MRS Post-Covid-19 Lockdown Guidance:

Undertaking Safe Face to Face Data Collection

14th May 2020

Introduction

The Covid-19 pandemic continues to evolve and now as we enter post-lockdown it is essential that practitioners follow government guidance about social contact and social distancing. The aim of this document is to interpret the current UK government advice into practical guidance for practitioners when undertaking face to face research with participants.

When using this guidance, you should refer, where appropriate, to the following government advice on working safely during Covid-19:

- Outdoor working: *Construction and other outdoor working*
- Office working: *Offices and contact centres*
- In-home working: *Other people's homes*
- In-store working: *Shops and branches*
- In-transit working: *Vehicles*
- Food working: *Restaurants offering takeaway or delivery* and *Guidance for food businesses on coronavirus (CVOID-19)*
- Manufacturing: *Factories plants and warehouse*
- Indoor Laboratories: **Labs and Research Facilities* *(*note this guidance relates to indoor research environments such as engineering centres, wind tunnels, computer labs and specialist testing labs)*

Other government guidance to be considered includes:

- Participants: *Guidance on shielding and protecting people who are clinically extremely vulnerable from Covid-19* and *Guidance on staying alert and safe (social distancing)*
- Public transport: *Coronavirus (Covid-19): safer travel guidance for passengers*
- Venues: *Closing certain businesses and venues in England* (and equivalent for *Wales*, *Scotland* and *Northern Ireland*)
- Face coverings: *Guidance on how to wear and make a cloth face covering*
- Provision of food and drink:
    - Guidance for food businesses on coronavirus (Covid-19)
    - 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

MRS advice is based on our current understanding of HMG's guidance and support on COVID-19 (link: https://www.gov.uk/coronavirus) 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.

At the time of writing Scotland, Northern Ireland and Wales have adopted specific measures. We tried to cover them extensively, but given the fast pace of changes and updates, research practitioners are required to give priority to local guidance i.e. where research practice takes place.

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 government website.

It is also important that research practitioners continue to gain and retain the confidence of the public regarding the aims and value of our sector's activities.

At a time when there remains a high level of concern about social contact, the necessity and need for face to face data collection, as opposed to any other data collection method, should be a key consideration when determining its use.

Overview: Covid-19 and how to avoid it

Covid-19 is caused by the coronavirus which affect lungs and airways. Signs of Covid-19 include experiencing a cough, fever or shortness of breath and breathing difficulties. The symptoms are similar to other illness such as cold and flu and include:

- A cough
- A high temperature
- Shortness of breath

It is still not known exactly how the virus spreads from person to person. Although similar viruses are spread via cough droplets.

The best way to avoid the spread of Covid-19 is to take the following personal actions:

- Wash your hands regularly with soap and hot water or use sanitiser gel.
- Ensure you have tissues and sanitary wipes readily available.
- Cover your mouth and nose with a tissue or your elbow (NOT your hands) when you cough or sneeze.
- Put used tissues and wipes in the bin straight away and wash your hands afterwards.
- Avoid close contact with people who display indications of being unwell.
- Keep two metres away from people.
- Avoid touching your nose, mouth or eyes.
- Use sanitary wipes to clean your work tools including laptops, phones, etc.
- Change and wash face coverings (if used) daily.
- Wash face coverings in line with manufacturer's instructions i(if washable). If not washable, dispose of face coverings carefully using normal waste disposal arrangements.
- Use Personal Protective Equipment (PPE), such as gloves, face masks, eye protection, high visibility clothing, etc only in instances where you were already using such equipment when undertaking your professional activities.

Undertaking Face to Face Data Collection

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.

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 ;whether the data collection is to be recorded and/or observed;*
f) *who is likely to have access to live or recorded information;*
g) *the likely length in minutes of the data collection;*
h) *any costs likely to be incurred by a participant;*
i) *the use of automated decision making (if used)*
j) *transfer of data to a third country;*
k) *retention periods or criteria used to determine retention periods;*
l) *the right to complain*
m) *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.*

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.

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*: individuals who have specific underlying health conditions that make them extremely vulnerable to severe illness if they contact Covid-19. See government guidance on who is defined as clinically extremely vulnerable and have been told by their GP or hospital clinician that they are extremely vulnerable and need to shield.*

Clinically vulnerable people: *individuals who may be at increased risk from Covid-19, including those aged 70 or over, and those with some underlying health conditions. See government guidance on who is defined as clinically vulnerable*[1]*.*

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.*

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.*

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.*

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[1] **Clinically vulnerable people** https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing#clinically-vulnerable-people
aged 70 or older (regardless of medical conditions)
under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab as an adult each year on medical grounds):
chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
chronic heart disease, such as heart failure
chronic kidney disease
chronic liver disease, such as hepatitis
chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
diabetes
a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets
being seriously overweight (a body mass index (BMI) of 40 or above)
pregnant women

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.*

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).*

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 lister via: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19 and is:

    - **Outdoor working:** *Construction and other outdoor working*
    - **Office working:** *Offices and contact centres*
    - **In-home working:** *Other people's homes*
    - **In-store working:** *Shops and branches*
    - **In-transit working:** *Vehicles*
    - **Food working:** *Restaurants offering takeaway or delivery* and *Guidance for food businesses on coronavirus (CVOID-19)*
    - **Manufacturing:** *Factories plants and warehouse*
    - **Indoor Laboratories:** *Labs and Research Facilities* *(*note this relates to indoor research environments such as engineering centres, wind tunnels, computer labs and specialist testing labs)*

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

5. 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 and method.

6. 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, 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 quality of communication with participants
    - The complexity of messaging
    - The potential impact on participants if verbal communication is impaired
    - The potential impact on the quality of the research gathered if communication is impaired

7. 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.

Research Practitioners: Face to Face Data Collection Practitioners

Once requirements 1-6 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:

8. Research practitioners who are classified as 'clinically extremely vulnerable' individuals (see definitions) are advised by the government to stay at home at all times and avoid any face to face contact i.e. to shield themselves. As such research practitioners who are clinically extremely vulnerable must not undertake any face to face data collection activities. Research practitioners who are clinically extremely vulnerable may undertake and/or be selected for other methods of data collection e.g. telephone, online.

9. Research practitioners that are clinically vulnerable individuals (see definitions) are advised by the government to stay at home as much as possible, and if they do go out, to take particular care to minimise contact with others outside of their household. As a result of this government advice, research practitioners who are classified as clinically vulnerable should not undertake face to face data collection. Research practitioners who are clinically vulnerable (e.g. those 70 years and over) may undertake and/or be selected for other methods of data collection e.g. telephone, online.

10. 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:

    - 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 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
    - Any specific research practitioners' concerns regarding face to face data collection

11. 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.

12. 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).

13. 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.

14. Research practitioners who have been identified as high risk for Covid-19 infection (such as clinically extremely vulnerable or clinically vulnerable) and/or diagnosed with Covid-19, if well enough to work, may be used for other data collection such as telephone or online activities.

15. 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 government safe working requirements and following updates for any particular work environment where face to face data collection is being undertaken
    - 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
    - Wearing of face coverings and gloves, how to ensure maximum effectiveness (see government guidance on how to wear and make a cloth face covering) and when the use of face coverings and gloves may be appropriate
    - Avoiding physical contact and touching of own face particularly noses, eyes and mouths
    - Determining two metres as a safe distance

- 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
- Removal and discarding of any cleansing materials e.g. sanitary wipes, tissues, etc used during data collection
- 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

Face to Face Participant Recruitment

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

    a) Position themselves in a location where they are unlikely to get closer than two metres with any individuals
    b) Avoid people who look visibly unwell
    c) Stand at least two metres away 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
    h) Consider the appropriateness of wearing of face coverings and gloves

17. 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) been in close contact with any individuals diagnosed with Covid-19
    e) are shielding or caring for individuals vulnerable to Covid-19
    f) are defined as either Clinically Extremely Vulnerable or Clinically Vulnerable
    g) 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
    h) have any specific concerns regarding participating in face to face data collection

18. Research practitioners must ensure that participants who respond to screener questions which indicate they have Covid-19, have a high risk of infection and/or are shielding or caring for individuals vulnerable to Covid-19 and/or are Clinically Extremely Vulnerable or Clinically Vulnerable are not recruited for face to face data collection. These participants may however be recruited for other methods of data collection e.g. online or telephone studies if obtaining consent for such activity is unlikely to expose research practitioners to potential infection.

19. 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).

20. 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).

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

22. 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 26).

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 there is some general advice which applies irrespective of the type of data collection.

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

    a) Position themselves in a location where they are unlikely to get closer than two metres with any individuals
    b) Avoid people who look visibly unwell
    c) Stand at least two metres away 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
    h) Consider the appropriateness of wearing of face coverings and gloves

24. 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.

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

26. 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 two metres to allow participants to retrieve information

27. 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 15).

28. 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

29. Before commencing any in-home/door-to-door face to face data collection research practitioners must ensure adherence (where appropriate) with the government's *Working safely during Covid-10 in other people's homes* guidance.

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

31. Research practitioners must only undertake in-home/door-to-door face to face data collection activity at least two metres apart from participants and 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 would compromise social distancing requirements with participants. If not, research practitioners may accept such participant offers.

32. 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:

- 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

In-street/Exit Face to Face Data Collection

33. Before commencing any in-street/exit face to face data collection research practitioners must ensure adherence (where appropriate) with the government's *Working safely during Covid-19 in construction and other outdoor work* and *Working safely during Covid-19 in shops and branches* guidance.

    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.

34. Research practitioners must adhere to any additional safe working Covid-19 guidance which applies to any in-street/store environment, e.g. specific shopping centre guidance.

35. 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 stand at least two metres apart and must not cause obstruction to other individuals in the vicinity and/or the possibility of contact of less than two metres with other individuals in the vicinity.

36. 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 (two metres) between them, including extra space for sharing data collection support materials, and with sufficient space to avoid other individuals in the vicinity of any data collection.

37. 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

38. Before commencing any in-transit face to face data collection research practitioners must ensure adherence (where appropriate) with the government's *Coronavirus (Covid-19): safer travel guidance for passengers* and *Working safely during Covid-19 in or from a vehicle.*

39. 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.

40. 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.

41. 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 at least two metres apart and must not cause obstruction to other individuals in the vicinity and/or the possibility of contact of less than two metres with other individuals in the vicinity.

In Hall/Venues

42. Before commencing any in-hall/venue face to face data collection research practitioners must ensure adherence (where appropriate) with the government's *Closing certain businesses and venues in England* (and equivalent for *Wales*, *Scotland* and *Northern Ireland*) and the *Staying alert and safe (social distancing) guidance* 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.

43. Research practitioners must ensure adherence with the government's *Working safely during Covid-19 in restaurants offering takeaway or delivery* and associated guidance when providing food and drink as part of their face to face data collection activities.

44. 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.

45. Research practitioners must only use halls/venues for face to face data collection if the halls/venues are sufficient in size to ensure that participants, research practitioners and any support staff are all spaced two metres apart.

46. 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.

47. Research practitioners must ensure that any halls/venues used for in-hall/venue face to face data collection contain clean and adequate washroom facilities including plenty of hot water, soap, sanitising gel and clean disposable towels.

48. Research practitioners must ensure that any locations/venues used for in-hall/venues face to face data collection are clearly displaying posters/signage reminding participants about personal behaviour and hygiene during any data collection e.g. how to safely wash your hands, dispose of tissues etc.

49. Research practitioner must wear appropriate PPE when undertaking in-hall/venues face to face data collection if such equipment was worn before Covid-19 restrictions were in place e.g. when providing or serving food.

50. Research practitioners must ensure that any refreshments (food or drink) provided to participants is served according to appropriate food and drink safety guidance. For example:

    - Guidance for food businesses on coronavirus (Covid-19)
    - 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

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).