

Guidance Document: COVID-19 Seasonal Worker Wellness Check

Farm Name and address:

Instructions:

Ask the worker daily if they are experiencing any of these symptoms:

- Fever (temperature of 37.8°C/100.0°F or greater) and/or
- Any new/worsening symptoms such as cough, shortness of breath, sore throat, difficulty swallowing, muscle aches, unexplained fatigue, chills, headache, new loss of taste or smell, nausea/vomiting, diarrhea, stomach pain, runny or stuffy nose.

If **NO**, place a check in the box.

If **YES**, isolate the worker and contact the health unit COVID-19 hotline at **519-426-6170 EXT 9999**. For afterhours call PHI on-call at **1-877-298-5888**. Let them know you are calling regarding a **seasonal agricultural worker with symptoms**. Please provide your name and phone number, the employer/farm name and the worker's name. **If it is a life threatening emergency call 911**. Place an X in the box and record any symptoms in the notes section.

Note: Day one of isolation starts the day after arrival.

Please submit this Wellness Check Record to the health unit at ehthotline@hnhss.ca on Day 7 of the isolation period, and again on Day 14 when the isolation period is completed.

It must be sent on Day 14 after the time at which the workers arrived to the isolation unit on Day 0

(e.g. if workers arrived to the isolation unit on Day 0 at 6:00 pm, you may submit the Wellness Check Record at 6:00 pm on Day 14).

Name of worker	Isolation Address	Arrival Date (Day 0)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Notes (for symptoms)
EXAMPLE Smith, John	12 Hwy 100 Bunkhouse A	4/12/20	√	√	√	√	X										Fever, cough