

Form Approved  
OMB No. 0920-xxxx  
Exp. Date xx/xx/xxxx

*Only bold text is to be read aloud by the data collector. Instructions to data collector are italicized. Responses with boxes (□) can have multiple responses and single answers have circles (○).*

MANAGER INFORMED CONSENT

**Let me tell you why I am here. I am working with \_\_\_\_\_ (state/local health department) on a project looking at ill worker management practices in restaurants. Past research has shown that restaurant workers have reported working while sick and we are looking to see what current practices are in place to keep them from potentially contaminating the food or restaurant. Your restaurant was picked at random to be a part of this project. Participation is voluntary. You can choose to stop at any time. Whether you are a part of the study will not affect your restaurants rating on any health inspection.**

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate to: CDC/ATSDR Information Collection Review Office, MS D-74, 1600 Clifton Road, NE, Atlanta, GA 30333 ATTN: PRA (0920-xxxx).

**Having said that I need to let you know that if at any time during my visit I see something that is an imminent health hazard, such as no power or water, or sewage backing up in the restaurant, I will need to stop what I am doing and report the problem to your local health department.**

**I am going to ask you some questions about your restaurant and its ill worker procedures. If any of the questions make you uncomfortable, you can choose not to answer them. The information I collect today will be combined with information from other restaurants in other states. While I do have your restaurant name and address, it will remain with me and be destroyed at the end of the study. The data we collect will only be reported with a coded identifier that will not be provided to anyone else.**

**The information you provide will be valuable in understanding some of the tough issues that restaurants face, so we ask you to be as open and honest as you can.**

*For intervention restaurants introducing the toolkit*

## Attachment 5 – Assessment of Ill Worker Policies Study: Manager Informed Consent and Interview Form

---

The interview portion should take approximately 20 minutes. After the interview, I would like to provide you with a toolkit for developing or enhancing your current ill worker policies and explain a bit about how you may use it. This should take no more than 30 minutes. I also would like to provide this survey to your workers, they can fill it out at their leisure and it should take less than 5 minutes to get their perspectives. I would then like to take a short tour of the kitchen.

*For control restaurants or follow up of intervention restaurants*

The interview portion should take approximately 20 minutes. After the interview, I also would like to provide this survey to your workers, they can fill it out at their leisure and it should take less than 5 minutes to get their perspectives. I would then like to take a short tour of the kitchen.

*For all restaurants*

I appreciate your time and will be following up in 3-6 months with you to see if there have been any changes in the restaurants practices.

Do you have any questions? If you have any questions at a later time or would like a summary of the study's findings, you can contact: (Local contact name). We expect to have all of the data summarized in about a year and a half.

### DEMOGRAPHIC / CLASSIFICATION

I'd like to ask you some questions about yourself and this restaurant. Please be as open and honest as possible, the results will be merged with information from other restaurants and no specific identifying information from this restaurant will be reported. The first few questions are about your experience?

1. How many years have you worked in food service?  
 Less than 1 year  1-5 years  6-10 years  11-15 years  More than 15 years
2. Have you ever had food safety training?  
 Yes  No
3. Have you ever been certified in food safety (such as with the ServSafe® Food Safety Manager course)?  
 Yes  No *If yes, is the certification still valid?*  Yes  No
4. How long have you been employed at this food service establishment?  
 Less than 1 year  1-5 years  6-10 years  11-15 years  More than 15 years
5. What title would best describe your position?  
 General Manager  Assistant Manager  Kitchen Manager  Owner  Shift Supervisor  Other: \_\_\_\_\_
6. Does the restaurants food safety performance, such as inspection scores, affect your compensation?  
 Yes  No  Unsure  Refused

### MANAGER BELIEFS

I would now like to provide you with a few statements and get your opinion on how well you agree or disagree with them, there is no right or wrong answer, we would just like to get your opinion. For these statements please answer on a scale of 1 - completely disagree to 5 - completely agree.

**Attachment 5 – Assessment of Ill Worker Policies Study: Manager Informed Consent and Interview Form**

---

7. **In your opinion, sick workers can transmit their illness through food.**  
 Score \_\_\_\_\_ (1 - Completely disagree - 5 - Completely agree  Unsure  Refused
8. **An employee calling in sick creates a minor problem for the running of my restaurant.**  
 Score \_\_\_\_\_ (1 - Completely disagree - 5 - Completely agree  Unsure  Refused
9. **If employees wash their hands more than normal it is okay to work while sick.**  
 Score \_\_\_\_\_ (1 - Completely disagree - 5 - Completely agree  Unsure  Refused
10. **Employees call in sick because they want a day off, not because they are actually ill.**  
 Score \_\_\_\_\_ (1 - Completely disagree - 5 - Completely agree  Unsure  Refused
11. **If we cook the food it will destroy any germs on the food that may have come from a sick worker.**  
 Score \_\_\_\_\_ (1 - Completely disagree - 5 - Completely agree  Unsure  Refused
12. **There is no risk from an ill worker handling a plate or food once it has been cooked.**  
 Score \_\_\_\_\_ (1 - Completely disagree - 5 - Completely agree  Unsure  Refused

RESTAURANT DEMOGRAPHIC / CLASSIFICATION

Now, I'd like to ask some general questions about this restaurant.

13. **Which of the following options best describes the restaurant style?**  
 Family Style  Fast Casual  Fast Food  Fine Dining  Buffet  Café/Bistro  
 Other \_\_\_\_\_
14. **What is your approximate sales per customer?**  
 Sales/head \$\_\_\_\_\_  Unsure  Refused
15. **What is your average number of transactions or tickets per day?**  
 Transactions \_\_\_\_\_  Unsure  Refused
16. **Approximately how many meals do you serve on an average day?**  
 Meals: \_\_\_\_\_  Unsure  Refused
17. **How many people work here including employees and managers?**  
 Total staff: \_\_\_\_\_  Unsure  Refused
18. **What is your average rate of employee turnover per month?**  
 Turnover \_\_\_\_\_  Unsure  Refused
19. **In general, what is the average length of employment for:**  
a. **Managers:** \_\_\_\_\_ yr / mo  Unsure  Refused  
b. **Cooks:** \_\_\_\_\_ yr / mo  Unsure  Refused
20. **How often do you review the restaurant's profit and loss statement?**  
 Daily  Weekly  Monthly  Annually  Never  Unsure of frequency  
 Doesn't know what this is  Refused
21. **How often do you review the restaurant's prime costs? (Total cost of goods sold + total labor cost)**  
 Daily  Weekly  Monthly  Annually  Never  Unsure of frequency  
 Doesn't know what this is  Refused
22. **Is the manager over the kitchen a Certified Kitchen Manager?**  
 Yes  No  Unsure  Refused *If yes, is the certification still valid?*  Yes  No
23. **Does this restaurant allow employees to handle ready to eat foods with their bare hands?**  
 Yes  No  Unsure  Refused  Mark if bare hand contact is allowed by regulatory
24. **Does the restaurant have a Certified Kitchen Manager for all hours of operation?**

**Attachment 5 – Assessment of Ill Worker Policies Study: Manager Informed Consent and Interview Form**

Yes  No  Unsure  Refused

**ILL WORKER POLICY**

**I would now like to ask you some questions about what this establishment does if an employee is ill.**

**25. Are you able to ask employees about any illness symptoms or diagnoses they may have?**

Yes  No  Unsure  Refused

**26. Does this restaurant have a policy about what to do if an employee is sick?**

Yes  No  Unsure  Refused *If yes → Continue to question 27, Else go to Question 34*

**27. Is the policy written or verbal?**

Written  Verbal  Unavailable  Unsure  Refused

**28. Are employees trained on this policy?**

Yes  No  Unsure  Refused *If No, Unsure, Refused → Go to question 30*

**29. How are employees trained on the policy?**

Posted policies  Provided with policy manual  Part of initial training  from co-workers  
 Other \_\_\_\_\_  Unsure  Refused

**30. What symptoms or illnesses does the policy cover and what actions do you take?**

*Interviewer mark the right two boxes if there is a local requirement for the specific provision and if they are in compliance with the provision - If they have a written policy you can read the policy and fill in the table.*

Condition	Yes	No	Exclude or Restrict	Mark if it is a requiremen t	Mark if they are in compliance with requirement
Vomiting			E R		
Diarrhea			E R		
Jaundice (yellowish skin and eyes)			E R		
Sore throat with a fever			E R		
Lesions containing pus			E R		
Cough			E R		
Cold			E R		
Hepatitis A			E R		
Typhoid Fever			E R		
Non-typhoidal <i>Salmonella</i>			E R		
Shiga-toxin producing <i>E. coli</i>			E R		
Norovirus			E R		
<i>Shigella spp</i>			E R		
Other:			E R		
Other:			E R		
Other:			E R		
Other:			E R		
Other:			E R		

**31. If you send an employee home or they call in sick what criteria do you use to let them return to work?**

Employee's decision  24 hrs symptom free  48 hrs symptom free  >48 hrs symptom free  
 Consult regulatory authority  Doctor's note  Refer to food code/regulatory handout  
 Other: \_\_\_\_\_  Unsure  Refused

**Attachment 5 – Assessment of Ill Worker Policies Study: Manager Informed Consent and Interview Form**

**32. Who does this policy apply to?** *If All employees → go to question 34*  
 All employees  Kitchen staff  Front of house staff  Managers  Unsure  Refused

**33. What are the differences between the groups?** (follow up from above question)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**34. Do you require employees to let you know when they are sick?**  
 Yes  No  Unsure  Refused  Employee Reporting Agreement  Other: \_\_\_\_\_

**35. Does the restaurant maintain a log of when employees call in sick or are sent home sick?**  
*If available ask to see the log and mark the checkbox for verified*  
 Yes  No  Unsure  Refused  Verified

**36. Approximately how many employees have you had that were out sick over the past month?**  
 Number of ill employees: \_\_\_\_\_  Unsure  Refused

**37. Do you actively look for signs or symptoms of illness in your employees?**  
 Yes  No  Unsure  Refused *If No → go to question 39*

**38. What symptoms do you look for?**  
 Cough  Sneezing  Vomiting  Diarrhea  Frequent trips to restroom  Fever  Pink eye  
 Runny nose  Lesions  Malaise  Other: \_\_\_\_\_

**39. When you hire a new employee do you ask about prior illnesses?**  
 Yes  No  Unsure  Refused

ILL WORKER PRACTICES

**I would now like to ask you about how you manage the restaurant when an employee is ill.**

**40. What do you do if an employee calls in sick?**  
 Work short-staffed  Manager fills in for employee  Employee has to find replacement  
 Manager finds replacement  Varies on position: \_\_\_\_\_  
 Other: \_\_\_\_\_  Unsure  Refused

**41. Do you have any processes or procedures in place to keep ill workers from working?**  
 Yes  No  Unsure  Refused *If No, Unsure, Refused → go to question 43*

**42. What processes or procedures have you implemented?**  
*Interviewer mark the right two boxes if there is a local requirement for the specific provision and if they are in compliance with the provision.*

Process	Yes	No	Mark if it is a requirement	Mark if they are in compliance with requirement
Paid sick leave				
On-call employee schedule				
Employer-paid immunizations (e.g. Hepatitis A)				
Subsidized health insurance				
Letting employees make up shifts				
Other:				
Other:				

**Attachment 5 – Assessment of Ill Worker Policies Study: Manager Informed Consent and Interview Form**

Other:				
--------	--	--	--	--

- 43. Who in the restaurant would be able to make changes to this restaurants ill worker policy?**  
 Owner  General manager  Corporate office  Other: \_\_\_\_\_  
 Unsure  Refused  *Is this the person being interviewed*

- 44. In your opinion, which of the following processes would be most likely to be adopted by this restaurant?**  
 Paid sick leave or additional paid sick leave if you already provide sick leave  
 Maintaining an on-call employee schedule  
 Paying for employee immunizations  
 Subsidizing employee health insurance  
 Allowing employees to make up missed shifts  
 None  Unsure  Refused

CLEANING PRACTICES/GOOD HYGIENIC PRACTICES

I would now like to ask a some questions about your cleaning procedures.

- 45. Do you have written policies for cleaning of the facility?**  
 Yes  No  Unavailable  Unsure  Refused
- 46. Does the policy differentiate between routine cleaning and whether a bodily fluid is spilled?**  
 Yes  No  Unsure  Refused
- 47. Are there specific policies to address cleaning of vomit or diarrhea?**  
 Yes  No  Unsure  Refused *If there is a requirement for this policy mark here*
- 48. Does the policy include how to clean up vomitus or feces?**  
 Yes  No  Unsure  Refused
- 49. Does it include how to disinfect the area?**  
 Yes  No  Unsure  Refused *If No, Unsure, Refused → Go to question 51*
- 50. What type of sanitizer do you use and at what concentration for disinfecting these incidents?**

Sanitizer	Mark X if used	Concentration (insert PPM)
Chlorine, bleach		
Quaternary ammonia		
Iodine		
Other:		

- 51. Do employees use any personal protective equipment while cleaning these incidents?**  
 Yes  No  Unsure  Refused *If No, Unsure, Refused → Go to question 53*
- 52. What type of equipment is provided?**  
 Face mask  Respirator  Single-use gloves  Disposable apron  Shoe covers  
 Disposable coveralls  Other: \_\_\_\_\_  Unsure  Refused
- 53. What do you do to food that may have been potentially exposed?**  
 Discard  Cover the food  Other: \_\_\_\_\_  Unsure  
 Refused
- 54. What do you do with the plates or other utensils that may have been exposed:**  
 Rewash  Leave alone  Other: \_\_\_\_\_  Unsure  Refused
- 55. To the best of your knowledge has this restaurant ever had an incident of vomiting or diarrhea that required cleaning?**

**Attachment 5 - Assessment of Ill Worker Policies Study: Manager Informed Consent and Interview Form**

---

Yes  No  Unsure  Refused

**Thank you for your time and participation. The results of this survey will be combined with results from other surveys to provide an overall picture of how restaurants are handling ill employees.**

Site: \_\_\_\_\_

Establishment Code Number: \_\_\_\_\_

Visit #: \_\_\_\_\_

Initial Intervention Restaurant: Y N (Circle one)

Additional Notes: