

Serving the community in the areas of public health, social services, children's services, housing and long-term care. **www.hnhss.ca** 

## **Seasonal Migrant Farm Worker Isolation Plan Application**

Please print and complete all fields. Failure to provide sufficient information could result in your application being denied and returned for recompletion.

**Section 1: Business Information** 

| Farm Owner (Last Name, First Name):   |   |                            |  |  |  |
|---|---|----------------------------|--|--|--|
| <b>Business or Corporation Name:</b>  |   |                            |  |  |  |
| Phone Number:   |   |                            |  |  |  |
| Email Address:  |   |                            |  |  |  |
| Emergency Phone Number (available 24/7 for urgent matters e.g. sick worker)     |   |                            |  |  |  |
|   |   |                            |  |  |  |
| Include workers ever  | Section 2: Worker Information<br>if they will be self-isolating outside of F  | Haldimand or Norfolk       |  |  |  |
| Estimated Number of Workers<br>Needed for Entire Season:                        |   |                            |  |  |  |
| Do you think you will be submitting additional isolation plans for this season? | ○ Yes   | ○ No                       |  |  |  |
| Do you transfer seasonal workers to other farms?                                | ○ Yes   | ○ No                       |  |  |  |
| other farms?  | If yes above, please provide name(s) of employer/farmers workers will be transferred to as well as their contact information: |                            |  |  |  |
|   | New Employer Name:  | New Employer Phone Number: |  |  |  |
|   |   |                            |  |  |  |
|   |   |                            |  |  |  |
|   |   |                            |  |  |  |
| Number of Expected Workers  | Country of Origin   | Expected Date of Arrival   |  |  |  |
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|   | Add additional pages if peeded  |                            |  |  |  |
| Add additional pages if needed  |   |                            |  |  |  |

| *Please attach diagram with perimeter plans for each isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel Name-Room #)  *Please attach diagram with perimeter plans for each isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel Name-Room #)  Back-up Isolation Accommodations for Ill Workers Please note: Plans should consider multiple workers becoming ill. Multiple back-up opt Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel Name-Room #)  Back-up Isolation Back-up Isolation Accommodations for Ill Workers Please note: Plans should consider multiple workers becoming ill. Multiple back-up opt Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel Name-Room #) | r Norfolk                            |
|--|--------------------------------------|
| *Please attach diagram with perimeter plans for each isolati  Section 3b: Back-Up Isolation Accommodations for Ill Workers  Please note: Plans should consider multiple workers becoming ill. Multiple back-up opt  Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel  Name- Room #)  Back-up Isolation   | Number of Worke<br>in Isolation Unit |
| Section 3b: Back-Up Isolation Accommodations for Ill Workers  Please note: Plans should consider multiple workers becoming ill. Multiple back-up opt  Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel  Name- Room #)  Back-up Isolation   |                                      |
| Section 3b: Back-Up Isolation Accommodations for Ill Workers  Please note: Plans should consider multiple workers becoming ill. Multiple back-up opt  Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel  Name- Room #)  Back-up Isolation   |                                      |
| Section 3b: Back-Up Isolation Accommodations for Ill Workers  Please note: Plans should consider multiple workers becoming ill. Multiple back-up opt  Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel  Name- Room #)  Back-up Isolation   |                                      |
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| Please note: Plans should consider multiple workers becoming ill. Multiple back-up opt Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel Name- Room #)  Back-up Isolation   | on facility                          |
| Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel Name- Room #)  Back-up Isolation  | ions are recommended                 |
| Name- Room #)  |                                      |
|  |                                      |
|  |                                      |
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|  |                                      |
| Add additional pages if needed   |                                      |
| Use of rental units (e.g. hotels, motels) is not permitted as a primary back-up plan unles   | •                                    |
| provided at the time of submitting this plan. Other options such as use of trailers, or recommended.   | itner bunknouses is                  |
| . cconciidedi  |                                      |
| our isolation plan proposes to house migrant workers at hotels or motels, you must pro   | ide proof of a reservati             |
| th this form for the anticipated arrival date of the workers. In the event the arrival date of the workers. In the event the arrival date of the workers are the confirm with the Health Unit you have been able to successfully modify your reservation   |                                      |

**Section 3: Isolation Unit Services** 

If holding tank, name of septic disposal company pumping out:

O New septic bed

O Private Cistern

**○** Existing septic bed

O Private Well

**Sewage Treatment** 

**Water Supply** 

O Holding tank(s)

**Municipal** 

|  | 0.   | Third party private system (e.g. hotel on well)                                 |  |  |
|--|--|---|--|--|
| Washrooms  | On-site  | On-site within isolation unit(s)  |  |  |
| Washii Ooniis  | On-site adjacent to isolation unit and with isolation unit's perimeter |   |  |  |
| Washroom Amenities   | O Hand si  | ink(s)  |  |  |
| Kitchen  | On-site  | e within isolation unit(s)  |  |  |
| Kitchen  | O Not pro  | ovided- ready to eat food delivered   |  |  |
| Kitchen Sink   | On-site  | e within isolation unit(s)  |  |  |
| KITCHEH SINK   | O Not pro  | ovided- single service plates, cups and utensils to be provided                 |  |  |
| Please note: Each isol   | ation unit n   | must be provided with a means of refrigeration as well as an adequate supply of |  |  |
| plates, cup  | os, utensils (   | (and cooking equipment where stove, oven and/or BBQ is provided).               |  |  |
|  |  |   |  |  |
| Soci   | tion 1: Food   | d, Water and Other Supplies (e.g. cleaning products, toiletries)                |  |  |
| Proof of satisfactory  |  | Yes No Not Applicable (e.g. municipal water)                                    |  |  |
| sample results withi   | -  | If not on municipal water, please provide proof of satisfactory water sample    |  |  |
| months:  | iii iast 3   | results with submission of your plan.   |  |  |
| months.  |  | Tesuits with submission of your plan.   |  |  |
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| VATION AND AND IN COMME  |  |   |  |  |
| Where will food be po  |  |   |  |  |
| from? (please lis  | st)  |   |  |  |
|  |  |   |  |  |
|  |  | O Farmer on annularies  |  |  |
|  |  | Farmer or employee  |  |  |
| Delivering food and su   | upplies to   | Third party (e.g. delivery company)   |  |  |
| workers  |  | Other (please explain):   |  |  |
|  |  |   |  |  |
| Will food and supp   | lies be  | ○ Yes ○ No  |  |  |
| delivered on a sche  |  | If yes, how often?  |  |  |
|  |  |   |  |  |
|  |  | ○ Yes ○ No  |  |  |
| Have you made any  | plans to   | If yes, please explain:   |  |  |
| address unscheduled re   | •  |   |  |  |
| food and supplies?   |  |   |  |  |
|  |  |   |  |  |
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|  | _  |   |  |  |
| Additional actions in yo   | •  |   |  |  |
| address food, water a  |  |   |  |  |
| supplies (if applica   | ible):   |   |  |  |
|  |  |   |  |  |
| Please note: All food  | l must be pu   | urchased from an approved source such as a commercial grocery store or other    |  |  |
| food premise inspected by public health. Persons delivering food and supplies shall not come within 2 metres of          |  |   |  |  |
| workers under isolation (e.g. leave food at the door). Where a hosted accommodation is used (e.g. hotel/motel),          |  |   |  |  |
| staff are not to enter the isolation unit to restock toiletries or other supplies unless business has been notified that |  |   |  |  |
|  |  | purposes and business is willing to restock via staff entering isolation unit.  |  |  |
|  | •  |   |  |  |
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| Section 5: Cleaning and Disinfection    |  |  |
|---|--|--|
| How will the isolation unit be cleaned? | <ul><li>On-site by workers in isolation unit</li><li>On-site by farmer or employee</li><li>Third party (e.g. cleaning company)</li></ul> |  |

|   | Other (please explain):   |
|---|---|
| How will the isolation unit be cleaned after use if new workers are to occupy it?                         | On-site by workers in isolation unit On-site by farmer or employee Third party (e.g. cleaning company) Other (please explain):  |
| Additional actions in your plan to address cleaning (if applicable):                                      |   |
| not limited to cleaning equipment,  | be cleaned by workers within the isolation unit, adequate supplies (including but cleaning and disinfection products) must be provided. Additionally, instructions of high touch services (e.g. door knobs, phones, faucets, railings, counter tops) should be advised.   |
|   |   |
|   | Section 6: Laundry  |
| How will laundry services be provided?  | On-site within isolation unit(s) On-site by farmer or employee Off-site by farmer Third party (e.g. laundry company) Other (please explain):  |
| If laundry services are not provided within the isolation unit, do you have a schedule for doing laundry? | ○ Yes    ○ No     If yes, how often?  |
| Have you made any plans to address unscheduled requests for laundry?                                      | Yes No If yes, please explain:  |
| Additional actions in your plan to address laundry (if applicable):                                       |   |
| (e.g. leave laundry at the door). Vector the isolation unit to launder lines.                             | nd delivering laundry shall not come within 2 metres of workers under isolation Where a hosted accommodation is used (e.g. hotel/motel), staff are not to enter ns and towels unless business has been notified that space is used for isolation business is willing to launder via staff entering isolation unit |
|   |   |

| Section 7: Worker Health Management                  |                             |  |
|--|-----------------------------|--|
| Who will be conducting daily worker wellness checks? | Farmer Employee Third party |  |

|   | Other (please explain):  |  |  |  |
|---|--|--|--|--|
| Who can be contacted to request a copy of the worker wellness check records?  | Name:Phone Number:   |  |  |  |
| If a worker becomes ill but does not require EMS, how will they be transported to receive medical care?   | Farmer Employee Other (please explain):  |  |  |  |
| Additional actions in your plan to address worker health (if applicable):   |  |  |  |  |
| individual prior to their arrival at the isolation unit occupants to advise healt facility should it be required. Work symptoms, transmission, personal procession is the individual procession in the individual procession. | medical treatment, the healthcare provider is to be notified of the incoming the healthcare facility. As a result, the farm operator shall also instruct all thcare providers that they are under isolation prior to attending a healthcare ters are to be provided with general information regarding COVID-19 (e.g. recautions) and instructions as to how they can receive medical treatment uplicable phone numbers and the address of where they are located. |  |  |  |

A copy of your Worker Wellness Check record must be emailed to the Health Unit <a href="mailto:ehthotline@hnhss.ca">ehthotline@hnhss.ca</a> upon successful completion of the worker's 14 day isolation period.

Should a worker develop symptoms, please isolate them in your backup accommodation and call the HNHU COVID-19 Hotline at 519-426-6170 ext. 9999. For urgent situations requiring immediate medical care, call 911.

| For Office Use Only: |  |  |  |
|----------------------|--|--|--|
| Section              |  |  |  |
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| Name of PHI (please print): Signature of PHI: |  |  |  |  |
|---|--|--|--|--|
| Signature of PHI:                             |  |  |  |  |
| Date:   |  |  |  |  |

Should you need to modify your plan, please submit the changes to <a href="mailto:ehthotline@hnhss.ca">ehthotline@hnhss.ca</a> 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.

You must email the Health Unit within 24 hours after the arrival of workers. This email shall include the names of the workers who have arrived, their country of origin as well as their housing location and arrangements. Failure to do so constitutes a breach of any Health Unit approval granted to you.

## **Appendix A: Worker Names and Locations**

| Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel Name-Room #) | Isolation Unit Address | Worker Name | Worker<br>Arrival Date | If worker is to be relocated to another location following 14 day isolation (e.g. another property, another bunkhouse) please indicate where below. |
|---|------------------------|-------------|------------------------|---|
|   |                        |             |                        |   |
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