many people are off sick

Na nothing has been done

Need to walk passed people. And the only entrance there is no one way system... Still need to pass people in close proximity

no

No

no action taken to change this

No adjustments made

No advice given

No advice given.

No change

no change

No concessions re space in office just keep an eye out for others

No guidance

No guidance

No guidance

No guidance given.

no guidance has been given on corridors - only 1 person per lift

No guidance other than 2m apart. Stairwells crowded. 1 person per lift. 4 lifts in total. Wash hands. use sanitizers. Lots of sanitizers available

No guide lines on floor

No idea! We can't.

no info given

No information

No instructions

No instructions given for moving around the floor or avoiding contact. Building is old and corridors and other passing spaces are narrow

No instructions given really



No measure put in place only verbal measures

No mention of this

no one has confirmed this

No one has said

No one way systems or anything in place. Or if they are they are not being kept to. Nothing with regards to tight spaces or corridors

No plans in place. Corridors and tight spaces are a free for all

No possible way of doing this. Only 1 staircase so can't do a one way system, narrow corridors and working spaces.

No provisions in place for this.

No provisions made for tight spaces

no restrictions in place for moving around floor or corridors. as of last week (8th April) restrictions were put in place on the stairwell as they were becoming very busy

No social distancing being practiced with colleagues at all. Especially by managers.

No social space for corridors , 1 per lift

no specific guidelines follow 2 metre rule

None

Normal

Normal service during work

Not advised

Not easily - we have a upwards only staircase and downwards only staircase

Not great, they're still using the break room but I don't go in there anymore because it's tiny but it can have 3-4 people in it so I just go outside and sit on a wall if I need fresh air.

not ideal situation, to wait for person to pass, or quickly get past

Not possible

Not really any way to avoid having to pass people even though we are spread out. We just do our best to maintain distance

Not spoke about

Not sure

Not sure

Nothing been said on this

Nothing can be done about this apart from give advice but almost impossible to avoid

nothing has been put in place regarding this

nothing has been said

Nothing has changed except queuing for canteen

Nothing has changed in regards to this, only noticeable change is the front spinning door being closed off and showing security badge to be buzzed in

Nothing implemented regarding movement

Nothing in place

Nothing in place for corridors stairwell is often cramped

nothing in place for this just the generic 2m guidelines everywhere in the building, not always possible

Nothing in place yet. One way system supposed to happen

Nothing much.

On a wing and prayer. . really. I have asked for floor markings to encourage one-way traffic, different in/egress points, lifts powered off or warnings for 1 occupant at a time only etc

One person in a lift at a time, however, no real restriction on the staircase.

one person in lift at a time, using stairs

one person in lift but we do pass one and other on stairs

One way passing people can't avoid contact



One way system (as mentioned no one follows this), 3m between each of us which isn't physically possible

One way system on the actual floor but no system for passing in the links corridors between floors. Not meant to pass on the stairs but having to squeeze past one another getting in or out of the building

One way system within department but stairways to exit building not 2M apart

One way walking system but nothing to prevent people passing each other in close proximity. They're about a meter and a half width split into 2 walk ways by a line on the floor.

Only 1 in lift and marking on floor to say your distance

People are still crowded waiting for lifts and lined up for lunch. Line has social distancing, but not a lot of room to move past in corridor.

Pretty impossible

Same as before corridors r tight and can be busy

Single file however this is not 2 metres away from everyone

single file movement, doesn't get followed all the time.

Single file when walking through office, no specific guidance given on stairs as I am aware sometimes people wait for someone to pass in the corridor along the bays, but mostly not, as you would be constantly waiting. There are a couple of hundred people per floor, sharing a kitchen and 1 toilet with 3 cubicles per gender. Which we all have to walk down the same tight walkway between the desks to get ti.

space as best you can and hope for the best

Stair wells have people passing - no specific in/out pathways

Stairs & moving around on the floor then social distancing is difficult

Stairs are a nightmare with no social distancing. Lifts are one person at a time.

Stairs are an issue, you can stay two meters away from the person in front but you'll be right next to the person coming down. Not possible to social distance across most the floor.

Stairs are busy and close to the other person when crossing paths and need to use them more as only stairwells are not 2m apart

Stay 2m apart where possible. Corridors are narrow and colleagues are leaning up against walls when someone else walks past.

Stay two metres apart but walk ways are really tight so is often impossible to stay 2 metres apart

still expected to move around corridors, nothing in place to stop this

still have to go into tight spaces in corridors and stair wells

Still use them

stop and wait for others to pass

Supposed to stay 2 meters apart but unable to in corridors and on the stairs

tape on floor measuring 2 metres but not good enough as still passing people shoulder to shoulder

The 2m rule is not observed when people are moving around as they pass you in walkways/visiting toilet, and walk through other departments to get to work station.

The building is fairly big not many tight spaces and not many people in for it to get too crowded the only restriction is in lift.....no more than one person but in office we are all still hot desking which makes me feel very frightened of catching the virus

The stairs but people are not social distancing on them

There are 3 doors out of our floor, but stairwells are busy and open treaded.

There are long narrow corridors within an old building, although guidance has been advised to keep away from others

there are not arrangement for general movement within the centre...they only closed the break room and canteen.

There are signs encouraging social distancing but given the layout of the building it is not always feasible

There are signs in the floors directing which way to walk, however no precautions are taken with corridors and tight spaces as well as toilets in which we are much closer than the 2m distancing policy



there are some spaces where 2m apart is impossible such as the stairs, staying tight to the side is the current protocol

There are times when we need to come within a few feet of each other due to furniture restricting distancing any further on call centre floor.

There has been no changes out in place for this. We have just been told to try and keep our distance from each other which is impossible in some parts of the office

There is a 1 way system but this crosses over a lot and no one adheres to this.

there is a circuitous one way system that means everyone walks a circuit of the call centre multiple times a day

There is no avoiding this unfortunately, all colleagues are close to one another. Rules at the lifts have been implemented to only one person in at a time, however huge queues still mean everyone is in such close proximity.

There is no consideration at all!!! The toilets are crammed. There has been things put in place for the lifts, however this means more people are using the stairs. There is no social distancing. Loads of people going up and down with no social distancing. When standing the queues for the canteen there is no distancing between the line and the people passing the line.

There is no expectation of altered movement, most disregard social distancing.

There is no guidance given. Just expected to arrange our own 2 metres apart which people don't adhere too

There is no guidance re corridors

There is no way of avoiding contact in these spaces

There is no way we can maintain 2m between everyone constantly. To walk away from your desk you have to walk down the middle row in which people are at each side. Stair wells are not following social distancing and in general people are not following it

There is one way system implemented but impossible to keep 2 m apart in stairs or corridor

There is one way system upstairs but not downstairs

There is reduced staff but water and tea and coffee areas are hard as it is a small area

There's been no instruction provided on this

There's nothing in place for this

They have a 1 way system on the floor, but not in the pods

They have taped off cutting through bays but that is it. In tight space and corridors there is nothing

They put masking tape down the middle of the corridors and walk ways so it's single file but the corridors and walkways are not 2m wide to begin with, so it's pointless.

They said they put in a one set system. This has not been implied and neither has the stopping hot desking

Thin corridors so no way of avoiding someone

This hasn't been made clear

This is not being adhered too. We currently have a board in between where you can walk this is not 2 metres.

This is not possible with the way the centre is set up. As it is open plan and rows of banks of desks you need to pass by people to get to your desk. The space between each agent is not 2 metres anyway.

This is the issue - our office is not designed to accommodate this

This is very difficult. There is insufficient room to maintain 2 metres distances when moving in the stairwell, at the lift area, foyer, in the canteen where we use the microwave and get hot water. Some people make no effort to keep a safe distance. I find this stressful.

tight spaces.

try and keep distance when passing people and be courteous but there is quite a bit of space and place to move to avoid contact

Try to keep apart but not always possible in corridors or on stairways

Try to maintain 2 metres but sometimes this is impossible

Try to maintain distance I have to use elevators at work cause I'm disabled there is no provision for this.



Using the 1 way system. However people have become lax and are not following it, when it was raised with an FLM they were told it was ok as that day was quiet even though 2 people passed each other in the door way.

we are allowed to move about corridors as normal

We are expected to use online contact on the floor. There has been no guidance issued regarding corridors which means people are still passing each other in close proximity.

We are only allowed one person per lift so our only other alternative is one set of stairs. No other fire exit staircases have been opened

we cannot impose the 2m distancing correctly as corridors/aisles are too narrow

we have narrow walk ways so can't avoid contact sometimes

We have not been told this

we have to move around, the stairs though are narrow so there no way not to be shoulder to shoulder on the stairs if one is going up and the other coming down

We still pass people in corridors and come within 2m of each other

We would be expected to move back and allow others to pass through, maintaining a safe distance where possible.

We're not given any expectations

We're expected to maintain 2 meter distance whenever possible

We're not, nobody is fooling themselves that we would be able to avoid other people.

When moving around the floor we just have to do our best to keep apart. A one-way system has been implemented for entering and exiting our office as there are two doors. This has reduced congestion within the main corridor however sometimes close proximity is unavoidable

Who knows

With difficulty

With difficulty

You can't the office is tight we have been told To Keep Our distance but can't

You can't

You have to try keep space but it's not possible.

you need too walk by people as there's no other option

You're not just have to hope the other person obeys the two metre rule



Appendix 2: Comments on HVAC

No changes made.

3 weeks ago I had cold symptoms and was told it was a cold it was my choice whether to stay at home or not, meaning it would be treated as absence and not self-isolating to protect my colleagues.

5th floor out of 6. Office floor becomes very warm.

A combination of poor ventilation and hot desking has always been a source of contributing to the spread of colds and flu within our building

A sickness bug over Christmas was had by almost everyone. Most of my team were all off with it having fought it in training from another team

air con - either too cold or too hot and window blinds ineffective for sun and colds just flow from person to person

Air con doesn't work. Even in winter people come to work in shorts as office is too warm

Air con in work is always on but doesn't blow hot air so it's always freezing cold

Air con is either full on or freezing, no happy medium and no windows either than in stairwells.

Breeding ground for hugs especially as desks and PCs are not normally cleaned

air con useless does not keep constant temperature blows hot and cold

Air condition is terrible always too hot or too cold as everyone changes it

Air conditioning and heating through vents

Air conditioning circulates bugs. No opening windows and CC is either too hot or too cold

air conditioning either too cold or too hot

air conditioning hard to control temperature, large floor to ceiling windows that do not open

air conditioning has been broken - windows stuck open/shut - bed bugs have been living in carpet and have infested colleagues' homes

Air conditioning never seems to be right, either far too hot or far too cold.

Air conditioning quite poor, really cold pockets and some stuffy sections, cleanliness in general was very poor and bringing your own sanitizing wipes etc was the only way to try to reduce tummy bugs colds etc, filthy keyboards and no set position for the whole day

Air conditioning system is always one extreme or the other, no open windows allowed. Also don't think the floors get hoovered

air conditioning/hot air very inconsistent in the past - can never get it right. heat extractors have been used in the past due to faulty heating./air con systems. Glass windows throughout building with no option of opening.

air vents, lighting bad

aircon is in pockets one desk warm, next one need a second layer

All issues stated in the question

All of that statement is true, we don't have any windows to open, they are fixed, the temperature is either extremely hot or very cold, there is never a correct medium at work.

All of the above, too hot or too cold. No fresh air. Sickness bugs and flus go around the office all the time. Heating system is an air con system which circulates the air all over the office passing the germs around.

All the time winter it's always freezing and summer it's always roasting u can't win in the place

Always been an issue

always cold in morning & hot in afternoon. Air conditioning is pretty redundant. If 1 person gets a bug we all get it

Always complain as there are no open windows

Always concerned previously, even more anxious about it now. Hot desking instils dread & fear into myself & others

always coughs germs spreading throughout the office with air conditioning

always dusty, air con is either hot or cold no in between, moist atmosphere and people always sneezing and coughing

Always poor airflow. People get ill often and until now toilets have been disgusting.



Always very hot and most windows can't be opened, we also do not have control of temp
Antiquated heating and air conditioning system requires significant human interaction to control /
amend timings. Mon responsive to local weather conditions. Requires work orders to be raised before
any changes can be made. Windows cannot be opened unless by or through a work order process.
Any sickness bug or cold/flu spreads like wildfire. Absence policy is very strict so people who are ill
and should not be in come in and the illness spreads and spreads quickly.

areas are hot and stuffy or cold

As we are in an old building it is either too warm or too cold. Heaters only come on when big seniors
come to work. The windows can be opened but are really heavy and old fashioned

At night the floor gets so hot that it causes headaches. Can't have open windows as on a high floor

Before the corona outbreak sales had terrible attendance were normally would be 5% but was around
20% in January, flu everywhere people turning on and off the air con as air is shared among all the
floor and then the windows, to me I don't actually care I have a fan and always take a jacket to work.
bugs circulate quickly due to the air conditioning and hot desk situation.

Bugs go around the place constantly there's no fresh air at all it's completely sealed

Building was flooded last year heaters brought in to dry out building. Some areas too cold others too
hot. Bugs passed on from colleagues who don't stay off when ill due to return to work meetings with
unsupportive management

Call centres are epicentres for disease, based on their nature I think this will always be the case. The
call floor is either dry and scorching or extremely cold, there is no happy medium.

can be very hot at times

Can be very warm and air conditioning is running.

Can either be cold or warm - no in-between and very dry

cannot open windows, can either be very cold or very hot

Centre is always too hot or too cold - also all doors open just now so where we are located its cold

certain windows do not open and can be stuffy rooms but air cons are installed in rooms

Circulated air -

Closed air con ineffective and circulates to the whole call handling/ control centre

cold air and people getting colds and viruses

Cold bugs circulate

cold on one side of the building boiling hot on other side

Colds circulate around. And I rise in people with asthma

Colds etc going around the call centre

Colds etc seem to circulate when people have them

Common cold and flus travel very fast amount call centre due to the nature or the job and how densely
populated it is

Constant complaints about the temperature never being quite right. Never a consensus on whether it is
too hot or too cold. Colds and stomach bugs are frequent and tend to spread throughout the office. I
have had more bugs in my year and a half in this office that I have in previous 10 working elsewhere.

Constant Flu's, colds, coughs going around. Most people say 'that's part of working in a call centre'.

Different temp required.

Don't know when the air con was last cleaned. They wiped around the vents cos they were black. There
is a dry atmosphere we cannot open windows as it affects the heating/ aircon

drafts from air circulation

dry atmosphere, air con is freezing when it kicks in.

Dry atmosphere, no windows which open, blinds down to block light out, hot desking which leads to
spread of germs.

dry atmosphere. windows hardly opened as person sitting at window gets cold

Due to sun light and air con the floors can become extremely stuffy

Due to the amount of people in the building colds going around a lot



due to the type of building we work in we are unable to open windows etc.

Either too cold or too hot

Either too cold or too hot on main floor no happy medium been this way for the whole time I have worked there

Either too hot or too cold

either too hot or too cold due to ac

Either very warm or very cold

everyone is different but sometimes it can be very cold or warm in the centre as it is centrally controlled. we can, however, sometimes get fans if it is too warm. and with all call centres, if one person has a cold, everyone has a cold within a few weeks

Exactly asks it is either too cold forcing me to wear a jacket or uncomfortably warm. There is no fresh air at all and the entire staff appear consistently unwell.

extreme highs and lows with regards to temps are very common

extreme temperatures, colds and bugs circulating amongst call centre workers, carpet mites

Extremely e temperatures usually too hot in summer

Fairly high sick levels during winter due to circulating air

far too hot most of the time, temp too high

far too warm

Floor is either too hot or too cold always extremes of temperature

flu and cold can circulate in our environment.

Frequently too hot or cold

Gets very hot at times and in winter times it's freezing we need to keep jackets on and mini heaters were brought in with big heaters. But didn't help much

Glass building every dry air and hot.

Half the windows broken and don't shut properly. Heating control very poor so have hot summers and cold winters

Happens every year and nothing ever gets done, reactive rather than proactive

Heat and ventilation are inadequate one side office hot can't open window unbearably hot heat is on now all the time, other side of office is overly cold. Fixed desks now no moving

Heating and some managers say no opening windows but others do

Heating ducts refitted and various workaround solutions to deal with either extremes of heat and cold

Heating is up and down on an hourly basis causing symptoms of a cold... Possibly causing absence

Heating not working correctly either too hot or cold cannot open windows no fresh air

Heating/air conditioning problems meaning temperature not consistent across the floor. Windows don't open.

Hot Air con stays off at the weekend when it can be cold, toilets were too expensive to fix so just boarded over some on certain floors

Hot and dry air

Hot then cold not allowed to open windows

I am on the south facing side of the office which has full length windows, when the sun is shining it can get quite hot inside. If someone has a mild cough the symptoms can be worsened by the dry air of the air conditioning. There have always been hand sanitizer stations fitted around the building (years before COVID 19).

I became extremely unwell in December because I picked up a viral infection from someone else and was off work for a week and a half

I get a lot of bugs and it seems to be the ones lingering in the office

I have been ill many times from work, 2 weeks ago I got suspected gastroenteritis but potentially covid from work.

I have been sick on an almost quarterly basis since I started here 2 years ago. Windows are never opened and heating is always cranked high constantly.



I MENTIONED AT A RETURN TO WORK MEETING I WAS OFF NUMEROUS TIMES OVER WINTER MONTHS WITH COLDS. OFFICE CAN BE TOO HOT OR COLD, NO WINDOWS TO OPEN.

I'm always sweating but can be really cold or really hot. It's very, very humid and there's no in between temperature.

I've had the flu and other illnesses from people coming to work who are unwell and the air conditioning is just circulating it I have very bad sinuses as well

if 1 person gets a bug everyone gets it due to poor air con within the building and its circulating germs - the desks where never cleaned before covid always covered in dust.

If one person gets a flu cold or big, everyone gets it! Also we are not allowed to open the windows as it affects the heating

If one person in your team catches anything infectious or contagious there will be a wave of people catching the same thing in not only your team but the whole call floor. Windows do not open and air con is either too hot or too cold as well.

illness is really easily transmitted due to the huge call centre and the packed in staff

In my normal call centre office heating is always up so high and management moan that facilities control it. Half the windows don't open.

In past comments on temp

In the colder months it's freezing with the heating often breaking and in the warmer months it is far too hot with no form of air con.

In winter there is no heating and it freezing and I can't really open windows as its health and safety

It is always either extremely cold or hot and due to hotdesking, we are always ill from being at work

it is often too hot or too cold and given absence triggers people come in to work when they should not it is often too cold as the air conditioning temperature is set low. the air conditioning means colds and bus are circulated

It's either boiling hot beyond belief or it's so freezing cold you can hardly function, the heating seems to break every few days. There are no windows at all. Very dry atmosphere and when someone catches a bug or cough/cold it passed around everyone.

It's either cold or very warm because of old heating and ventilation systems, a lot of the windows don't open properly either

It's either freezing or too warm, if one person ends up unwell it slowly trickles round the whole centre its always either too cold or too hot

It's an old building and has poor ventilation. Suffer from being hot in the summer to cold in winter

its either far too hot or far too cold

It's either too hot or too cold but some of us far away from the window anyway wouldn't benefit from it being opened

It's either too hot or too cold, the atmosphere is very dry causing dry mouths which are dry anyway with the type of work....I always feel unwell

It's either too hot, or too cold, rarely a happy medium

its either too warm and stuffy or freezing

It's just par for the course

It's open plan so any bugs are easily circulated. There is air con and the windows do open. Keeping an optimum temperature is difficult as if you are sitting all day you get cold but if you walk about (eg manager) you get warmer.

It's usually too warm and bugs get about if someone is sick

Long term issue with air conditioning that causes the office to uncomfortably warm. Lack of fans/air circulation. Place is a petri dish during cold and flu seasons, with taking time off for safety seen as not the smart responsible thing to do.

Low ceiling call centre and no fresh air circulation possible except through ducts. Air filters are not cleaned with regular frequency and new filters are not installed. Temperature control are from a remote location hence do not match the local location requirements. Desk and key boards are never cleaned by the office management. Multi-desking aggravates the risk of infection and spread of infection.

Increased fresh air intake inlet will maintain the moisture level in the air to prevent dryness in the air.



Main door was open all day and as it was a cold day I was shivering throughout my 12-hour shift. Many issues in this building, building is old and dirty a lot needs done a lot of people off normally and feel it could be because of the building.

many people have fans on this floor as no air can get in and is always stuffy

More than once since this time last year people go off and you notice it spread about teams where everyone feels the same symptoms.

multiple times over years it feels the air conditioning units tend to spread colds and bugs throughout the building. getting run down with symptoms etc

My colleagues and myself have previously discussed how often we all get ill, as we are in close proximity within a dry atmosphere

no air con no heating people moan about when windows are open

No control over office temperatures, office is currently warm however earlier on this year it was really cold.

No fresh air. Cold at times

no natural air gets in then we have air con blasting freezing cold air and right now they aren't appreciating the risks involved with air con

No one can agree on a setting with the air conditioning, i usually sit beside a window so i can open that if needed

No open windows and gets cold

No open windows in office. Centre has very high levels of absence during winter months due to people coming in with regular flu viruses. Open plan nature of centre and agents worried about disciplinary measures if absent leads to a lot of this.

No open windows, air vents in ceiling, controlled by Facilities

No openable window. Air conditioning turned off so very warm

No opening windows, climate control, cool in the mornings and stifling hot in the afternoon. If one person gets a cold and doesn't stay at home generally everyone gets it.

No opening windows. Extremely hot when sunny outside and very cold when not. Black dust on desks each day believed to be due to vents/circulated air. Common colds/bugs spread very easily even when we have our own assigned seats.

No windows always warm

No windows and air con rarely works

No windows can be opened. Bugs are always being passed around

no windows can open - air con

No windows no air con

No windows open. Always dry and too warm. One person gets a bug they usually share it around.

No windows to open its either freezing or boiling

no windows to open- parts of the office are freezing cold, others extremely warm

None of the windows in the building open or can be opened

Normally cold and very rarely too warm

Normally encouraged to come to work unless extremely unwell but this results in common cold virus working its way round the area.

not all the windows work so cannot be opened so the AC is used but this is not cleaned regularly.

Although AC has been stopped to avoid spread of Covid

Office always stuffy. Often have to use personal fan

Office heating is always on full so uncomfortably warm and everyone is sick constantly

Office is either too cold or too hot

Office is too cold in winter and too hot in summer.

Often hot and stuffy some days and freezing cold on others

Old windows, heating on, no infection controls in place

Once someone gets an infection it spreads round the call centre.



Our windows don't open so there's only recycled air in the building, normally when someone has a bug it means everyone is going to get it due to the working environment.

People always too hot or cold

People are always fighting over the air con. It's always either too cold or too warm. They used to switch the heating off at 4.30pm in the afternoon a few months ago when it was still cold outside.

Currently there's signs that air con is not meant to be used but last week, the air con was on on the floor.

people complain most days

People have complained due to personal preference. People complain it's cold when it's 32 degrees

People having colds and coming into the office. A member of my team has tested positive for covid 19 however since then, no new measures have been implemented, people still using that same workstation

People who are unwell and pressured to be at work, which increases chances of spread

Personally had many issues with being sick majority of the windows on the floors are broken hygiene of people is not the best especially toilets and I've never seen the ac units being cleaned and many people have complained about the above issues over the years yet it remains the same

Poor air con and some windows do not open

poor air conditioning broken windows - unable to open

poor heating/ air con

previous complaints have been met with reply about air-conditioning

Previous got dealing has spread viruses

Previously if someone gets a cold etc it spreads pretty quick. No open windows. Temperature is always hot.

Really warm upstairs

Really all of the above

Room is hot and stuffy air condition is high or freezing not very powerful and just circulates dirty air same air con for whole building, one person gets ill we all get it thereafter

sickness travels easily due to air conditioning, cold & hot temperatures, dust building

some days are very cold and some are very warm, can vary

Sometimes too hot or too cold

Stale air, the floor doesn't get cleaned ever, temperature is often too cold.

Telephone house has had air con and hearing problems for years . At least 10

temp can be quite hot - we have raised this but told no issue. bought a fan instead

Temp fluctuates continually

Temp is never right, either cold or too warm. Lighting is also an issue.

Temperature is usually either hot or cold, no in-between

Temperature control is not great and air is recycled around building

temperature fluctuates, either too hot or too cold.

temperature is all over the place. Heating on all the time. Air con breaks constantly some windows are stuck closed

Temperature is usually unacceptable

Temperature not well regulated to go with the seasons.

Temperature on the floor varies with hot and cold spots. Once one person gets a cold more and more people seem to go off sick.

temperature. air con noisy

Temperatures are always up and down

Temperatures are inconsistent and frequently uncomfortable. There is no fresh air coming through floors as windows don't open, and the air con is very drying.

The air conditioning and heating always breaks and there are no windows in our offices

The air con circulates around the floor and automatically adjusts according to the number of people in. So if one floor is busy and has then turned air con on, a different floor which is quiet is also freezing



The air con circulates bacteria which just spreads it to others. No windows can open and sometimes the office gets far too hot or too cold. Never a nice temperature

The air con is freezing cold

The air con is horrible

The air con is monitored off sight which means it's difficult when the office gets hot or cold

The air con is very irregular creating hot and cold spots. I have 2 fans on my desk but I have register temperatures up to 27.5 degrees at my desk. Windows are sealed so there is no fresh air

The air conditioning and heating apparently is controlled from another building elsewhere, have had extremely hot conditions in the summer and find breathing very laboured on frequent occasions, managers inform staff not to open windows due to the fact it may affect the air conditioning, the building is old and the air conditioning is old., not sure if it is safe was built in 1969

The air conditioning in our building is terrible so it's either roasting or freezing and varies from seat to seat. This is worse at night I assume as there are less people inside and outside temperatures are colder which it struggles with. It's extremely dry and during work weeks I wake up with symptoms similar to a cold for the first while.

The air conditioning seems to blow dirt around and there's no windows in the whole building can open the air conditioning with never great and is known issue one side hot other cold have team portable trying to fix it never been resolved. Also the bug the hit place go round like wild fire in Dec the 20 caught sickness bug

the air is recycled very badly and the temp can drop or spike often

The floor is always either freezing cold or extremely warm (usually freezing) and there are no openable windows. The place is very much a breeding ground for germs and viruses, and illnesses spread easily.

The heating has consistently been inaccurate in its sensor settings. Normally making it too hot for some and cold for others, at random times during the day. Whenever someone catches a "normal" nasty flu bug. Within 2weeks most teams have people affected and off sick from the spread.

The heating is ridiculous Can't breath at times use a fan dry air makes me cough

the mornings are very cold in the office and by the afternoon when more people are in the office and the sun shines it is far too hot, it's even worse over summer.

The office floor is often too hot, too cold etc. Stuffy with poor circulation especially when many people in the office. Windows can only be opened so far. We have been told that currently we cannot use any air conditioning as it encourages the spread of germs. However we are still told to remain in these rooms.

The office is often colder than some would like but not extremely cold otherwise it is fine there is air con and if needed the windows can be opened

The office is often too hot or too cold

The place is usually a tip and management always say you can't catch colds from the desk. So why are we cleaning now?

The room we are in is never cleaned. Inch-thick dust on windowsills and under desks. Bad musty smells and no cleaning ever done unless it is by my colleagues. Very close proximity to one another.

The temperature in the building is always an issue. It is one of the biggest complaints on your day survey every time. Sometimes, we have to sit with jackets in doing our job because if the cold air circulating.

The temperature in the office always fluctuates

The temperature is controlled by whoever keeps changing the AC as anyone has access to it

The temperature is never stable. It is either freezing or roasting. We cannot open a window.

The temperature would be up and down constantly. Not the air conditioning is not on at all and no complaint about opening windows

The windows in our office can open but are generally closed.

There are often bugs and sicknesses going around the office. Some windows cannot be opened. When someone gets ill it usually spreads to the full team causing sickness and time off.

There are often issues with temp control within building. Either too hot or too cold. Many windows do not open or are broken and stuck open.

There is a tight corridor of stairs we all go up and down and impossible to keep away from each other



There is hot & cold hotspots where we are told nothing can be done

There is no air conditioning I. The call centre , everything goes in one vent and out the other. This has been the same for years and is extremely worrying at this time. No windows can open and we are not allowed to open fire exit doors.

there is no fresh air, and just air con, usually when someone has a cold very quickly others that work near them get sick too

There seems to be a rule that windows can only be opened if everyone is ok with it.....so not an easy work environment

they use hvacs, no open widows, fluctuating temperature, dry air, like working in a petri dish

This has always been a major concern

This is a constant issue. Hot desk is a bug bearer - germs spread constantly. This has been raised several times and told we do not have the space to do permanent desks. Staff constantly moaning about being too hot or too cold and no windows.

This is an issue that is discussed everyday.

This will always be the case where there's many bodies and some people want window open and some want heating on

Through winter there seemed to be a massive inconsistency in temperature where it was either too cold with little to no heating or too hot with poor ventilation

Too cold in winter, too hot in summer, no opening windows

Too cold to open window

too hot

TOO HOT AND DRY

Too hot in summer. Too cold in winter

Too hot or too cold Not consistent temperature

Too hot or too cold. Heating in my centre currently broken and has been since December. Floor heaters have been provided but are inadequate fir such a large office. So air con is not on and we can not open the windows

Too hot. No fresh air

Too much air conditioning in the winter with varying temperatures. Hot desking

Too much heat using surround heaters in the winter

Too warm or too cold, no in-between

Unable to control temperatures effectively, when complaints made we are advised the temperature controls are working accordingly.

Usually cold and dry due to air conditioning.

varies sickness bugs and colds

Very bad for temperature extremes. Contract staff attend when very ill & infect others. Management state that they cannot send staff home.

Very bad temperature control far too hot or too cold

Very cold just now

Very hot and stuffy and windows are either old or damaged so can't open

Very hot on floor and no open windows

Very often too cold

Very warm during summer and freezing in the winter now we have a door open leading from the front building that is permanently open so freezing after 4pm

Very warm during warmer months. Most air con systems not working to cool.

Very warm on the sales floor, lack of fresh air.

warm most times in the office, hot desking and close environment, bugs do spread

We dread each summer and come to work in shorts and t-shirts even on mild days. This has been going on for years. 95% of the office use desk fans, management blame these on the heating problem as opposed to turning it down because it's "temperature controlled at a comfortable 20 degrees" from the other side of the country. The thermometer on my desk read 31c almost every hot day of summer



last year. The thermometer used to measure the office must be in the shade outside. Frankly they would save money.

we have a venting system but you wonder if its taking air from one part of the office and spreading it to another

We have had fleas

we have had issues with heating being broken and using plug in heaters

We have one floor which is always very cold and another floor which is always very hot. Because the air conditioning and heating system is centrally controlled, this has always caused problems.

We physically cannot open windows and the air conditioning is automatic and never turned off. This is still the case now

We work in an environment where one side of office colder than other and air con is on

We work in an old building and don't have the greatest heating set up and often it's either too cold or too hot

We work on dial house it is a very old building that is poorly maintained and has old air conditioning

We work on lower level 1. There is no windows and the air con continuously get adapted. There is no air other than the air con facility.

We're I have been moved to is smelly and stuffy and doesn't have much light as lights are broken.

When I first began I would get constant bugs because there was next to no personal hygiene by certain individuals

When I person gets a cold/bug everyone in the team gets the same

When its sunny outside the office is like an oven

Widows ineffective and temp control not good

windows are a disgrace

Windows aren't able to opened. The temp is at least in the early 20c

Windows cannot be opened. We have no control over the heat in the building.

Windows closed .. Poor heating and air conditioning Colds.. Flu definitely spread through our floor

Windows do not open. Cannot control temperature.

Windows don't open air con is on in the winter and off in the summer

windows don't open and if anyone catches anything it's likely those around will too

Windows don't open, constant air circulation, very hot in summer

Windows not polarised and blinds so thin that any sunlight heats up office very quickly. Unpleasant to work in, and seems to make aircon on whole floor work erratically, side of building in shade very cold, other side too hot!

Windows should never be open to allow heating/aircon to work properly but people open windows all the time. One side of building can be freezing while other end may be too hot.

with no open windows and air conditioning the air in the office is very dry

Work in an office where windows can't be opened

yeah sickness is normally quite high around winter times as colds circulate a lot more

Year on year extreme heat breeding germs or extremely cold. The air conditioning is completely unfit for purpose and it should not be used in this crisis

Yes, the cold/flu spreads around all the time. The temperature is very inconsistent across the floor, some areas are extremely warm others freezing

you are constantly having colds, bugs anything that goes

You find once one person in the centre is sick everyone gets it- especially with colds and flus. It is a very dry environment with little it either being freezing or too warm



Appendix 3 Respondents' Knowledge of Covid-19 Symptoms

1
1
1
1
1 - hospitalised
1 and currently off with symptoms
1 confirmed fatality from covid 19 from a colleague on a different floor of the building in a different dept. Approx 10 colleagues self-isolated and are all now fine.
1 confirmed, 2 suspected
1 medium case diagnosis given
1 recovered after 2 weeks and now back at work
1 -relation-confirmed
1 sore throat headache temperature
1 tested positive and the building was closed for 2 days then re-opened, others including my manager are self-isolating at home
1 who passed away
1, unsure
10
10
10
10 - just symptoms, nobody has officially been classed as having the illness. Most people back after 14 days
10 coughs temperatures or contact with others who have had to isolate
10+
12 not been tested
15
15
15 - my whole team. No confirmed cases but various coughs and temps. Some family members displaying symptoms
2
2
2
2
2
2
2
2 - underlying health conditions
2 and don't know
2 and no underlying conditions but smokes
2- both still self-isolating
2 confirmed
2 confirmed cases- multiple self-isolating
2 confirmed. About 20 symptoms. 1 arrived back in the country. A couple ripping it for time off.
2 have and symptoms have seemed to pass
2 in critical condition countless others self-isolating
2 self-isolating
2 temperature coughs



2 that I am aware of in my general area, but I presume there are lots more around the building
2.
20
20
20
20 - coughs and temperatures
20 - unknown
20 or so. Symptoms which are documented, dry cough, temperature etc
20+ all showing symptoms or family members showing symptoms
2-3 fevers and coughs
25
25% cough and or fever
2bconfirmed and numerous showing symptoms
3
3
3
3
3
3
3
3
3
3 - 2 have returned to work
3 - cough and fever
3 - not sure. Not close enough to text/message (new in this role)
3 I know of, 1 still came in and refused to go home because they were "fine". Management didn't force them. Fever, cough, aches, chills, loss of smell and taste
3 in my team, they are all OK now
3 people
3 with symptoms and they are now back at work from my area
3, very high temperature and coughing
30-40
4
4
4
4
4
4 - mild cases
4 and coughs and high temperatures
4 and we don't get told of their condition
4 in team of 8
4. High temperature and persistent cough.
40
40
40% of upgrade deptmost are still off
40, no confirmed most are back
40/50 cough and fever
5



5
5
5 - coughs and fever
5 in my team
5 or 6
5 people I know of have been sent home and one I know of has actually been tested positive and he was all over the news.
5, fever and cough
50
50 - 75% - Unknown
50%
5-10 over the lockdown period
6
6
6
6
6 - 8 and have been described as mild - moderate
6 and unknown
6 colleagues and I don't know their conditions
6 in my team - cough and fever. Some have left during working hours.
6+
7
7- can't smell, bad coughs, fever, breathing difficulties
7, one confirmed, unaware of conditions
7, recovered now
70%
70%
8
8
8 people including myself, i know they have had the symptoms of persistent cough, headache, sore throats, fever
8 that I know of. Most have returned to work.
80%, standard covid symptoms
A confirmed case whereby someone has been tested positive therefore likely required hospitalisation
A couple, developed coughs and colds
A few but I only know from rumours. One guy in the team may have had it but self-isolated before coming in
A few off 1 said definitely had it
A lot, 4 or 5 in my team alone, i believe they return soon, no confirmed cases as far as I'm aware
a lot, including myself, feel somewhat fine but uncertain due to inability to get a virus or anti-body test.
A lot. Don't know details.
A number of people and they were sent home by management. I have not had any symptoms but did self-isolate for 14 day as my brother who I live with had a cough management were fine with this I got SSP for the 14 days
About 10 some with copd some who live with other people with underlying health conditions
About 5 people but just rumours but know of one who had cold but passed on to their family but is off at moment
About 50 people



about half the staff in my department. Don't know about individuals' symptoms
all are ok, most had symptoms, sore throat/temperature
All clear
All teams have had at least 15 people off, about half the team members. There are multiple teams on each shift rotation so probably about half the staff have had to isolate due to someone in their house having symptoms or having them themselves
Almost everyone on my floor as isolated that could be more than 100 people
Approx 20-30 (possibly more)
Approx 4 confirmed and about 20 in isolation
approx 6
Around 2 or 3 - minor symptoms
Around 20 - most fully recovered
Around 40% have symptoms, and there has been 2 confirmed cases, but that floor is still open and not deep cleaned at all
Around 50 but no serious issues after isolation
around 75% of colleagues have had to self isolate
at least 10, they are back at work now mostly
At least 10-15 on my call floor. One that I know of was hospitalised and is now back at work sitting across from me
At least 2 - self isolating.
At least 20 (including myself) that I know of for definite. The one person I keep in contact with outside of work said he is very ill.
At least 20 isolating and 4 claiming to of had the virus
at least 3. or 4 not sure if completely recovered
At least 3. They were off for 2-3weeks. Since they returned. There was no special social distancing setup. Or their own desk setup to work & prevent others from potentially catching this
At least 30
At least 30 people with fever or cough
At least 30. Temperature, dry cough, headaches.
at least 50 and for various reasons.
At least about 85, I'm sure more though. Cough, sore throat, fever, aches and pains, diarrhoea
at least half the floor has been off with symptoms and 1 confirmed case that i know of
Breathing shortness, cold
Cough and fever
Cough and high temperature
Cough and temperature
cough, fever
Cough, high temp, fatigue
Coughing and temperature
coughing and temperature
Don't know but there has been a lot of people off
Don't know numbers but a lot showing symptoms
Double figures at least, fever, cough, loss of taste and smell
Dozens
fever, headache
Fever / cough
Fever, Cough
Fine



Fine

Had a few people self-isolate but they are back now

Have known many who have had flu like symptoms including a cough.

Healthy

High temperature

High temperature and cough

High temperature and coughs

Hundreds have - coughing and temperature

I am one and around 20

I died, 2 mild symptoms returned after quarantine

I have been allowed to self-isolate for 16 days because of family member having symptoms. They were very good and there was no pressure to come into work quite the opposite

I have taken time off due to having symptoms

I just know of 1

I know lots of people who have shown symptoms themselves- myself included, who have shown symptoms, isolated and then returned to work. I cannot speak for my colleagues, however I felt pressured to return to work immediately after my 7 days isolation even though I still did not feel 100% back to normal, was still coughing and experiencing tightness in my chest. I was off sick before isolation so felt pressured to come back immediately

I know of about 20 with all different symptoms

I only know of 2 people who received hospital treatment but now home resting.

I'm not sure no figures are being released

In my immediate work area there are 19 colleagues, five are socially distancing because of underlying health conditions which put them at them in the at-risk group, so out of the 14 other colleagues 6 have self-isolated within the last month because of symptoms. 5 isolated and recovered within 7 days and 2 had 21 days off and were pretty unwell for a week or so in that period. None were tested or diagnosed with covid 19

in my team alone there was 12/14 off at once

I've self-isolated myself & know a couple of positive cases within the centre

Less than 10 that I know about

Lots of people have had to self-isolate with symptoms or family with symptoms but at least 3 have needed to go to hospital with their symptoms. As no one gets a test it lets EE off the hook.

Mainly cold and flu symptoms like a cough

Majority of staff including myself have had to self-isolate. I am aware that a colleague on the same floor has been hospitalised and tested positive for covid-19.

Me, temperature , headache, vertigo and nausea

More than half of the work force

More than 10

More than half my team

more than two thirds of the staff missing and variable symptoms exhibited

Most of them are completely fine and working from home. I don't know about their families though.

most returned after isolating, a few have had it

Mostly coughs, loss count of those sent home.

Multiple employees have been off due to self isolating roughly 600 or more with a cough or a high temperature

My work has had over 80 people who have all displayed symptoms from coughing to high temperatures
Myself and 3 others from my team have all done 7 days with mild symptoms, there is seemingly one diagnosed case in the office though unaware of severity of symptoms

Of my knowledge there has been 1 confirmed case and 2 suspected cases. The confirmed case was a colleague who I know and am friendly with - he required hospital treatment. Managers are aware of



this and tried to deny the situation at first. When the colleague eventually confirmed it to everyone for himself, they then accepted that it had happened but have made several cover stories to try to keep the office open.

ONE

One - unaware of conditions

One diagnosed, staying at home, a couple of others with mild symptoms who may or may not have it.

one I know of through social media , have in my opinion recently got symptoms

one person has tested positive - he was working on Saturday 28th of march and he had symptoms on the Sunday - one day difference

over 10 at least

Over 30

People who are still showing symptoms are being forced into coming back to work or taking sickness.

Quite a few (20+) and a sudden cough with the start of a fever

Quite a few are off. Some came back. One person came back whilst still symptomatic and has gone off again.

Quite ill. Difficulty breathing

Range from full COVID 19 to mild cough and vulnerable health groups - not sure how many people but would estimate around 15-20 on our floor

Recovered

recovered

Recovering

Roughly 50 with 2 confirmed to have it.

Several but unsure of conditions

Several people have had to self-isolate

Several staff including myself had to self-isolate, quite a large number had ranging symptoms from high temp to persistent cough

So from my department of around 50 colleagues more than half.

Some bad

Somebody tested positive in our floor in the building

Suspected COVID-19 with all symptoms

Take phone call and if speak to someone they are sent home. About 30%

Temp cough

Temperature and cough

tested positive and recovering

there's been many people took time off to self-isolate due to family circumstances, my boyfriend who i also work with has recently tested positive for the virus

They were off with it she thinks she had it

Too many - I think at least 50 %

too many people have been off and back in, our department is normally 80+ people, I would say about half the department is in on any given day

Unknown but myself included

unsure of numbers

Unsure of the number, some have contracted it and confirmed positive and are now back at work after 7-day isolation

Was off work for 14 days as he and his wife had contracted Covid-19

Within CSG about 8, high temp and cough