Face to face fieldwork – Managing post-lockdown and the longer term

Introduction

The aim of this guidance is to help members carry out face to face research safely and comfortably. Even though some Covid-19 related restrictions have been lifted there is probably some residual unease amongst face to face research participants and practitioners. This guidance describes considerations and measures to allay this unease and help all those involved feel confident that the work has protective precautions in place.

This is particularly important for those of us involved in healthcare market research talking to healthcare professionals in healthcare settings and patients who may be clinically vulnerable or clinically extremely vulnerable.

In the context of this guidance 'practitioners' includes all individuals within the research supply-chain e.g., researchers, moderators, interviewers, recruiters whether permanent staff, contractors or freelancers; a 'participant' is any individual from whom data is collected.

This guidance draws heavily on the UK Market Research Society's (MRS) guidance. All the MRS's guidance is available on their website on the 'Coronavirus: resources and support for the research sector' web page: https://www.mrs.org.uk/resources/coronavirus.

It is the responsibility of research practitioners to keep abreast of any legislation which could affect research. We also strongly advise that you make sure you are aware of and follow the latest government guidance. The guidance provided is in addition to any mandatory government requirements in place.

The BHBIA's Ethics & Compliance Committee is providing this guidance as general information for its members. It is not legal advice and should not be relied upon as such. Specific legal advice should be taken in relation to any specific legal problems or matters. Whilst every reasonable effort is made to ensure the information is accurate, no responsibility for its accuracy or for any consequences of relying on it is on it is assumed by the BHBIA.

Before fieldwork

Research practitioners should:

Prior assessment

- Assess the need to carry out the work face to face and satisfy themselves that the benefits of the face to face approach (e.g. product testing has to be in person, opportunity to observe holistic body language or reactions, participants can't use virtual tool properly) outweigh the potential disadvantages.
- Carry out a risk assessment to identify areas of potential concern (for practitioners and participants).

Discuss the assessment impacts

- Discuss with clients the impact on the sample, design or costs of any risk assessments and agree what will be put in place to allay concerns. The MRS's *Undertaking Safe Face to Face Data Collection*[1] includes the following guidance:

  > *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 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*

Selecting practitioners, venues and travelling

- Give clinically extremely vulnerable practitioners and those clinically vulnerable the option to avoid face to face work if they want to do this and it is practical.
- Use venues that offer good ventilation and thorough cleaning.
- Allow for breaks between interviews to allow for the venue to be ventilated and/or cleaned.
- Make sure the venue allows those involved to be positioned/seated at a reasonable minimum distance apart, this should include reception/waiting areas and viewing facilities.
- It may be helpful to provide information to reassure participants about the venue before fieldwork takes place e.g. about room size, layout, ventilation.
- Interview and group discussions are likely to take longer as there will be safety protocols to explain and put in place.
- Advise clients that remote viewing e.g. via video relay may be preferable to on-site viewing (e.g. behind a one-way mirror).
- Advise anyone travelling to a fieldwork location on public transport to wear a mask (even if not mandatory).
- Schedule fieldwork times and locations such that it allows those involved to avoid busy public transport times and routes.

Health screening

- At an appropriate point before the interview, ask practitioners and participants Covid-related health, travel and test screening questions.

  - If research practitioners feel unwell, have been in contact with anyone who has been unwell, is feeling unwell or have been contacted by the Track and Trace service they must self-isolate.
  - Do not carry out fieldwork with participants if they answer positively to any of the Covid-related health screening questions.

  The MRS's safe face to face data collection guidance[1] includes screener content for practitioners (paragraph 11) and participants (paragraph 25).

- Remember health-related questions gathering special category personal data can only be collected with explicit consent from the individual, whether they are practitioners or participants.

Physical hygiene

- Provide reminders about physical hygiene measures and offer the opportunity to wear masks and gloves if this makes those involved feel more comfortable. Hand sanitisers and antibacterial hand wipes should also be made available as appropriate. The MRS guidance *Undertaking Safe Face to Face Data Collection*[1] includes detail upon appropriate physical precautions to take (paragraph 24).
- If there is product testing involved, there should be one sample/product per respondent.

Training

- Put training in place, the MRS guidance *Undertaking Safe Face to Face Data Collection* states that "*they must be trained on how to undertake such activity in post-lockdown conditions.*" The guidance[1] (paragraph 16) also provides a list of training topics.

Food and beverages

- No shared food (bowls of sweets, crisps, nuts, jugs of water). If refreshments are necessary participants must be able to safely access individually packaged sandwiches/snacks and drinks.

Consent

- Obtain and record consent via low touch means (i.e. digital consent, audio recording, etc.).

During fieldwork

- If there is a gap between recruitment and fieldwork, health screening questions to establish or re-establish the Covid risk must be repeated before the start of fieldwork.
- The MRS guidance *Undertaking Safe Face to Face Data Collection*[1] includes detail upon appropriate physical precautions to take (paragraph 38) and states that:

  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*
h. *Consider the appropriateness of wearing of face coverings and gloves*
i. *Consider the appropriateness of completing data collection using other modes e.g. after initial face to face data collection completing any research via telephone*

- If stimulus material is to be used during fieldwork and could be handled by participants, participants should be informed of this beforehand and agree to it and appropriate infection reduction methods should be used. The MRS guidance *Undertaking Safe Face to Face Data Collection*[1] includes detail upon these (paragraph 41).
- It is preferable to avoid cash payments and to use direct transfer instead. If incentives are to be given directly to participants they must be wrapped/sealed and cleaned before being handed over and practitioners must be given instructions for handling and transferring incentives.

After fieldwork

- Follow government regulation and advice with regard to any follow up requirements (including Track and Trace) e.g. call participants X days after fieldwork for a symptom check, if there are any symptoms inform other participants present, facility staff and practitioners involved and give the necessary advice or provide a source for guidance.

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[1] MRS guidance *Undertaking Safe Face to Face Data Collection* https://www.mrs.org.uk/pdf/MRS%20Post-Lockdown%20Covid-19%20research%20guidance%20for%2015th%20June%20for%20ISSUE.pdf

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Additional resources

MRS guidance

New guidance applicable from July: MRS advice on Covid-19 from 19th July onwards | Market Research Society

Suite of guidance materials: Coronavirus: resources and support for the research sector (mrs.org.uk).

Guidance on Facilities Used for Face to Face Data Collection
https://www.mrs.org.uk/pdf/MRS%20Facilities%20Post-Lockdown%20Covid-19%20research%20guidance%2015th%20June%20for%20ISSUE.pdf

This guidance includes specific advice and requirements for Facility Owners/Managers and their staff and covers a wide range of considerations.

Government guidance

Working in other people's homes: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes

Public transport: https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers

Coronavirus (COVID-19): guidance and support - GOV.UK (www.gov.uk)

Definitions

Clinically vulnerable people are those who are:

- aged 70 or over (regardless of medical conditions)
- under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab 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, problems with the spleen
  - a weakened immune system as the result of certain conditions or medicines they are taking (such as steroid tablets)
  - being seriously overweight (a body mass index (BMI) of 40 or above)
- pregnant

Clinically extremely vulnerable people are those that have the following conditions:

- solid organ transplant recipients
- people with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - people having immunotherapy or other continuing antibody treatments for cancer
  - people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- problems with your spleen, for example splenectomy (having your spleen removed)
- adults with Down's syndrome
- adults on dialysis or with chronic kidney disease (stage 5)
- women who are pregnant with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

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