

Manager Informed Consent and Interview Form

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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) and the U.S. Centers for Disease Control and Prevention on a project looking at sick worker management practices in restaurants. In research studies, 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.

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 sick 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. 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.

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. Also, if you have food safety related questions, I will answer them for you.

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For intervention restaurants

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 about 30 minutes. I would then like to spend about a half hour observing workers handling food in your kitchen.

I will also plan to make another visit in three to six months, at your convenience, to again conduct the interview and observe the kitchen to see if anything has changed.

For control restaurants

The interview portion should take approximately 20 minutes. I would then like to spend about a half hour observing workers handling food in your kitchen.

I will also plan to make another visit in three to six months, at your convenience, to again conduct the interview and observe the kitchen to see if anything has changed. If we have learned useful information from our research, I will share it with you at that time. We may also call you for a last, short, follow-up interview several months after our second visit.

For all restaurants

I really appreciate your time today. 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. Again, we appreciate your participation in this research that will help inform national food safety efforts.

With all of this being said, do you agree to participate in this research? By saying yes, you are providing verbal informed consent.

- Yes Great, let's get started! No (Then stop) Thank you for your time today.

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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
 Unsure Refused
2. Have you ever had food safety training?
 Yes No Unsure Refused
3. Have you ever been certified in food safety such as by passing an ANSI-accredited program such as ServSafe, Prometric, National Registry of Food Safety Professionals, 360Training, Above Training/StateFoodSafety.com, or The Always Food Safe Company)?
 Yes No State/County/Local Certification Unsure Refused
4. How long have you been employed at this restaurant?
 Less than 1 year 1-5 years 6-10 years 11-15 years More than 15 years Unsure Refused
5. What title would best describe your position?
 General Manager Assistant Manager Kitchen Manager Owner Shift Supervisor
 Other: _____ Unsure Refused

RESTAURANT DEMOGRAPHIC / CLASSIFICATION

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

6. Is this an independently owned restaurant or part of a chain, and if part of a chain, is this store operated by a franchisee?
 Independent Chain Franchisee Unsure Refused
7. Which of the following options best describes the restaurant style?
 Cafe'/Bistro Fast Food Fast Casual Buffet Family Style Fine Dining
 Other _____
8. Approximately how long has this restaurant been in business at this location? (can be estimated in number of years)
 How long: _____ yr / mo Unsure Refused *If unsure/refused go to 8a else go to 9*
 - a. Would you estimate it has been 10 or more years?
 Yes No
9. Approximately how many meals are served on an average day? (can be estimated using number of customers or ticket orders)
 Meals: _____ Unsure Refused
10. How many people work here including employees and managers?
 Total staff: _____ Unsure Refused

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11. In general, what is the average length of employment for:

a. Managers: _____yr / mo Unsure Refused

b. Cooks: _____yr / mo Unsure Refused

12. Does this restaurant have a Certified Kitchen Manager, and if so how many? (if no CKM enter 0)

Total CKM: _____ Unsure Refused *If >0 then go to 12a else go to 13*

a. How often is there a Certified Kitchen Manager present during hours of operation?

All the time Most of the time Some of the time

Rarely Never Unsure Refused

ILL WORKER POLICY

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

13. Do managers ask employees about any illness symptoms they may have experienced prior to starting their shift?

Yes Yes - only if they look sick Yes - only if they call in sick No Unsure Refused

14. Are employees required to let a manager know when they are sick?

Yes No Unsure Refused Other: _____

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

Yes No Unsure Refused *If yes →Continue to question 15a, Else go to Question 16*

a. Is the policy written or verbal?

Written Verbal Unsure Refused

b. Are employees trained on this policy?

Yes No Unsure Refused *If No, Unsure, Refused → Go to question 15c*

i. How are employees trained on the policy? (Check all that apply)

Posted policies Provided with policy manual Part of initial training from co-workers

Employee reporting agreement

Other _____ Unsure Refused

c. I'm going to list some symptoms and illnesses, please say yes or no if the symptom or illness is covered by the policy, and what, if any, actions are taken for that specific symptom or illness.

Interviewer may need to prompt with do you send them home or not let them work with food?

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 a respondent answers no for a symptom/illness then go to the next symptom/illness.

Condition	Symptom covered by policy	Are workers excluded or restricted if they have this symptom?	Is it a requirement?	If a requirement: Is the restaurant in compliance?
1.Vomiting	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Diarrhea	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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3. Jaundice (yellowish skin and eyes)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Sore throat with a fever <i>If only sore throat or fever check box below in other symptoms</i>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Lesions containing pus	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cough	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cold	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hepatitis A	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Typhoid Fever	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Salmonella	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
E. coli	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Norovirus	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Shigella spp	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Any other illnesses or symptoms	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Fever	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Shortness of breath	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Chills	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Repeated shaking with chills	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Muscle pain	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Headache	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Sore throat	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
New loss of taste or smell	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Pink eye	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
COVID-19	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

d. If an employee is sent home or they call in sick, how do managers decide to let them return to work? (Check all that apply)

- 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

e. Who does this policy apply to? (Check all that apply)

- All employees Kitchen staff Front of house staff Managers Unsure Refused

16. Is there a log of when employees call in or are sent home sick? If available ask to see the log and mark the checkbox for verified and indicate how long the log is retained on the site observation report. Other methods may include recording on a calendar or managers journal.

- Yes No Unsure Refused

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17. Approximately how many employees were out sick over the past month?

Number of sick employees: _____ Unsure Refused

18. Do you or other managers actively look for signs or symptoms of illness in your employees?

Yes No Unsure Refused

If No → go to question 19

a. What symptoms do you look for?

Cough Sneezing Vomiting Diarrhea Frequent trips to restroom Fever Pink eye
 Runny nose Lesions Malaise Other: _____

Unsure Refused

19. Has this policy changed since January 2020? (Only ask on initial visit)

Yes No Unsure Refused

If No → go to question 20

a. Have any of the following provisions of the policy changed?

	Provision changed:	If the provision changed: Is it a new provision?	If the provision is not new: Is it stricter or more lenient?	What/how has it changed?	Comments:
1. Managers actively look for illness	<input type="radio"/> Yes <input type="radio"/> No (If no, go to #2)	<input type="radio"/> Not new <input type="radio"/> New (If New, go to #2)	<input type="radio"/> Stricter <input type="radio"/> More lenient	Check all that apply <input type="checkbox"/> Worker screening <input type="checkbox"/> Illness info documentation <input type="checkbox"/> Other	
2. Requiring employees to report illness or symptoms	<input type="radio"/> Yes <input type="radio"/> No (If no, go to #3)	<input type="radio"/> Not new <input type="radio"/> New (If New, go to #3)	<input type="radio"/> Stricter <input type="radio"/> More lenient	Check all that apply <input type="checkbox"/> Reporting agreement <input type="checkbox"/> Automated screening <input type="checkbox"/> Other	
3. What you do with sick employees	<input type="radio"/> Yes <input type="radio"/> No (If no, go to #4)	<input type="radio"/> Not new <input type="radio"/> New (If New, go to #4)	<input type="radio"/> Stricter <input type="radio"/> More lenient	Check all that apply <input type="checkbox"/> Exclude <input type="checkbox"/> Restrict <input type="checkbox"/> Other	
4. Symptoms or illnesses you look for	<input type="radio"/> Yes <input type="radio"/> No (If no, go to #5)	<input type="radio"/> Not new <input type="radio"/> New (If New, go to #5)	<input type="radio"/> Stricter <input type="radio"/> More lenient	Describe change:	
5. Any other policies I haven't mentioned changed?	<input type="radio"/> Yes <input type="radio"/> No	--	--	--	--
a. What changed? Describe:	--	<input type="radio"/> Not new <input type="radio"/> New	<input type="radio"/> Stricter <input type="radio"/> More lenient	Describe change:	

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		(If New, go to #b)			
b. What changed? Describe:	--	<input type="radio"/> Not new <input type="radio"/> New (If New, go to #c)	<input type="radio"/> Stricter <input type="radio"/> More lenient	Describe change:	
c. What changed? Describe:	--	<input type="radio"/> Not new <input type="radio"/> New	<input type="radio"/> Stricter <input type="radio"/> More lenient	Describe change:	

20. Where do you go for information to include in your illness policy? (Check all that apply)

- Local health dept State health dept Inspector CDC Web search (e.g., google)
- State Restaurant Association National Restaurant Association Other Professional/Business Association: _____
- Other: _____

ILL WORKER PRACTICES

I would now like to ask about how the restaurant is managed when an employee calls in sick.

21. What do managers do if an employee calls in sick? (Check all that apply)

- Work short-staffed Manager fills in for employee Employee finds replacement
- Manager finds replacement Varies by position: _____
- Other: _____ Unsure Refused

22. Do you have any of the following processes or practices in place to keep sick workers from working?

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	In place?	Is it a requirement?	If a requirement: Are they in compliance?
a. Paid sick leave	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. On-call employee schedule	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Employer-paid immunizations (e.g. Hepatitis A)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Letting employees make up shifts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

23. Have these practices changed since January 2020? (Only ask on initial visit)

- Yes No Unsure Refused

If No → go to question 24

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a. Have any of the following practices changed?

	Practice changed:	If practice changed, Is practice new?	If practice is not new/has changed: Is it stricter or more lenient?	What/how has it changed?	Comments:
1. How you operate when an employee calls in sick	<input type="radio"/> Yes <input type="radio"/> No <i>(If no, go to #2)</i>	<input type="radio"/> Not new <input type="radio"/> New <i>(If New, go to #2)</i>	<input type="radio"/> Stricter <input type="radio"/> More lenient	<i>Check all that apply</i> <input type="checkbox"/> Work short staffed <input type="checkbox"/> Depends on how sick <input type="checkbox"/> Other	
2. Any practices that you have implemented to keep sick workers from working	<input type="radio"/> Yes <input type="radio"/> No <i>(If no, go to #3)</i>	<input type="radio"/> Not new <input type="radio"/> New <i>(If New, go to #3)</i>	<input type="radio"/> Stricter <input type="radio"/> More lenient	<i>Check all that apply</i> <input type="checkbox"/> Emp arrange coverage <input type="checkbox"/> Manager arrange coverage <input type="checkbox"/> Have on call <input type="checkbox"/> Paid sick leave <input type="checkbox"/> Employer subsidized immunizations <input type="checkbox"/> Make up shifts <input type="checkbox"/> Other	
3. Any other practices I haven't mentioned changed?	<input type="radio"/> Yes <input type="radio"/> No	--	--	--	--
a. What changed? <i>Describe:</i>	--	<input type="radio"/> Not new <input type="radio"/> New <i>(If New, go to #b)</i>	<input type="radio"/> Stricter <input type="radio"/> More lenient	<i>Describe change:</i>	
b. What changed? <i>Describe:</i>	--	<input type="radio"/> Not new <input type="radio"/> New	<input type="radio"/> Stricter <input type="radio"/> More lenient	<i>Describe change:</i>	

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24. In your opinion, if this restaurant were to adopt a practice to keep sick workers from working, which of the following practices would most likely be adopted by this restaurant? *If practice is already occurring check the already occurring box and do not read that answer choice.*

a. Paid sick leave or additional paid sick leave if you already provide sick leave	<input type="radio"/> Would adopt <input type="radio"/> Already occurring <input type="radio"/> Unsure
b. Maintaining an on-call employee schedule	<input type="radio"/> Would adopt <input type="radio"/> Already occurring <input type="radio"/> Unsure
c. Paying for employee immunizations	<input type="radio"/> Would adopt <input type="radio"/> Already occurring <input type="radio"/> Unsure
d. Allowing employees to make up missed shifts	<input type="radio"/> Would adopt <input type="radio"/> Already occurring <input type="radio"/> Unsure
e. Or are there other provisions that you would consider	<input type="radio"/> Would adopt <input type="radio"/> Already occurring <input type="radio"/> Unsure
f. Are there any others the restaurant might adopt? <i>Describe:</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure

None Unsure Refused

25. Who in the restaurant would be able to make changes to this restaurant's ill worker policy? *(Check all that apply)*

- Owner General manager Corporate office Other: _____
 Unsure Refused This is the person being interviewed

CLEANING PRACTICES/GOOD HYGIENIC PRACTICES

I would now like to ask a few questions about this restaurant's cleaning procedures.

26. Are there written policies or checklists for cleaning of the restaurant, if so, are they written?

Yes-written Yes-verbal No Unavailable Unsure Refused

a. 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*

i. Does the policy include how to clean up vomit or diarrhea?

Yes No Unsure Refused

1. Does it include how to disinfect the area?

Yes No Unsure Refused *If No, Unsure, Refused → Go to 26b*

a. Do you know what type of sanitizer is used? *Verify on site observation and record type of sanitizer and concentration used*

Yes No Unsure Refused

b. Do employees use any personal protective equipment while cleaning these incidents?

Yes No Unsure Refused *If No, Unsure, Refused → Go to question 27*

i. What type of equipment is used? *(Check all that apply)*

Face mask Respirator Single-use gloves Disposable apron Shoe covers

Disposable coveralls Other: _____ Unsure Refused

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27. Have these procedures changed since January 2020? (only read on initial visit)

Yes No Unsure Refused

If No → go to question 28

a. How have these procedures changed?

	Procedure changed:	If procedure changed: Is procedure new?	If procedure is not new: Is it stricter or more lenient?	What/how has it changed?	Comments
1. Cleaning protocols	<input type="radio"/> Yes <input type="radio"/> No (If no, go to #2)	<input type="radio"/> Not new <input type="radio"/> New (If New, go to #2)	<input type="radio"/> Stricter <input type="radio"/> More lenient	Check all that apply <input type="checkbox"/> Developed <input type="checkbox"/> Written <input type="checkbox"/> Disinfect <input type="checkbox"/> Frequency <input type="checkbox"/> Areas covered <input type="checkbox"/> Other	
2. Type of PPE that is used	<input type="radio"/> Yes <input type="radio"/> No (If no, go to #3)	<input type="radio"/> Not new <input type="radio"/> New (If New, go to #3)	<input type="radio"/> Stricter <input type="radio"/> More lenient	Check all that apply <input type="checkbox"/> Respirator used <input type="checkbox"/> Facemask used <input type="checkbox"/> Gloves used <input type="checkbox"/> Apron/Gown <input type="checkbox"/> Shoe covers <input type="checkbox"/> Other	
3. Any other procedures changed that I haven't mentioned?	<input type="radio"/> Yes <input type="radio"/> No	--	--	--	
a. What changed? Describe:	--	<input type="radio"/> Not new <input type="radio"/> New (If New, go to #b)	<input type="radio"/> Stricter <input type="radio"/> More lenient	Describe change:	
b. What changed? Describe:	--	<input type="radio"/> Not new <input type="radio"/> New	<input type="radio"/> Stricter <input type="radio"/> More lenient	Describe change:	

28. What happens to food that may have been potentially exposed to vomit or diarrhea? (Check all that apply)

Discard Cover the food Other: _____ Unsure
 Refused

29. What happens to plates or other utensils that may have been exposed to vomit or diarrhea? (Check all that apply)

Rewash Leave alone Other: _____ Unsure Refused

30. To the best of your knowledge when was the last time that this restaurant had an incident of vomiting or diarrhea that required cleaning?

Not had one 0-3 months >3-6 months >6-12 months >1 year Unsure Refused

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MANAGER BELIEFS

I realize that I have asked you quite a few questions about this restaurant's sick worker policies, but now I would like to finish with a couple of questions about your opinions. For these statements please answer on a scale of 1 - completely disagree to 5 - completely agree.

31. An employee calling in sick creates a minor problem for the running of my restaurant.

Score _____ (1 - Completely disagree - 5 - Completely agree Unsure Refused

32. If employees wash their hands more than normal it is okay to work while sick.

Score _____ (1 - Completely disagree - 5 - Completely agree Unsure Refused

33. 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

34. 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

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.

EHS-Net Site: _____

Establishment Code Number: _____

Visit #: _____

Group: Intervention Control

Was an intervention provided on this visit: Yes No

Additional Notes: