



Guidance on Facilities Used for Face-to-Face Data Collection

Guidance for England, Northern Ireland, Scotland and Wales

10th December 2021

Introduction

The aim of this document is to provide an update on the current government advice from across the UK's four nations and to provide updated practical guidance for practitioners when undertaking face-to-face data collection with participants.

Context

This MRS guidance sets out the conditions for face-to-face data collection activities including the restrictions for in-home.

The MRS guidance may change if government advice is modified.

Research practitioners are required to give priority to local guidance i.e. where research practice takes place.

MRS advice is based on our current understanding of Government guidance and support on COVID-19 which is subject to continuous development. MRS will update and publish accordingly, but it remains the responsibility of research practitioners to keep up to date.

It should be noted the MRS guidance does not replace government advice; it is meant to supplement the official sources with the addition of some research considerations. Remember to continue to check the up-to-date guidance on the relevant Government websites:

- [England](#)
- [Northern Ireland](#)
- [Scotland](#)
- [Wales](#)

New Covid-19 Requirements for the UK's Four Nations

England

On 8th December 2021, the UK Government announced that England will move to [Plan B](#) in response to the risks of the Omicron variant. This means:

- From Friday 10 December, face coverings will be required by law in some public indoor settings, such as theatres and cinemas (but not in hospitality settings)
- From Monday 13 December, office workers who can work from home should do so
- Since 6am on Wednesday 15 December, certain businesses and events will be required by law to check the COVID status of workers and customers using the NHS COVID Pass

Read the [guidance on how to stay safe and help prevent the spread of COVID-19](#).

Northern Ireland

Covid-19 vaccine passports were introduced to Northern Ireland on 29 November, with a two-week transition period until 13 December.

The number of people permitted to attend an indoor gathering, in a non-domestic setting, is determined by a risk assessment, carried out by the organiser or operator.

The use of [face coverings](#) is mandatory on public transport, in taxis, private buses, coaches and on aircraft, in train and bus stations and in airports unless an exemption applies.

More information is available here: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-regulations-and-guidance-what-they-mean-you>

Scotland

The use of facial coverings is mandatory in shops, churches/places of worship bars, restaurants, cafes, nightclubs, public transport including stations and bus stops, and at work. It is advised that face coverings are worn outdoors in crowded places. Full details about face coverings is available here: <https://www.gov.scot/publications/coronavirus-covid-19-public-use-of-face-coverings/>

Employers are being encouraged to support a greater degree of working from home than pre-COVID-19 and businesses should consider whether staff need to be in an office at all.

More information is available here: <https://www.gov.scot/coronavirus-covid-19/>

Wales

From 15 November all over 18 year olds must show an [NHS Covid pass](#) to enter theatres, cinemas and concert halls.

Facial coverings are required on public transport and in all public indoor areas except pubs, restaurants and nightclubs. Workers are recommended to work from home where they can.

More information is available here: <https://gov.wales/coronavirus>

Undertaking Face-to-Face Data Collection in Halls, Venues and Viewing Facilities

Scope

The following is MRS current guidance on undertaking face-to-face data collection activities in halls, venues and viewing facilities to avoid potential infection to research practitioners, participants and contractors.

The guidance provides mandatory requirements, interpretation and additional best practice. Members and Company Partners are reminded that this document is designed to complement the MRS Code of Conduct and should not be consulted in isolation.

The MRS Covid-19 guidance does not take precedence over national law. Members and Company Partners responsible for international projects shall take its provisions as a minimum requirement and fulfil any other responsibilities set down in law or by nationally agreed standards.

As specified in the MRS Code, it is the responsibility of research practitioners to keep abreast of any legislation which could affect research and to ensure that all those involved in a project are aware of and agree to abide by the MRS Code of Conduct.

This guidance is not legal advice and should not be relied upon as such. Specific legal advice should be taken in relation to any specific issues.

Principles of the Guidance

- Research is a business activity, not a social activity.
- Research practitioners have a responsibility to protect participants and the reputation of the profession.
- Research practitioners must undertake risk assessments of any proposed face-to-face data collection exercise before beginning the activity.
- When face-to-face data collection is undertaken it can only be undertaken in those locations that are open as a result of Covid-19 restrictions.
- In-home face-to-face data collection is restricted to the doorstep except for essential Government data collection projects.

Interpretation of Requirements

When requirements use the word "must" these are mandatory requirements and is a principle or practice that applies the MRS Code of Conduct, which Members and Company Partners are obliged to follow.

The requirements which use the phrase "should" describe implementation and denotes a recommended practice.

"May" or "can" refer to the ability to do something, the possibility of something, as well as granting permission.

MRS Code of Conduct

The following MRS Code of Conduct (2019) rules, which are extracted from the *Business and Professional Ethics* section of the Code, are the fundamental rules from which this guidance has been created:

Rule 6: Members must act honestly in their professional activities.

Rule 7: Members must take reasonable action to ensure that others do not breach or cause a breach of this Code.

Rule 8: Members must not act in a way which might bring discredit on the profession, MRS or its Members.

Rule 9: Members must take all reasonable precautions to ensure that participants are not harmed or adversely affected by their professional activities and ensure that there are measures in place to guard against potential harm.

The rules regarding vulnerable participants are also essential:

Rule 23. Members must take reasonable steps to assess, identify and consider the particular needs of vulnerable people involved in their professional activities.

Rule 24. When working with vulnerable people, Members must ensure that such individuals are capable of making informed decisions and are not unfairly pressured to cooperate with a request to participate and that they are given an opportunity to decline to take part.

In addition, the following data collection rule is key to the guidance, particularly point 28 (a):

Rule 28: Members must take reasonable action when undertaking data collection to ensure all of the following:

- a) that data collection processes are fit for purpose and clients have been advised accordingly;*
- b) that the design and content of data collection processes are appropriate for the audience being analysed;*
- c) that participants are able to provide information in a way that reflects the view they want to express, including don't know/prefer not to say;*
- d) that participants are not led toward a particular point of view;*
- e) that responses and/or data collected are capable of being interpreted in an unambiguous way;*
- f) that any potential use of the personal data is revealed;*
- g) that personal data collected and/or processed is limited to what is relevant; and*
- h) that personal data is stored and transmitted by secure means and only accessible to authorised individuals*

Relevant Definitions

Client: *A client includes any individual, organisation, department or division, including any belonging to the same organisation as an MRS Member, which is responsible for commissioning or applying the results from a project.*

Clinically extremely vulnerable individuals¹: *individuals who have specific underlying health conditions that make them extremely vulnerable to severe illness if they contact Covid-19. For current UK Government definition see: <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus-clinically-extremely-vulnerable/>*

Common areas: *are areas and amenities which are provided for common use of more than one person including building entrances, stairs, lifts, fire escapes, etc.*

Face coverings: *a non-surgical (or other medical grade) mask for facial covering of the mouth and nose, that is made of cloth or other textiles, and through which an individual*

¹ Alternative terms used by the devolved governments include 'extremely high risk' or 'extremely vulnerable'.

can breathe e.g., a scarf. See for example UK government guidance on [Face coverings: when to wear one, exemptions, and how to make your own.](#)

Face-to-face Data Collection: *is any in-person data collection process used to obtain information from or about participants e.g. 1-2-1 interviews, group discussions, hall tests, product testing etc. It includes all face-to-face data collection for research and non-research purposes which are undertaken by research practitioners.*

Facilities: *a location used for undertaking face-to-face data collection e.g. group discussions for research purposes. Facilities include locations such viewing facilities, halls, commercial venues.*

Facilities Staff: *all individuals who are either employed and/or their services retained by a face-to-face data collection facility.*

Incentive: *is any gift, payment or other consideration offered to participants to encourage participation in a project.*

Participant: *is any individual or organisation from or about whom data is collected.*

PPE: *protective equipment which protects users against health and safety risks. It can include items such as safety helmets, face masks, gloves, eye protection, high-visibility clothing, safety footwear, etc.*

Protected Characteristics²: *the groups protected from discrimination in the workplace as defined by the Equality Act 2010. It is against the law to discriminate against anyone because of age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, disability, race, religion or belief, sex or sexual orientation.*

Research: *is the collection, use, or analysis of information about individuals or organisations intended to establish facts, acquire knowledge or reach conclusions. It uses techniques of the applied social, behavioural and data sciences, statistical principles and theory, to generate insights and support decision-making by providers of goods and services, governments, non-profit organisations and the general public.*

Research Practitioners: *includes all individuals within the research supply-chain e.g. researchers, moderators, interviewers, recruiters, mystery shoppers, contractors, freelancers and temporary workers.*

Social Distancing (can be called 'physical distancing'): *limiting face-to-face contact with other individuals by means of keeping space between people. [Note: The distance requirements for social distancing vary between countries.]*

Codeline

The MRS Standards Team are continuing to review and update the MRS guidance as and when required.

If you have any queries about the MRS Code or any of the [MRS' Covid-19 guidance](#) please contact the MRS Standards Team via the MRS Codeline service (codeline@mrs.org.uk).

² See the UK Government website for more details: <https://www.gov.uk/discrimination-your-rights>

Before Participants Attendance in Face-to-face Data Collection Facilities

General

1. Research practitioners must adhere to the appropriate requirements detailed in the [MRS Guidance on undertaking safe face-to-face data collection](#).
2. Research practitioners must adhere to the appropriate government safe working documents. For example in England the relevant documents for facilities are: [Office, factories and labs](#) and [Hotel and guest accommodation](#) or equivalent guidance in the country where face-to-face data collection is being undertaken.
3. For research practitioners with multiple face-to-face data collection facilities the guidance of the country where facilities are located must be adhered to.
4. If research practitioners wish to undertake data collection in viewing facilities without social distancing and facial coverings, they must ensure that participants are recruited on this basis i.e., informed that the exercise will be without social distancing and facial coverings. Similarly, if data collection is to be with facial coverings and social distancing participants must be recruited on this basis.
5. Once data collection is due to start, research practitioners must undertake agile risk assessments before facial coverings are removed and social distancing is no longer in place. Only if all participants and research practitioners are willing and agree can data collection in viewing facilities be undertaken without social distancing and facial coverings.
6. For data collection undertaken in viewing facilities research practitioners must continue to use facial coverings and social distancing in areas where members of the public may reside e.g., receptions, waiting rooms, common areas, etc.

Facility Owners/Managers

7. Research practitioners responsible for facilities must ensure that facilities used for face-to-face data collection facilities are clean and safe to use by clients, participants and staff.
8. Research practitioners responsible for facilities must complete the relevant government safe working risk assessment for each facility which they are responsible for.
9. Research practitioners responsible for facilities must share risk assessments and supporting documents with facility staff.
10. Research practitioners responsible for facilities must ensure that risk assessments and supporting documents are made available to any clients, participants or other visitors who request a copy.
11. Research practitioners responsible for facilities must display the appropriate risk notification posters in a prominent place in facilities and their websites.
12. Research practitioners must consider the outcome of facility risk assessments to determine the appropriate measures to be undertaken, activities to be considered include:

Staff:

- Provide training to all those who work in the facility on the safe working requirements and arrangements within facilities.
- Provide refresher and update training when safe working arrangements change.
- Where possible reduce the number of people each person has contact with by using fixed teams or partnering.
- Provide personal cleaning materials to all those who work in facilities.
- Provide personal storage space to all those who work in facilities.
- Consider which staff are essential for on-site, and only those who are needed to provide services are on-site.
- Consider individual staff risks and requirements, including those classified as [clinically extremely vulnerable](#) and with [protected characteristics](#) (e.g. new or expectant mothers)³.

Communications:

- Communicate with clients, participants and other staff the safety measures and controls in place within a facility, what is expected of them when they are on site and how to report any concerns or safety issues.
- Install posters with the general safety measures, e.g. about personal hygiene, handwashing, etc detailed.
- Install signs and floor and/or wall markings to indicate recommended social distancing.
- Consider the needs of those with [protected characteristics](#), such as those who are hearing or visually impaired.

Cleaning:

- Undertake a deep clean of all facilities.
- Undertake enhanced and/or more frequent cleaning schedules.
- Disinfect taps, showers and other sources of water, ensuring these are flushed through before use and tested if appropriate.
- Undertake frequent cleaning of contact/touch surfaces such as tabletops, work equipment, door handles and handrails.

Equipment:

- Perform maintenance checks and activities on all facility equipment and systems.
- Undertake a deep clean of equipment.

³ In other countries of the UK different terms are used for clinically extremely vulnerable, for example high-risk or extremely vulnerable. Generally, the medical conditions being covered are the same or similar. The appropriate nation guidance should be referred to.

- Establish cleaning procedures for products entering the facility.
- Test fire safety systems, including battery-powered units such as emergency lighting and alarms, which due to lockdown may not have been used for some time.
- Clean support equipment provided for participants e.g. pens, paper, stimulus materials.
- Allocate support equipment (e.g. pens, paper, stimulus materials) for sole use by each participant.

Furniture:

- Position all furniture to ensure social distancing including in public and participant spaces (including outdoor if applicable). The distance requirements for social distancing vary between countries. Where there are no social distancing requirements, such as England, one metre + must be used.
- Consider the suitability of side-to-side and back-to-back furniture positioning as opposed to face-to-face.
- Consider how individuals move through facilities and how adjustments to furniture could be made to reduce congestion and contact between individuals.

Personal hygiene:

- Provide enhanced personal hygiene facilities, including additional handwashing stations where possible and hand sanitizer points where this is not possible, ensuring these are accessible to all participants including those with disabilities.
- Ensure toilet facilities are managed to facilitate safe use including signage for social distancing, supply of hand sanitisers on entry to toilets (where possible) and the supply of hot water, soap and paper towels in toilet facilities.
- Install and complete visible cleaning schedules for toilets and washroom facilities.
- Provide more waste facilities to enable the safe disposal of disposable hygiene products such as tissues, hand wipes, etc.
- Provide facial coverings and gloves, including instructions on use, for clients, research practitioners, participants and other staff as appropriate and as required.
- Provide PPE only for those face-to-face data collection activities which would have required PPE prior to Covid-19 e.g. whilst serving food.

Incentives:

- Ensure physical incentives are wrapped/sealed and cleaned (if appropriate) before being transferred to participants.
- Consider the use of digital incentives (e.g. e-gift cards) to reduce infection risks.

Food and drink:

- Minimise self-service of food, cutlery and condiments.
- Provide cutlery and condiments only when food is served.
- Follow appropriate government guidance on food safety (such as the [FSA guidance on what you and your staff must do when handling food](#) and the UK Government [Guidance for food businesses on coronavirus \(COVID-19\)](#)).
- Ensure food preparation and serving areas are frequently and deeply cleaned.
- Minimise numbers of staff working in food preparation and serving areas at any one time.
- Minimise contact between those responsible for food and front of house facility staff (if the staff are different sets of individuals).

Ventilation:

- Maximize fresh air ventilation by keeping windows, vents or doors fully or partially open, if this is an option. When improving ventilation facilities must continue to protect participant confidentiality during data collection.
- If using mechanical ventilation, ensuring that systems are set to maximise fresh air and minimise air recirculation.
- Increase the use of exhaust ventilation (if applicable).
- Identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas. Follow the HSE [guidance](#) on how to identify and improve poorly ventilated space.
- Restart and test specialist equipment (e.g. air conditioners) which may have been unused for longer than usual.

Public areas:

- Manage entrance into public areas, including the possibility of introducing queueing systems, protecting staff, participants, clients and visitors from contact with others including the use of physical structures to ensure social distancing and avoiding congestion.
- Manage arrival times in public areas and consider the possibility and suitability of staggered start times.
- Create public zones to limit the number of people in any one area.
- Reorganize moveable equipment, desks and workstations to enable physical distancing.
- Install Perspex screens where necessary e.g. reception desks.
- Fix doors open to reduce touching or door handles (excluding doors required for fire safety, security or privacy).
- Establish processes for safe entry and exit from facilities.

- Establish one-way systems in corridors, stairways and other common areas and take other actions to mitigate the risks where this is not possible.
- Determine safe ways of using lifts/elevators, including limiting capacity and providing hand sanitizer, ensuring guidance for safe use is communicated both inside and outside of lifts/elevators.

Parking and travel:

- Determine if additional parking or travel facilities can provide including facilities such as bike-racks where possible.

Emergency preparedness:

- Review fire evacuation processes to assess suitability for Covid-19 social distancing and other requirements.
- Provide additional PPE for First Aiders in case of medical emergency and accidents.
- Provide each First Aider within facilities their own First Aid resources i.e. do not allow shared First Aid equipment.

Common areas:

- Coordinate and cooperate with other organizations if any share the same location as any facilities, including with contractors, managing agents, landlords and other tenants, to ensure that appropriate safe working considerations are understood by others in the building.
- Manage entrance into common areas, including the possibility of introducing queueing systems, protecting staff, participants, clients and visitors from traffic and/or contact with others including the use of physical structures such as street furniture to ensure social distancing and avoid congestion.

Use of Third-Party Facilities

13. When research practitioners use third party facilities, they must check the completed risk assessments and supporting documents, and only use facilities where they are satisfied that all reasonable measures, including risk mitigations, have been undertaken.