

## **Attachment 1: Manager Informed Consent and Interview**

CDC estimates the average public reporting burden for this collection of information as 25 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 H21-8, 1600 Clifton Road, NE, Atlanta, GA 30333, ATTN: PRA (0920-0792)

### Manager Informed Consent

**Let me tell you why I am here. I am working with [health department] on a project designed to help us learn about the issues restaurants face with sick workers. Your restaurant was picked randomly to participate. Participation is voluntary. You can choose to stop at any time. Whether you are a part of the study will not affect your restaurant's score on any health inspection.**

**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 the appropriate regulatory authority.**

**I am going to ask you some questions about this restaurant's policies and practices. This should only take 25 minutes. 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 restaurants in other states. I won't collect or record your name. 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 recorded with a coded identifier for the restaurant. This research is covered by a Certificate of Confidentiality from the Centers for Disease Control and Prevention. This Certificate means that the researchers can't disclose or use any information that may identify you in any kind of civil, criminal, administrative, or legislative action, unless you say they can. Information protected by this Certificate cannot be shared anyone other than the researchers, unless a law requires it or you say they can.**

**While the information that you provide may not directly benefit you as a manager or your restaurant on this visit, the information you provide will be valuable in understanding some of the tough issues that restaurants in many states face, so we ask you to be as open and honest as you can. In addition, if you have food safety related questions, I am willing to answer them for you.**

**After our interview, I would like to briefly interview one food worker of your choosing, which should only take 15 minutes. I would then like to spend about a half hour in your restaurant and observe how food is handled.**

**Do you have any questions? If you have any questions at a later time, you can contact: (Local contact name). Again, we appreciate your participation in this research to help inform national food safety initiatives.**

**With all of this being said, do you agree to proceed and by agreeing to proceed, you are providing verbal informed consent?**

VERBAL INFORMED CONSENT RECEIVED

Yes

No (THEN STOP)

**Thank you for your time today.**

### Manager Interview

*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; responses with circles (m) can only have one answer.*

### General Characteristics

**I'm going to ask you some questions that will describe you and this restaurant.**

**1. How many years have you worked in food service? By food service, I am referring to any deli, restaurant, or commercial restaurant that serves food to the public.**

m Years: \_\_\_\_\_

**2. How long have you been a kitchen manager at this restaurant?**

m Years: \_\_\_\_\_

**3. Have you ever had any kind of food safety training?**

m Yes

m No (skip to #4)

**a. Have you ever obtained a food safety manager's certificate? For example, you may have taken a food safety test for food protection managers and been issued a card with an expiration date on it. This may have been issued from your jurisdiction or an ANSI accredited program.**

m Yes

m No

**4. Is this restaurant independently-owned or part of a chain?**

m Independent

m Chain

m Unsure

**5. Approximately how many customers are served here on your busiest day of the week? Customers can be estimated by number of meals or transactions daily.**

m Customers: \_\_\_\_\_

m Unsure

m Refused

**6. How many non-management front-of-house staff, like servers and hostesses, do you have?**

m Staff: \_\_\_\_\_ m Unsure m Refused

**7. How many non-management kitchen staff do you have?**

m Food workers: \_\_\_\_\_ m Unsure m Refused

**8. How many managers, including yourself, do you have?**

m Managers: \_\_\_\_\_ m Unsure m Refused

### Employee Health

**Next, I'm going to ask you a series of questions based on hypothetical scenarios.**

**Let's say: One of your line cooks say they have an upset stomach, and you notice they have been going to the bathroom a lot. They say they feel well enough to work.**

**9. What are some questions you might ask this food worker?**

m No questions

q What are their symptoms?

q When did they start having symptoms?

q Other, please describe: \_\_\_\_\_

**10. What are some tasks that the restaurant procedure would allow this food worker to do?**

q All of their regular duties

q Serving or taking orders

q Dishwashing

q Cleaning the front of house areas

q Office duties

m None. Must stay home.

m No procedure (*skip to #12*)

q Other, please describe: \_\_\_\_\_

**11. What if the food worker says they have been vomiting, in addition to an upset stomach. What tasks would the restaurant procedure allow them to do?**

q All of their regular duties

q Serving or taking orders

q Dishwashing

q Cleaning the front of house areas

q Office duties

m None. Must stay home.

q Other, please describe: \_\_\_\_\_

**12. Are new employees trained about what to do when they are sick, but are scheduled to work?**

m Yes

m No (*skip to #13*)

m Unsure (*skip to #13*)

**a. How are employees trained and provided information about what to do when they are sick?**

- q Orientation/Training
- q Manager
- q Other, please describe: \_\_\_\_\_
- q Staff meetings
- q Other employees
- q Posters/Sign
- q Written policy

**b. How often are employees reminded about what to do when they are sick and scheduled to work?**

- q Never
- q Monthly
- q At staff meetings
- q When an infraction/issue occurs
- q Annually
- q Other, please describe: \_\_\_\_\_
- q Weekly
- q When polices are reviewed

**13. When an employee doesn't work a shift because they have vomiting and diarrhea, does the restaurant do any of the following?**

**a. Issue warnings to the employee (such as a verbal reprimand, saying something that implies disappointment in the employee, etc.)?**

- m Yes
- m No
- m Sometimes
- m Unsure

**b. Use an employee on-call list to find someone to replace the employee?**

- m Yes
- m No
- m Sometimes
- m Unsure

**c. Allow employees to make-up the hours or pay that they missed once they return to work?**

- m Yes
- m No
- m Sometimes
- m Unsure

**d. Require employees to have a doctors' note to miss work?**

- m Yes
- m No
- m Sometimes
- m Unsure

**e. Offer to pay them for the shift even though they can't work because they are sick?**

- m Yes
- m No
- m Sometimes
- m Unsure

**f. Put a limit on how many sick days employees can take?**

- m Yes
- m No (skip to #14)
- m Sometimes
- m Unsure (skip to #14)

**i. How many can they take? \_\_\_\_\_**

**ii. What happens when employees reach their limit?**

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**14. Let's say you find out on a Wednesday that someone was working while sick with vomiting or diarrhea on Tuesday. What would a manager (or you) do?**

- q Don't let them return until approved by manager
- q Notify health department
- q Close worker's area
- q Reprimand sick employee
- q Other, please describe: \_\_\_\_\_
- q Throw out food the employee was working with
- q Monitor symptoms of other food workers
- q Re-train worker or all staff
- q Clean employee's area

m Nothing

**15. How does the restaurant decide if a sick employee is ready to come back to work?**

- q When the employee states they are ready to go back to work
- q When the employee brings doctor's note stating they are symptom-free
- q 24 hours after report of sickness      q 24 hours after last sick symptom
- q 48 hours after report of sickness      q 48 hours after last sick symptom
- q It is decided by the employee and not the restaurant
- q Other, please describe: \_\_\_\_\_

**16. Have any of these employee health policies or practices changed permanently because of the COVID-19 pandemic?**

- m Yes      m No (*skip to #17*)
- m Unsure/Was not employed at restaurant before pandemic (*skip to #18*)

**a. How did the policies or practices change?**

- q Added symptoms for exclusion      q Changed cleaning practices
- q Made new policy      q Added screening of employees
- q Make sick workers stay home      q Added reporting system
- q Other, please describe: \_\_\_\_\_

**17. Has the training of employee health policies or practices changed permanently because of the COVID-19 pandemic?**

- m Yes      m No (*skip to #18*)      m Unsure (*skip to #18*)

**a. How? Please describe:** \_\_\_\_\_

Investigation Preparation: Traceback Resources & Capability

**18. Does the restaurant have a way to pull any past customer information? For example, can you get first and last names of past customers?**

- m Yes      m No (*skip to #19*)      m Unsure (*skip to #19*)

**a. How would you do that?**

- q Credit card receipts      q Customers names from reservations
- q Rewards system      q Take out/carry out orders
- q Online orders      q Catering orders
- q Contact delivery apps      q Other, please describe: \_\_\_\_\_

**19. Does this restaurant have a way to find out how many orders were made for a specific food item on a given day?**

- m Yes      m No      m Unsure

**20. Does this restaurant keep or have access to inventory purchase history or receipts of any foods? We're referring to food that the restaurant buys, not customer purchases.**

- m Yes      m No (*skip to #21*)      m Unsure (*skip to #21*)

**a. How long do you keep these records?**





<b>d. How often are the tables cleaned?</b>	<input type="checkbox"/> After every use <input type="checkbox"/> N/A <input type="checkbox"/> When soiled <input type="checkbox"/> Unsure <input type="checkbox"/> Hourly <input type="checkbox"/> Every shift <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Never <input type="checkbox"/> Other: _____
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Restrooms

**28. Are restaurant staff responsible for cleaning the restroom(s)?**  
 Yes                                       No (*skip to "Review of Policies" script*)

**29. Is there a written or verbal policy for cleaning the restrooms?**  
 Yes, written       Yes, verbal       No       Unsure

**30. How are staff trained to clean the restroom?**  
 Handbook       Peer training       Manager training       Computer training  
 Chemical company training       Unsure                                       Other:  
 \_\_\_\_\_

*For questions 31 and 32, provide the requested information regarding touch surfaces in restrooms. Start with one row and work your way down.*

	<b>31. Sinks and Faucet Handles for Handwashing</b>	<b>32. Exit Door Knob/Push Plate/Handle</b>
<b>a. How are the following items cleaned?</b>	<input type="checkbox"/> Unsure <input type="checkbox"/> N/A - faucets are automatic and do not have handles <input type="checkbox"/> Wipe with no chemical <input type="checkbox"/> Water <input type="checkbox"/> Soap <input type="checkbox"/> Rinse off soap <input type="checkbox"/> Sanitizer <input type="checkbox"/> Rinse off sanitizer <input type="checkbox"/> Disinfectant	<input type="checkbox"/> Unsure <input type="checkbox"/> N/A - no door <input type="checkbox"/> Wipe with no chemical <input type="checkbox"/> Water <input type="checkbox"/> Soap <input type="checkbox"/> Rinse off soap <input type="checkbox"/> Sanitizer <input type="checkbox"/> Rinse off sanitizer <input type="checkbox"/> Disinfectant <input type="checkbox"/> Rinse off disinfectant

	<input type="checkbox"/> Rinse off disinfectant <input type="checkbox"/> Chemical other than soap/sanitizer/disinfectant (i.e. Windex) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Chemical other than soap/sanitizer/disinfectant (i.e. Windex) <input type="checkbox"/> Other: _____
<b>b. How often are the following items cleaned?</b>	<input type="checkbox"/> Unsure <input type="checkbox"/> N/A - faucets are automatic and do not have handles <input type="checkbox"/> When soiled <input type="checkbox"/> Hourly <input type="checkbox"/> Every shift <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Never <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unsure <input type="checkbox"/> N/A - no door <input type="checkbox"/> When soiled <input type="checkbox"/> Hourly <input type="checkbox"/> Every shift <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Never <input type="checkbox"/> Other: _____

**33. Have any of these cleaning policies or practices for tables or restrooms changed permanently because of the COVID-19 pandemic?**

Yes       No (skip to "Review of Policies" script)

Unsure/Was not employed at restaurant before pandemic (skip to "Review of Policies" script)

**a. How did these policies or practices change?**

Frequency increased

Method of cleaning changed

Use different disinfectant table items

Use disposable items to limit sharing of

Other, please describe: \_\_\_\_\_

Review of Policies

**Next, I would like to review some of the policies and procedures your restaurant has. One of the goals of this project is to understand what policies restaurants do and do not have for responding to and preventing outbreaks. If you do not have some or all of the policies for me to review, that is OK.**

**If your restaurant has any of the following items, will you please provide them so that I can review them?**

*Once the manager gathers the documents/items listed below (if available), you may end the interview and review the documents on your own. This will be the most efficient use of the manager's time. If the manager takes longer than 5 minutes to find/produce a document, thank them for looking for it and move on to the next document. Once the manager has provided or looked for all of the documents/items listed below, complete the Restaurant Observation form.*

**34. Clean-up kit for vomiting and diarrheal events**

Yes, provided (observation question #5)     Yes, but did not provide     No  
 Could not locate

- 35. Chemicals used to clean customer areas, clean-up after a vomiting or diarrheal event, and restrooms**  
 m Yes, provided (*observation question #6*)      m Yes, but did not provide    m No  
 m Could not locate
- 36. Record to log employee absences due to illnesses**  
 m Yes, provided    m Yes, but did not provide    m No    m Could not locate  
**a. When was the last entry?: \_\_\_\_\_**
- 37. Contact information for all current employees**  
 m Yes, provided                      m Yes                      , but did not provide    m No                      m Could  
 not locate
- 38. Records of actual hours worked by employees**  
 m Yes, provided                      m Yes                      , but did not provide    m No                      m Could  
 not locate
- 39. Records of customer illness complaints**  
 m Yes, provided                      m Yes                      , but did not provide    m No                      m Could  
 not locate
- 40. Records of vomiting or diarrheal events**  
 m Yes, provided                      m Yes                      , but did not provide    m No                      m Could  
 not locate
- 41. Employee health policy**  
 m Yes, provided (*observation question #9*)    m Yes, but did not provide    m No    m  
 Could not locate
- 42. Policy on what to do if a worker was found to be working while sick**  
 m Yes, provided (*observation question #10*)    m Yes, but did not provide    m No    m  
 Could not locate
- 43. Vomit/Diarrheal clean-up policy**  
 m Yes, provided (*observation question #11*)    m Yes, but did not provide    m No    m  
 Could not locate

End of Interview

**That concludes the interview. Thank you very much for your participation. Do you have any questions?**

**If you have any questions at a later time, you can contact [Name]. (If have card) My information is on this card.**