

Viewpoint Article

Public health measures and dignity in tension in professional hair care during the COVID-19 pandemic: A lesson for future pandemics

Nicola BRAGAZZI¹, Giuseppe TAINO², Tiziana GAZZOLDI³, Irene TAINO⁴, Francesco CHIRICO^{5*}

¹ Laboratory for Industrial and Applied Mathematics (LIAM), Department of Mathematics and Statistics, York University, Toronto, ON, Canada. **ORCID:** 0000-0001-8409-868X

² IRCCS S. Maugeri", Foundation-Pavia-Unit Hospital of Occupational Medicine (UOOML), Pavia, Italy. E-mail: giuseppe.taino@unipv.it. **ORCID:** 0000-0002-8995-100X

³ IRCCS S. Maugeri", Foundation-Pavia-Unit Hospital of Occupational Medicine (UOOML), Pavia, Italy. E-mail: tiziana.gazzoldi@icsmaugeri.it.

⁴ IRCCS S. Maugeri", Foundation-Pavia-Unit Hospital of Occupational Medicine (UOOML), Pavia, Italy. E-mail: irene.taino@yahoo.it.

⁵ Post-graduate School of Occupational Health, Università Cattolica del Sacro Cuore, Roma, Italy. E-mail: medlavchirico@gmail.com. **ORCID:** 0000-0002-8737-4368.

*Corresponding Author

Abstract

Professional hair care has generally not been considered a critical service and function during the COVID-19 pandemic. However, the lack of professional hair care services due to closed salons and the provision of home haircuts (or lack of) has the potential to impact human dignity – a concept linked to both ethics and legislation. Additionally, existing data sets regarding the transmission of COVID from positive stylists to their clients do not justify the closure of hair salons during the pandemic. Supporting the stance of the German and Italian governments, we argue for continued professional hair care services in salons and via home visits, incorporating a COVID safety protocol that includes preventive measures to protect workers and clients. This protocol can also accommodate clients unable or unwilling to be vaccinated. We also argue for the recommended vaccination of hair salon employees due to their key role in delivering professional hair care as an "essential service."

Key words: hair, SARS-CoV-2, COVID-19 / prevention & control, public health, occupational health, ethics

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INTRODUCTION

With the ease of SARS-CoV-2 transmission, and its resultant morbidity and mortality, the COVID-19 pandemic has resulted in a range of restrictions on human behavior. Some of these restrictions limit movement (e.g., "lockdown"), while others limit physical contact (e.g., 1.5 m separation, limited social gatherings). During the lockdown, haircuts formerly done by professionals in salons or barber shops were abandoned entirely or became homesite experiments by oneself or

partners/flatmates as the Internet ballooned with "cutting my own hair" advice on numerous platforms [1,2]. A "bad hair day" could be argued to have even more significance during the COVID-19 pandemic when home cuts (or lack of) gone awry make their way to homeworking Zoom meetings, with embarrassing hair screenshots having their virality. While not all salon haircuts are a positive experience, the lack of salon care can cause negative life impacts. Hairdressers are considered informal confidants and a source of social support for their clients; a positive hairdresser-client interaction can promote client well-being [3].

Fears about close, personal contact during the pandemic resulted in many governments creating a business category of "essential services", which have been permitted to remain open with the use of safety features such as personal protective equipment (e.g., masks, gloves), and other measures such as physical separation partitions. Globally, the definition of "essential worker" varies widely. Still, in USA, "frontline essential non-healthcare workers" during the COVID-19 pandemic were those who are "essential to maintain critical infrastructure and continue critical services and functions" and who are "likely at highest risk for work-related exposure to SARS-CoV-2, the virus that causes COVID-19 because their work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or coworkers" [4].

In Italy, the Italian National Institute for Insurance Against Accidents at Work (INAIL) has recognized COVID-19 infection as a 'biological injury' in all types of workers in contact with the public (e.g. social workers, every type of worker employed at hospitals, cashiers, grocery staff, etc.), as well as in frontline healthcare workers [5]. Workplace preventive measures governments took in the face of COVID-19 infection represented crucial public health measures to contain SARS-CoV-2 transmission, especially in conditions with an aggregation of workers and clients in indoor spaces (such as hair salons). These public health measures were implemented to protect workers, clients, and the public, but some have been in tension with some human rights and values.

Our paper explores these tensions with a focus on human dignity. It offers guidance for hair salons to continue providing in-salon and house-call hair care services during the COVID-19 pandemic. In the future, if other pandemics occur, the ethical foundation of our guidance could be used to help formulate practical guidance.

DISCUSSION

Germany and Italy: Case examples

Germany experienced its first case of COVID-19 on 27 January 2020 [6]. On 12 March 2020, schools and childcare facilities were closed, and social distancing measures began. On 17 March 2020, the borders around Germany were closed, and on 21 March 2020, the general lockdown with stay-at-home orders commenced [6]. On 14 May 2020, a gradual re-opening of Germany started due to falling case numbers.[6] Since this first wave, three more waves have occurred (wave 2: October 2020-January 2021; wave 3: March-April 2021; wave 4: August-September 2021) [7]. Notably, in mid-February 2021 as COVID-19 cases were falling after the second wave, Germany made a unique decision, allowing its 80,000 hair salons to open effective 1 March 2021 [8]. The Zentralverbands-Geschäftsführer [Central Association of the German Hairdressing Trade] argued that the hairdressing trade is socially relevant and essential for togetherness –a social cement and healing balm [9]. Indeed, the salon chair is often a resting place for clients' secrets, tears, and laughs with their hairstylist. But German law identified human dignity as the rationale for unlocking salon doors [10]. Similar to Germany, the Italian Constitution equalizes dignity across all people without regard to their social status and uses human dignity as a protector of people so that public authorities (government) cannot implement unlawful restrictions on them [11,12]. Comparatively, the first official case of COVID-19 in Italy was detected on 21 February 2020. As a result, Italian hair salons were closed during the first wave but remained open during the second and third lockdowns (February-May 2021).

Humanitas and dignitas

According to a fundamental right of Article 1 of the German Constitution, "Die Würde des Menschen ist unantastbar" [Human dignity shall be inviolable [10]. *Inviolable* means something that

is to be respected and not removed or ignored [13]. In end-of-life situations, it is known that washing and brushing hair can bring comfort [14], and comfort is needed during a pandemic when people are experiencing various emotions such as anxiety and stress. Comfort can be emotional, such as calm or positivity, but comfort can also be physical. Consider the case of itchy bilateral ear helices photodermatitis caused by sun exposure on prior sun-shielded ears covered by unusually long hair (due to restricted barber access during the pandemic) [15].

Humanitas is the ethical principle that people have dignity intrinsically since they are human [16]. This principle connects most directly to the legal concept of dignity as a human right. Another idea of dignity concerns its social constructs: *Dignitas* [16,17]. This social dignity is connected to aesthetics [17] and the personal values of appearance, style, beauty, and cleanliness. In the Netherlands, "pyjama days," whereby people in eldercare were left unwashed and in their sleeping garments, were deemed an undignified way to treat people [18]. Similarly, unclean and unkempt hair could be undignified as these attributes link to *Dignitas*.

According to Pols [16], in a humane society, *Humanitas* (the fundamental and normative principle of dignity) is co-linked to *Dignitas*, and she has extensively researched the concept of dignity in settings of hair loss due to disease and chemotherapy. The construct of loss of dignity has been explained by Lawton [19] as a loss of boundaries. Consider when impaired patients drool and cannot wipe their mouths themselves. Similarly, consider the matter of incontinence. In both situations, there is a loss of boundaries and a disconnection between the person and their engagement with their own body. Notably, the loss of boundaries requires the action of others for remedy (e.g., wiping, cleaning) to rescue social dignity. In the case of hair, boundaries are lost when hair grows long and 'out of style,' requiring professional remedy for an aesthetically pleasing [dignity restoring] result. Mann [20] has argued that humiliation is a form of dignity violation.

It is easy to imagine how people can feel ashamed of their hair when it needs cutting and styling, whether the visual appearance is for themselves (their perception) or others (e.g., as a parent, spouse, employee, or leader). As an "essential service," salon hair care can potentially prevent humiliation, preserve dignity and provide a hygienic service.

Pandemic autonomy and public health

Human freedoms are often curtailed in emergencies such as infectious disease outbreaks to protect public health. There are many historical examples of regional quarantine, personal confinement, and coerced treatment of people with contagious diseases such as tuberculosis, Ebola, plague, and others with severe mortality risks [21,22]. A recent example of the limitation of freedom of movement during the COVID-19 pandemic was the use of a "green pass" system to block those who were unvaccinated [SARS-CoV-2] from accessing social venues such as bars, restaurants, schools, churches, libraries, and theatres [23]. Vaccination passes have also been required for certain workers/occupations in some regions of the world. In Italy, vaccination has been compulsory for all healthcare professions, and during certain phases of the pandemic, even for teachers, public rescue operators, and police officers.

In Europe and other regions of the world, the freedom to access professional hair care during the COVID-19 pandemic has been severely limited due to the forced closure of hair salons because of concerns about physical contact between customers and stylists during washing and styling, pre-and post-service customary physical greetings (e.g., handshakes, hugs, kisses), provision of snacks and beverages during haircare servicing, and money handling for payment of services. In this way, the salon closures encroached on human autonomy and human dignity, in the tension of trying to protect public health, including the safety and health of hairdressers, clients, and their community.

COVID-19 risk, hair salons, and protective measures

There is limited data on the transmission of COVID-19 at hair salons. In an area of Australia during the pandemic (March 2020 to September 2020), there were over 1,200 COVID-19 cases (incidence 75/100,000), including four individuals working as hairdressers [24]. Three of 4 hairdressers worked at three separate salons, while the fourth hairdresser performed home hairdressing services across four clients' homes. These four hairdressers worked during their

infectious period (48 hours prior to symptom onset). Vaccination status was not reported; however, it can be assumed all four hairdressers were unvaccinated as COVID-19 vaccination was not yet available in Australia at the time of the cases. Forty-one work-related close contacts were identified across these 4 cases, and none tested positive for COVID-19. A variety of personal protective equipment strategies (e.g., face mask, gloves, barriers) were in use while these hairdressers were working with their clients, yet it was notable that the home hairdresser did not wear a mask with their clients. Based on these results, the authors of the research study concluded that even though hairdressers work indoors with potentially long contact hours with clients, the risk of transmitting COVID-19 to clients is low when hairdressers and clients wear personal protective equipment and respect COVID-19 workplace safety protocols.

In the USA, two hairdressers worked at the same salon in May 2020 while symptomatic for COVID-19 [25]. Testing confirmed positive results for SARS-CoV-2 for both stylists. None of their 139 exposed clients reported symptoms. Of the 67 clients tested for SARS-CoV-2, all had negative results. Both stylists and their clients had worn face coverings during service provision. Vaccination status was not reported; however, it can be assumed both hairdressers were unvaccinated as COVID-19 vaccination was not yet available in the USA at the time of the cases. These results and the Australian study support the use of personal protective equipment strategies and other COVID-19 workplace safety provisions at hair salons [26-28].

In Italy, Germany, and other countries, a "green pass" system has been used to allow the movement of people selectively, the so-called EU Digital COVID Certificate (EUDCC). This green pass has been embedded as a public health tool with the Certificate used to verify either COVID-19 vaccination, a negative COVID-19 test result, or recovery from SARS-CoV-2 infection. Notably, vaccination does not *guarantee* infection prevention, and prior COVID-19 recovery does not *guarantee* against re-infection. Also, there is a risk of false-positive and false-negative antigen test results [29].

Therefore, vaccinated and recovered individuals with a green pass could still be infected with the SARS-CoV-2 virus, be asymptomatic, and potentially transmit the virus in workplaces [30]. In accordance with green pass movement provisions, and with occupational health and safety laws, during the COVID-19 pandemic, hairdressers have put in place the following preventive measures:

- 1) client's symptom screening before the appointment;
- 3) use of face masks by hairdresser and client and sanitizing of their hands;
- 4) workspace limited to the client and the hairdresser only unless the client also needs a carer present;
- 5) workspace sanitized and non-disposable tools cleaned and disinfected after use;
- 6) contactless payment system (no money handling);
- 7) hairdresser brings their own drinks for personal consumption during service provision;
- 8) hairdresser and client avoid physical contact, greetings, and farewells;
- 9) open window and/or HEPA filter air purifier in the workspace (in case of the HVAC system, air recirculation must be deactivated);
- 10) a disposable cape and towels are used;
- 11) protective goggles or a face shield for the hairdresser to get protected against droplet infection;
- 12) hairdressers symptom-free during their work.

The above provisions have been applied to salons providing on-site haircare in Italy and Germany during the COVID-19 pandemic; however, more provisions were also needed in salons due to multiple stylists providing client services simultaneously. Stylists performing house calls perform all services (i.e., hair washing, cutting, blow drying). In contrast, in the salon setting, these activities are often divided amongst two to three separate employees for the client, with multiple clients serviced in tandem. To prevent crowding, a booking system ensures that client capacity is capped at a number that allows physical distancing. Also, physical dividers/shields were placed in between client stations/workspaces. All staff were trained on their employer's COVID-safe measures (implemented after the employer performed a SARS-CoV-2 risk assessment.) Additionally, confidential occupational health surveillance of vulnerable staff (e.g., immunocompromised) has been performed by occupational physicians as a service to the employee [31,32].

CONCLUSION

This work is the first to argue for professional hair care as an "essential service" due to legal and ethical connections to dignity. This work is also the first to propose detailed occupational health guidance for house calls by hairdressers that facilitate service delivery to unvaccinated clients so they can also receive this "essential service." While the green pass can limit human freedom and potentially be viewed as a breach of trust and solidarity [33], a healthy and safe workplace for workers and third parties (i.e., hair salon clients) is vital [5]. Taking the view of hair care as a form of health care, we argue for dignity to be part of the core goals of health [34], facilitating a "good hair day" for everyone. The results of this work should be considered in potential future pandemics.

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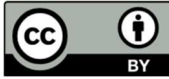
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