

## **A. 2021 Isolation Plan Application for Seasonal Agriculture Workers**

**Please review the 2021 Seasonal Agriculture Workers COVID-19 Program Requirements before completing this application. You must submit one application for each residence you plan to use to house seasonal agriculture workers during their isolation period.**

Please complete Section 2 based on the known waves of worker arrivals that you are expecting. If you later learn of additional arrivals, you must submit Appendix A to 2021 Isolation Plan: Additional Arrivals of Seasonal Agriculture Workers, in order to receive Health Unit approval.

You may submit this form to the Haldimand-Norfolk Health Unit by:

1. Emailing it to: [EHTHotline@hnhss.ca](mailto:EHTHotline@hnhss.ca)
2. Faxing it to: 519-426-9974
3. Mailing it to:

**Haldimand-Norfolk Health Unit  
Attn: Environmental Health Team**

12 Gilbertson Drive  
P.O.Box 570  
Simcoe, ON  
N3Y 4N5

A Public Health Inspector will then review your application and will be in touch with you.

If you have any questions regarding the completion of this form, please contact the EHT Hotline at 519-426-6128. Leave a message and your call will be returned.

### **Section 1: Business Information**

**Farm Owner Name**

**Address of Isolation Unit  
for this Application:**

**Business or Corporation  
Name:**

**Farm Owner Phone Number(s):**

**Emergency Phone Number:**

(available 24/7 for urgent matters  
e.g. sick worker)

**Name of person conducting  
Wellness Checks:**

**Phone Number to conduct  
Wellness Checks:**

**Farm Owner/Wellness Check  
Email Address(s):**

**Section 2: Plan for Isolating Waves of Worker Arrivals in this Isolation Unit**

**Number of expected workers who will complete  
14-day isolation period in this unit**

**Expected Date of Arrival**

**Country of Origin**

**PLEASE COMPLETE THIS FORM AS NEEDED FOR ADDITIONAL WORKERS**

**Please submit Appendix A to this application where additional use of this unit is required.**

### Section 3: Isolation Unit Information

**Isolation Unit Type:**

**Other, please specify:**

If Hotel/Motel/Resort/Rental Unit selected, please submit proof of reservation to [ehthotline@hnhss.ca](mailto:ehthotline@hnhss.ca). If arrival date changes, a new confirmation of reservation must be submitted.

**Isolation Unit Name/Identifier:**

\*Note: please use a consistent name for this unit (e.g. Bunkhouse 1, Trailer A, Starlight Motel Rm. 312)

**Is this isolation unit outside of Haldimand and Norfolk?**

**If Yes selected: In which jurisdiction is this isolation unit located?**

**Other, please specify:**

**Has this isolation unit been inspected for the 2021 season?**

**If Yes selected: What was the date of the last inspection?**

**If Yes selected: Was this isolation unit approved?**

**Sewage Treatment**

**If holding tank selected: Name of septic disposal company pumping out:**

**Water Supply**

**Do you have results of a satisfactory water sample taken within the last 3 months?**

**Location of washroom(s)**

**Does the washroom include hand sink(s), toilet(s) and shower(s)/bathtub(s)?**

**Kitchen/Cooking equipment provided (e.g., stove/oven/BBQ; adequate supply of pots/pans, plates, cups, utensils, etc.)**

**Kitchen sink provided**

**Refrigerator provided**

**If not applicable, please explain:**

**Section 4: Back-Up Isolation Unit Information for Ill Workers**  
**Plans should consider multiple workers becoming ill. Multiple back-up options are recommended.**

Use of rental units (e.g. hotels, motels) is not recommended as a primary back-up plan.  
Other options such as use of trailers or other bunkhouses are preferred.

**Address of Back-Up Isolation Unit**

**Back-Up Isolation Unit Type:**

**Other, please specify:**

**Back-Up Isolation Unit Name/Identifier:**

\*Note: please use a consistent name for this unit  
(e.g. Bunkhouse 1, Trailer A, Starlight Motel Rm. 312)

**Has this back-up isolation unit been inspected for the 2021 season?**

**If Yes selected:**

**What was the date of the last inspection?**

**If Yes selected:**

**Was this isolation unit approved?**

**Section 5: Additional Details of Isolation Plan**

**I confirm that workers will have access to a phone while in isolation.**

**I confirm that workers will be provided with:**

- general information regarding COVID-19 (e.g. symptoms, transmission and personal precautions)
- instructions on what to do if they feel sick
- applicable phone numbers for medical treatment
- the address of where they are located.

**Food and Essential Items**

**I confirm that a plan is in place for contactless delivery of food or prepared meals (from an approved source such as a commercial grocery store or other food premise inspected by public health), toiletries, medications and other essential items, including for unscheduled requests.**

**Cleaning and Disinfection**

**I confirm that workers will be provided with cleaning/disinfecting supplies, cleaning instructions and a cleaning log.**

**Who will be responsible for cleaning the isolation unit after use and prior to new workers occupying it?**

**Laundry**

**I confirm that a plan is in place for contactless pick-up/delivery and washing of workers' laundry during the isolation period.**

**Social Distancing Measures**

**I confirm that all beds in this isolation unit will remain 2 metres apart.**

**Perimeter Demarcation**

**I confirm that a demarcated area around this isolation unit will be present during the isolation period(s).**

**Worker Arrival Information**

**I confirm that worker arrival information will be submitted to [ehthotline@hnhss.ca](mailto:ehthotline@hnhss.ca) within 24 hours of workers' arrival.**

## Worker Health Management

**I confirm that Wellness Checks will be conducted for each worker during every day of the isolation period.**

**I confirm that a copy of the Wellness Check Record will be submitted to [ehthotline@hnhss.ca](mailto:ehthotline@hnhss.ca) on Day 7 and Day 14 of the isolation period.**

**I confirm that if a worker develops symptoms of COVID-19, I will:**

1. Isolate the sick worker in my back-up isolation unit  
OR  
Drive them to the Emergency Department if necessary (with vehicle windows down (if possible); wearing face masks; worker in the back seat)  
OR  
Call 911 for urgent situations requiring immediate medical care
2. Call the HNHU COVID-19 Hotline at 519-426-6170 ext. 9999 during business hours  
OR 1-877-298-5888 outside business hours, including weekends

**Should you need to modify your plan for this unit, please submit the changes to [ehthotline@hnhss.ca](mailto:ehthotline@hnhss.ca) as they will require approval.**

Failure to follow any part of this plan or approval terms constitutes a breach of this approval.

The Health Unit reserves the right to modify this plan as it determines is necessary. It also reserves the right to terminate your approved isolation plan in the event you have failed to comply with any part of your plan or approval. Cancellation of your isolation plan by the Health Unit may mean we ask FARMS to make other arrangements for workers who have already arrived. If we so request, we understand that FARMS will either facilitate, with the assistance of the source country, a transfer of workers to another farm, or, in the event a worker(s) does not agree to such a transfer, travel arrangements will be made to return a worker(s) to their country of origin, at the expense of the employer. In addition to cancelling an existing plan as a result of a breach, the Health Unit may decline to approve any new plans. Finally, depending on the nature of the breach, you may be subject to prosecution and/or fines under the Health Protection and Promotion Act, the Quarantine Act and/or the Contraventions Act.

### Notice of Collection

This information is being collected under the Municipal Freedom of Information and Protection of Privacy Act for the purposes of ensuring that COVID-19 isolation requirements required for temporary foreign workers, in accordance with meeting the required Health Promotion and Protection Act section 22 class order issued by the Medical Officer of Health for Haldimand Norfolk Health Unit. The collected information from this form will only be used for its intended purpose. To request more information about the collection, use and storage of this information, please contact the Haldimand-Norfolk Health Unit Program Manager, Environmental Health at 12 Gilbertson Drive, Simcoe, Ontario N3Y 4N5, 519-426-6170 ext. 3271.

Updated January 2021