MRS Post-Lockdown Covid-19 Guidance: Undertaking Safe Face-to-Face Data Collection

Guidance for the England, Northern Ireland, Scotland and Wales

12th April 2021

Introduction

The Covid-19 pandemic continues to evolve and now as all four UK nations enter slowly another post-lockdown it is essential that practitioners follow government guidance about social contact and social distancing.

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 limited resumption of face-to-face data collection activities.

The fundamental principle underlying this guidance is that face-to-face data collection will only be undertaken when no other alternative methodology can be used. This principle should be followed until the working from home and social contact messaging is reviewed as part of the four nation's approaches to post lockdown. **The MRS guidance may change if government advice is modified.**

Northern Ireland, Scotland and Wales have also adopted specific measures. 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

A roadmap out of lockdown was announced by the UK Government on 22nd February 2021 and are summarised on the UK Government site: https://www.gov.uk/coronavirus.

From **12th April 2021** more businesses and venues can reopen. Twice weekly rapid tests are now available to everyone. Shielding ended on 31st March 2021.

Northern Ireland

The next review is due to take place on **15th April 2021.** The current restrictions are summarised here.

Scotland

People in Scotland are being asked to 'stay local' since 2nd April 2021. A timetable for further lockdown easing was issued on **5th April 2021**. The current plan is from 26th April 2021 more significant re-opening of the Scottish economy and society including greater travel within Scotland.

Scotland continues to operate a **Protection Levels** scheme (from Level 0 to Level 4). Currently all mainland Scotland and some islands are at Level 4 with some islands at Level 3. For more detailed guidance about this please refer to the separate MRS guidance for Scotland.

Wales

In Wales all the stay local restrictions were lifted on 27th March and from **12th April** further restrictions were lifted including travel restrictions and more businesses and venues opening. Wales continues to operate an Alert Level system and the current restrictions apply during the move from Alert Level 4 to 3.

Face-to Face Guidance for the Four Nations

How to read the guidance and links to the MRS Code of Conduct

Scope

The following is MRS current guidance on undertaking face-to-face data collection activities 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.
- Face-to-face data collection will only be undertaken when no other alternative methodology can be used.
- 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 remain open as a result of Covid-19 restrictions and in locations allowed within the MRS guidance.
- In-home face-to-face data collection continues to be restricted to on the doorstep only.

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

Finally, the MRS Code of Conduct consent rule 31 also applies, noting in particular that health data is defined as special category data within the Data Protection Act 2018 and GDPR and the requirements of this legislation must be adhered to when such data is being collected.

Rule 31: If consent is the legal basis for the data collection, Members must ensure that participants are provided with appropriate information to allow informed consent to be given, at the point that they agree to participate. Informed consent requires the following information to be provided:

a) *the name of the organisation(s) or individual responsible for data collection;*
b) *the general subject of the data collection;*
c) *the purpose of the data collection;*
d) *the type of data collected, particularly special category and/or criminal convictions data;*
e) *the right to withdraw at any time;*
f) *whether the data collection is to be recorded and/or observed;*
g) *who is likely to have access to live or recorded information;*
h) *the likely length in minutes of the data collection;*
i) *any costs likely to be incurred by a participant;*
j) *the use of automated decision making (if used)*
k) *transfer of data to a third country;*
l) *retention periods or criteria used to determine retention periods;*
m) *the right to complain*
n) *an assurance that the activity is being conducted in accordance with the MRS Code of Conduct and the Data Protection Act 2018 and/or local data protection legislation for non-UK activities.*

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 individuals[1]: individuals *who have specific underlying health conditions that make them extremely vulnerable to severe illness if they contact Covid-19.*

Clinically vulnerable people[2]: *individuals who may be at moderate risk from Covid-19 including those aged 70 years or older and individuals with some underlying health conditions.*

Consent: *means any freely given, specific, informed and unambiguous indication of a participant's wishes by a statement or by a clear affirmative action, which signifies agreement to the processing of their personal data.*

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 can breathe e.g., a scarf. See government guidance on facial coverings e.g. England has 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.*

Face-to-Face Mystery Shopping: *the use of research practitioners trained to experience and measure any customer service process, by acting as potential customers within physical environments e.g. in shops, restaurants, hotels, car showrooms as opposed to via other mediums such as telephone or online (see mystery shopping definition for further detail).*

Mystery shopping: *the use of research practitioners trained to experience and measure any customer service process, by acting as potential customers and in some way reporting*

[1] Alternative terms used by the devolved governments include 'extremely high risk' or 'extremely vulnerable'.
[2] Alternative terms used by the devolved governments include 'high risk' or 'vulnerable' the latter is different to the MRS definition of vulnerable.

back on their experiences in a detailed and objective way for research and/or other purposes. It differs from other data collection techniques in that researcher practitioners do not declare their presence and participants are unaware at the time of the interaction that it is in any way different from a normal customer contact.

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.*

Permission: *Permission in this context is a participant giving their permission to take part in a data collection exercise.*

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 Characteristics[3]: *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.*

Special category data: *is the processing reveals racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union Membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation.*

Vulnerable people: *Vulnerable people means individuals whose permanent or temporary personal circumstances and/or characteristics mean that they are less able to protect or represent their interests (see MRS Best Practice Guide on Research Participant Vulnerability).*

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).

[3] See the UK Government website for more details: https://www.gov.uk/discrimination-your-rights

Before the Commencement of Face-to-Face Data Collection

Research Practitioners: General

1. If research practitioners begin to feel unwell and/or have been in contact with anyone who has been unwell and/or is feeling unwell they must self-isolate and work from home (if the individuals are fit to do so and their role enables home working).

Research Design: General

2. Research practitioners must undertake a risk assessment of any proposed data collection exercise before beginning any face-to-face data collection.

3. Research practitioners must use and adhere to the appropriate government safe working guidance depending upon the environment/s in which face-to-face data collection is to take place. The current list of safe working guidance is:

   England
   Northern Ireland
   Scotland
   Wales

4. Research practitioners must follow relevant government guidance such as the UK Health & Safety Executive (HSE) guidance on Covid-19: https://www.hse.gov.uk/coronavirus/index.htm and the HSE interactive tools: https://www.hse.gov.uk/simple-health-safety/risk/index.htm

   Note: More information about risk assessments is available in the MRS Research Policy and Standards Webinar - Undertaking Risk Assessments available here: https://www.mrs.org.uk/resources/webinars.

5. Research practitioners must not undertake face-to-face data collection in those locations that are currently restricted within the MRS guidance e.g., data collection in-home.

6. When designing face-to-face data collection research practitioners must discuss with clients (whether internal or external) the outcome of any risk assessments and agree any mitigations to be undertaken including adapting the research design to reduce Covid-19 risks, exposure and infection. As part of this discussion, research practitioners must determine whether face-to-face data collection is the most appropriate data collection method**.**

7. When designing face-to-face data collection, a key consideration will be the use of facial coverings and gloves by research practitioners. Research practitioners must discuss with clients the range of body coverings and equipment available and agree an approach, which will depend upon the outcomes of any initial risk assessment and legal requirements, including considerations such as:

   - The face-to-face methodology being applied
   - The environment where the research is to take place
   - The profile of participants e.g., age, health, demographics
   - The likelihood of maintaining social distancing
   - The quality of communication with participants
   - The complexity of messaging
   - The potential impact on participants if verbal communication is impaired
   - The potential emotional impact on participants (e.g., children, vulnerable adults, etc.)

- The potential impact on the quality of the research gathered if communication is impaired

8. Once it has been agreed that a face-to-face data collection method will be undertaken the research practitioners must discuss and agree with clients liabilities for risks identified and actions taken to ensure that identified risks and liabilities form part of the contract for the data collection.

   Note: The MRS Research Policy and Standards Webinar – 'Undertaking Risk Assessments' can be found in the webinar library here *https://www.mrs.org.uk/resources/webinars*

Research Practitioners: Face-to-face Data Collection Practitioners

Once requirements 1-8 have been undertaken, and it has been determined that a method of face-to-face data collection is the most appropriate the following requirements apply:

9. Research practitioners who are classified as 'clinically extremely vulnerable' individuals (see definitions) are advised by the government to stay at home as much as possible and to work from home. Research practitioners who are clinically extremely vulnerable may be considered to undertake face-to-face data collection activities if the individuals wish to be considered for such activities and a risk assessment has been undertaken which determines whether they are suitable to be considered.

10. Research practitioners must include appropriate considerations when conducting risk assessments to consider whether clinically extremely vulnerable individuals are suitable for face-to-face data collection. Considerations may include:

    - The shielding status where the clinically extremely vulnerable individuals are located: each of the four nations has different guidance on shielding e.g., England's guidance is available here.
    - Whether one or two doses of a vaccine has been received.
    - The general health of the clinically extremely vulnerable individuals.
    - The status of the clinically extremely vulnerable individuals' households e.g. are other members of their household at high risk.
    - The nature of the face-to-face data collection being undertaken.
    - The length of time any face-to-face activities may take, particularly how long clinically extremely vulnerable individuals may be exposed to individual participants.
    - The location face-to-face data collection and the risk of maintaining social distancing and/or risk of exposure.
    - The availability of lower risk research practitioners.
    - The availability of alternative data collection opportunities for clinically extremely vulnerable individuals using other methodologies e.g. telephone, online, mail.

11. Research practitioners who are classified as clinically vulnerable individuals (see definitions) should follow social distancing advice to reduce the likelihood of catching or spreading Covid-19. Research practitioners that are identified as clinically vulnerable who are fit and wish to work, may be considered for face-to-face data collection activities.

12. Research practitioners must undertake a risk assessment and undertake mitigations before any clinically vulnerable individuals are considered for face-to-face data collection. Research practitioners who are clinically vulnerable may undertake and/or be selected for other methods of data collection e.g., telephone, online, mail.

13. Before eligible research practitioners are selected for face-to-face data collection Covid-19 screener questions must be asked to determine if any research practitioners are infected and/or are at risk of infection. Screeners must include appropriate considerations, which will depend on the outcome of any initial risk assessments, such as:

    - Whether research practitioners have received a Covid-19 vaccine
    - Current state of health of research practitioners and their immediate households
    - Whether research practitioners and/or members of their immediate household have been diagnosed and/or tested for Covid-19
    - Whether research practitioners and/or members of their immediate household have been exposed to individuals who have been unwell and/or diagnosed and/or tested for Covid-19
    - Whether research practitioners are self-isolating, shielding or caring for individuals vulnerable to Covid-19 within their household
    - Current emotional health and personal confidence of research practitioners to undertake face-to-face data collection
    - The use and impact of contract tracking apps on research practitioners' activities
    - The needs of those with protected characteristics
    - Any specific research practitioners' concerns regarding face-to-face data collection

14. Research practitioners who respond to screener questions which indicate a state of health and/or circumstances which are unsuitable for face-to-face data collection and/or a high risk of Covid-19 infection must not be selected for face-to-face data collection until such time as there is evidence that they are no longer infected with Covid-19 and/or a state of health/circumstances which is suitable for such activity.

15. The Covid-19 screener questions, which include the collection of special category health data (both physical and mental health), must only be collected with the informed consent of research practitioners (see MRS Code of Conduct rule 31).

16. When recording the responses to screener questions no inferences and/or formal records must be made regarding the health of research practitioners without their informed consent.

17. Research practitioners who have been diagnosed with Covid-19, if well enough to work, may be used for other data collection such as telephone or online activities.

18. Before research practitioners undertake any face-to-face data collection activities, they must be trained on how to undertake such activity in post-lockdown conditions. Training must include appropriate considerations, which will depend on the outcome of any initial risk assessments, such as:

    - Understanding the appropriate four nations government safe working requirements depending on the location of the research being undertaken
    - Understanding the safe working requirements for any particular work environment where face-to-face data collection is being undertaken, including any government guidance issued
    - When and where data collection can safely take place (see *During Face-to-face Research* section for more detail)
    - Locations and circumstances to avoid when undertaking face-to-face data collection
    - Undertaking risk assessments when collecting data from those classified as clinically extremely vulnerable and clinically vulnerable.

- Considering the needs of those with protected characteristics, such as those who are hearing or visually impaired
- Considering the need of those with complex education and/or health needs
- Wearing of face coverings and gloves, how to ensure maximum effectiveness and when the use of face coverings and gloves may be appropriate[4]
- Wearing PPE when adherence to social distancing requirements is not possible e.g. such as when collecting data from very young participants of those with complex needs
- Avoiding physical contact and touching of faces particularly noses, eyes and mouths
- Determining social distancing requirements
- Asking participant health screener questions
- Appropriate handling, cleaning and transfer of data collection tools e.g. laptops, showcards, stimulus materials
- Appropriate handling of incentives including storage, cleaning and transfer
- Appropriate handling and transfer of assurance and/or consent processes e.g. thank you leaflets, recruitment documentation, etc.
- Responding appropriately to any participant concerns about undertaking face-to-face data collection during post-lockdown
- Understanding MRS Code of Conduct and GDPR responsibilities (including any specific national health research requirements) regarding the collecting of screener data which relates to special category health data
- Relaying relevant Covid-19 MRS Code of Conduct, GDPR and specific research and/or corporate advice during data collection
- Identifying circumstances when other modes of data collection may be suitable after initial face-to-face data collection contact
- Removal and discarding of any cleansing materials e.g., sanitary wipes, tissues, etc. used during face-to-face data collection
- The use and potential impact of contract tracking apps for participants who consent to take part in face-to-face data collection

Travel To and From Face-to-face Data Collection

19. Research practitioners must consider the amount of travel required to undertake face-to-face data collection and introduce approaches which minimise the amount of travel required e.g. localise data collection to specific areas.

20. Research practitioners when travelling for face-to-face data collection projects, must plan ahead or avoid busy public transport times and routes.

21. Research practitioners must follow any lockdown travel restrictions which apply to each of the UK's four nations. Research practitioners must be familiar with the advice for each of the nations in which they travel if face-to-face data collection requires travel between the four nation borders e.g. research on the borders.

22. Research practitioners should limit travel for face-to-face data collection purposes unless absolutely necessary for the purposes of the project.

Overnight Stays

23. Research practitioners should not stay overnight anywhere other than their primary residences except for business purposes. Research practitioners should make appropriate plans to minimise such overnight stays.

[4] Whilst in some instances, gloves are recommended for face-to-face data collection activities, this recommendation is due to the nature of activities undertaken in the course of face-to-face data collection and is not an appropriate alternative, in this context, to handwashing and sanitising.

Vehicle Sharing

24. Research practitioners must reduce, where possible, the amount of vehicle sharing they undertake when travelling to and from face-to-face data collection projects.

25. Research practitioners who share vehicles with colleagues (e.g. car share) to travel for face-to-face data collection must follow the appropriate Government guidance on vehicle sharing e.g. the Scottish Government's advice on travelling safely and the UK Government's guidance on car sharing.

Face-to-face Participant Recruitment

26. When research practitioners approach individuals face-to-face to participate in data collection they must:

    a) Position themselves in a location where they are able to adhere to social distancing requirements
    b) Avoid people who look visibly unwell
    c) Adhere to social distancing requirements when recruiting potential participants
    d) Carry tissues and sanitary wipes and throw away in a bin any which are used
    e) Avoid touching their nose, mouth or eyes
    f) Avoid any physical contact such as shaking a participant's hand
    g) Be aware that asking individuals to participate in research may cause unnecessary stress and concern and to take steps to offer assurances to mitigate such concerns
    h) Consider the appropriateness of wearing of face coverings and gloves

27. When research practitioners have determined participants are suitable and willing to participate in face-to-face data collection, they must undertake screener questions to establish whether participants:

    a) are experiencing any flu-like and/or Covid-19 symptoms
    b) been diagnosed with Covid-19
    c) been in close contact with any individuals experiencing any flu-like and/or Covid-19 symptoms
    d) are self-isolating and/or have members of their household who are self-isolating
    e) been in close contact with any individuals diagnosed with Covid-19
    f) are content and confident to participate in face-to-face data collection, specifically any activities in which they may be asked to engage e.g., group activities with other participants in a central location
    g) have any specific concerns regarding participating in face-to-face data collection

28. Participants who are shielding or caring for individuals vulnerable to Covid-19 and/or are defined as either Clinically Extremely Vulnerable or Clinically Vulnerable may be considered to participate in face-to-face data collection if they consent to do so. Research practitioners must also consider whether such participants should be directed to other methods of data collection e.g. online or telephone studies.

29. Research practitioners must ensure that participants who respond to screener questions which indicate that are high risk of Covid-19 are risk assessed to ensure that it is safe to undertake face-to-face data collection. Risk assessments must include appropriate considerations, which will depend on the nature of projects, such as:

    - Current state of health of participants and their immediate households
    - Whether participants and their immediate households have received Covid-19 vaccines

- Whether participants and/or members of their immediate household have been diagnosed and/or tested for Covid-19
- Whether participants and/or members of their immediate household have been exposed to individuals who have been unwell and/or diagnosed and/or tested for Covid-19
- Whether participants are shielding or caring for individuals vulnerable to Covid-19 within their household
- Whether participants have travelled to other countries in the previous two weeks
- Current emotional health and personal confidence of participants to undertake face-to-face data collection
- Whether participants are experiencing adversity and/or trauma including bereavement, anxiety and safeguarding risks
- Any specific participants' concerns regarding face-to-face data collection

30. Research practitioners must ensure that the responses to Covid-19 screener questions, as they include the collection of special category health data, are only collected with the informed consent of participants (see MRS Code of Conduct rule 31).

31. Research practitioners must ensure that when recording responses to screener questions no inferences are made to the actual health of participants. Research practitioners are not health professionals. The screener questions are to be used to reduce potential risk to others involved in research (research practitioners and other participants).

32. Research practitioners must inform participants that if their health situation changes between the time of recruitment and face-to-face data collection they may no longer participate.

33. Research practitioners must provide participants a telephone number, website, email, and contact address which participants can contact if they become infected with Covid-19 between recruitment and participating in any face-to-face data collection exercises. This information should be provided digitally. If a physical document is given to participants research practitioners must ensure that the information is transmitted in a manner which reduces the risk of infection (see Requirement 43).

34. Research practitioners must inform participants of the implications of participating in any face-to-face data collection, specifically any contract tracing applications and actions required which apply to the country where face-to-face data collection is being undertaken.

During Face-to-face Research

There are some Covid-19 requirements and considerations which apply to all types of face-to-face data collection, whilst others are specific to the type of data collection activity.

In this section the guidance applies irrespective of the type of data collection.

35. When undertaking face-to-face data collection research practitioners must wear a face covering in those areas where this is mandated and in any locations where it is not possible to maintain a social distance of two metres when undertaking face-to-face data collection. The requirements are different for each of the four nations and research practitioners must be aware of the rules in the locations in which they operate.

36. Research practitioners must continue to follow social distancing rules when undertaking face-to-face data collection.

37. In circumstances where social distancing may not be possible such as using mystery shopping techniques, research practitioners must endeavour to ensure there is enough space to undertake their face-to-face data collection activities safely, where possible adhering to social distancing requirements and not causing obstruction to other individuals, the possibility of contact and/or not meeting social distancing requirements with other individuals in the vicinity of any given project.

38. Research practitioners must check whether additional restrictions apply in their area, particularly if working close to any of the four nations' borders.

39. Research practitioners must follow any other local lockdown restrictions which could be imposed in specific areas and/or locations.

40. When research practitioners undertake any face-to-face data collection they must:

    a) Position themselves in a location where they are able to adhere to social distancing requirements
    b) Avoid people who look visibly unwell
    c) Adhere to social distancing requirements when undertaking face-to-face data collection from potential participants
    d) Carry tissues and sanitary wipes and throw away in a bin any which are used
    e) Avoid touching their nose, mouth or eyes
    f) Avoid any physical contact such as shaking a participant's hand
    g) Be aware that asking individuals to participate in research may cause unnecessary stress and concern and to take steps to offer assurances to mitigate such concerns, including ensuring that a participant's right to withdraw from a project at any stage is respected.
    h) In environments where it is not mandatory consider the appropriateness of wearing face coverings
    i) Consider the appropriateness of wearing gloves
    j) Consider the appropriateness of completing data collection using other modes e.g., after initial face-to-face data collection completing any research via telephone or online

41. Research practitioners must ensure that if there has been a time delay between recruitment and data collection, the screener questions to establish Covid-19 risk, are repeated before face-to-face data collection commences. Research practitioners must ensure that any participants whose screener responses raises concerns are asked to withdraw from the data collection activity and/or re-directed to completing the activity via an alternative data collection method e.g. online, telephone.

42. Research practitioners must ensure that if participants are screened out prior to the commencement of any face-to-face data collection as a result of the identification of Covid-19 risks, they are refunded for any direct costs incurred endeavouring to participate e.g., travel to a face-to-face qualitative research focus group.

43. If during face-to-face data collection research practitioners need to share data collection support materials with participants e.g., showcards, stimulus materials, thank you leaflets etc., this must only be undertaken in agreement with participants and with appropriate infection reduction methods being applied. Research practitioners must consider appropriate Covid-19 risk and infection mitigation measures, which will depend upon the outcomes of any initial risk assessment, such as:

    - Supplying gloves to participants before sharing data collection support materials

- Supplying sanitary cleansing wipes to clean data collection support materials
- Cleaning data collection support materials before and after being handled by participants
- Producing data collection support materials in durable material which is easy and effective to clean
- Providing instructions for safely disposing of any used sanitary wipes after use
- Providing instructions on how to handle and transfer materials to and from participants e.g. putting information on the ground, garden walls (as appropriate depending on the environment) and stepping back in accordance with social distancing requirements to allow participants to retrieve information

44. If incentives are to be supplied as part of a face-to-face data collection activities research practitioners must ensure incentives are wrapped/sealed and cleaned before being transferred to participants. Research practitioners must provide instructions for handling and transferring incentives (see Requirement 18).

45. Research practitioners must provide participants a telephone number, website, email, and contact address which participants can contact if they become infected with Covid-19 following a face-to-face data collection exercise.

In-home/Door-to-Door Face-to-face Data Collection

46. Before commencing any in-home/door-to-door face-to-face data collection research practitioners must ensure adherence (where appropriate) with the UK government's safe working documents. Relevant documents for in-home/door-to-door data collection include for example: in England the UK Government's *Working safely during Covid-10 in other people's homes* guidance, or equivalent guidance in the country where face-to-face data collection is being undertaken.

47. Research practitioners must not enter participants' properties to undertake in-home/ door-to-door face-to-face data collection.

48. Research practitioners must only undertake in-home/door-to-door face-to-face data collection activity adhering to social distancing requirements outside of participants' homes. If participants offer partial cover, e.g. undertaking research in garages, porches, etc., research practitioners must first consider whether accepting such requests could compromise social distancing requirements with participants. If not, research practitioners may accept such participant offers.

49. Research practitioners must design in-home/door-to-door face-to-face data collection activities in recognition of the environmental limitations of collecting data outside; an environment that cannot guarantee confidentiality and data privacy. Research practitioners must design appropriate data collection activities, which will depend upon the outcomes of any initial risk assessment, including considerations such as:

    - The age and mobility of participants
    - Data collection length
    - Nature of the data collection topic
    - Use of stimulus and/or support materials
    - Use of self-completion tools
    - Collection of sensitive data
    - Collection of special category data

50. Research practitioners should consider in-home/door-to-door data collection activities and when the application of mixed modes may be appropriate e.g., long interviews and/or sensitive topics when completion of data collection might be undertaken by phone after initial face-to-face data collection and/or recruitments has taken place.

In-street/Exit Face-to-face Data Collection

51. Before commencing any in-street/exit face-to-face data collection research practitioners must ensure adherence (where appropriate) with the appropriate government safe working documents. For example relevant documents for in-street/exit face-to-face data collection in England includes: *Working safely during Covid-19 in construction and other outdoor work*, *Working safely during Covid-19 in shops and branches, Working safely during Covid-19 in heritage locations* and *Working safely during Covid-19 Restaurants, pubs, bars and takeaway services* guidance, or equivalent guidance in the country where face-to-face data collection is being undertaken.

52. Research practitioners must ensure that in-street/exit face-to-face data collection is only undertaken outside of premises e.g. in high streets, outside retail premises, outside shopping centres, inside shopping centres but outside of individual retail premises, etc. Research practitioners may only undertake research inside premises if specifically requested by the premise's owner i.e. the client.

53. Research practitioners must adhere to any additional safe working Covid-19 guidance which applies to any location/environment where exit face-to-face data collection is being undertaken, e.g. specific shopping centre guidance, wearing facial coverings in shops, etc.

54. Research practitioners must ensure there is enough space to undertake in-street/exit face-to-face data collection safely with participants. Participants and research practitioners must adhere to social distancing requirements and must not cause obstruction to other individuals in the vicinity and/or the possibility of contact and/or not meeting social distancing requirements with other individuals in the vicinity.

55. Research practitioners should consider whether in-street/exit face-to-face data collection is undertaken in cordoned off areas to ensure that participants and research practitioners have sufficient space to adhere to social distancing requirements, including extra space for sharing data collection support materials, and with sufficient space to avoid other individuals in the vicinity of any data collection.

56. Research practitioners intending to undertake in-street/exit face-to-face data collection with cordoned areas can only do so in agreement with appropriate organisations such as shopping centre owners, premises owners/managers, etc.

In Transit

57. Before commencing any in-transit face-to-face data collection research practitioners must ensure adherence (where appropriate) with the appropriate government safe working documents. For example relevant documents for England for in-transit includes: *Coronavirus (Covid-19): safer travel guidance for passengers* and *Working safely during Covid-19 in or from a vehicle,* or equivalent guidance in the country where face-to-face data collection is being undertaken.

58. Research practitioners must ensure that in-transit face-to-face data collection is only undertaken on transport e.g. on bus, train, tram in agreement with the owners and manager of the transportation.

59. Research practitioners must adhere to any additional safe working Covid-19 guidance which applies to any in-transit environment, e.g. specific transport owner's corporate guidance, wearing facial coverings on public transport in England, etc.

60. Research practitioners must ensure there is enough space to undertake in-transit (e.g. on bus, train, tram) face-to-face data collection safely with participants. Participants and research practitioners must stand and/or sit in adherence with social distancing requirements and must not cause obstruction to other individuals in the vicinity and/or the possibility of contact and/or not adhering to social distancing requirements with other individuals in the vicinity.

In Hall/Venues

61. Before commencing any in-hall/venue face-to-face data collection research practitioners must ensure adherence (where appropriate) with the appropriate government guidance on venues. For example in England the guidance *Closing certain businesses and venues in England* and the *Coronavirus restrictions: what you can and cannot do* in terms of venues that can and cannot be used for face-to-face data collection and the rules regarding numbers and types of social gathering.

62. Research practitioners must ensure adherence with the appropriate government safe working documents. For example in England the relevant documents for in hall/venues includes:

    - *Working safely during Covid-19 in restaurants, pubs, bars and takeaway services* and associated guidance or equivalent guidance in the country where face-to-face data collection is being undertaken, when providing food and drink as part of their face-to-face data collection activities.

    - *Working safely during coronavirus: Labs and research facilities* and *Working safely during coronavirus in offices and contact centres* or equivalent guidance in the country where face-to-face data collection is being undertaken, when using facilities such as viewing facilities.

63. Research practitioners must ensure adherence to the *MRS Guidance on Facilities Used for Face-to-face Data Collection* when undertaking face-to-face data collection in halls/venues (such as viewing facilities).

64. Research practitioners must ensure that the face-to-face recruitment of participants for in-halls/venue face-to-face data collection is undertaken in accordance with the appropriate in-street, in-home/door-to-door and/or recruitment guidance depending on how participants are recruited.

65. Research practitioners must adhere to any additional safe working Covid-19 guidance which applies to halls/venues environment e.g. specific venue owner's corporate guidance.

66. Research practitioners must ensure that any refreshments (food or drink) provided to participants is served according to appropriate food and drink safety guidance which is applicable in the country where activities are being undertaken. For example the UK government's *Guidance for food businesses on coronavirus (Covid-19)* or the FSA guidance (which applies in England, Wales and Northern Ireland):
    - FSA's Personal hygiene: Guidance on what you and your staff must do when handling food
    - FSA's Food hygiene for your business
    - FSA Safe Method Checklist

Mystery Shopping

67. Before commencing any face-to-face mystery shopping data collection research practitioners must ensure adherence (where appropriate) with the relevant government guidance, for example in England *Closing certain businesses and venues in England* and the *Coronavirus restrictions: what you can and cannot do* in terms of environments and locations that can and cannot be used for face-to-face mystery shopping data collection and the rules regarding numbers and types of social gathering.

68. Research practitioners must ensure adherence with the relevant government safe working documents when undertaking mystery shopping in different environments.

69. Research practitioners must ensure adherence to the MRS guidance *Undertaking Safe Face-to-face Mystery Shopping* when undertaking face-to-face mystery shopping data collection.

Support for Research Practitioners

The Market Research Benevolent Association (MRBA) exists to provide financial support and advice to practitioners who work or have worked in any aspect of research and are based in the UK. Research practitioners should provide details of the MRBA to any research practitioners who are experiencing financial difficulties due to Covid-19 and are not being supported by other means (such as the Coronavirus Job Retention Scheme).