

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):	
Business or Corporation Name:	
Phone Number:	
Email Address:	
Emergency Phone Number (available 24/7 for urgent matters e.g. sick worker)	

Section 2: Worker Information		
Include workers even if they will be self-isolating outside of Haldimand or Norfolk		
Estimated Number of Workers Needed for Entire Season:		
Do you think you will be submitting additional isolation plans for this season?	<input type="radio"/> Yes	<input type="radio"/> No
Do you transfer seasonal workers to other farms?	<input type="radio"/> Yes	<input type="radio"/> No
	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
Add additional pages if needed		

Section 3a: Isolation Accommodations		
Include workers even if they will be self-isolating outside of Haldimand or Norfolk		
Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel Name-Room #)	Isolation Unit Address	Number of Workers in Isolation Unit

***Please attach diagram with perimeter plans for each isolation facility**

Section 3b: Back-Up Isolation Accommodations for Ill Workers	
Please note: Plans should consider multiple workers becoming ill. Multiple back-up options are recommended.	
Isolation Unit Description (e.g. Trailer A, Bunkhouse 1, Hotel Name- Room #)	Back-up Isolation Unit Address
Add additional pages if needed	
Use of rental units (e.g. hotels, motels) is not permitted as a primary back-up plan unless proof of reservation is provided at the time of submitting this plan. Other options such as use of trailers, other bunkhouses is recommended.	

If your isolation plan proposes to house migrant workers at hotels or motels, you must provide proof of a reservation with this form for the anticipated arrival date of the workers. In the event the arrival date changes, you must reconfirm with the Health Unit you have been able to successfully modify your reservation to accept these workers or you must seek approval for another housing option prior to their arrival.

Section 3: Isolation Unit Services			
Sewage Treatment	<input type="radio"/> Existing septic bed	<input type="radio"/> New septic bed	<input type="radio"/> Holding tank(s)
	If holding tank, name of septic disposal company pumping out: _____		
Water Supply	<input type="radio"/> Private Well	<input type="radio"/> Private Cistern	<input type="radio"/> Municipal

	<input type="radio"/> Third party private system (e.g. hotel on well)
Washrooms	<input type="radio"/> On-site within isolation unit(s) <input type="radio"/> On-site adjacent to isolation unit and with isolation unit's perimeter
Washroom Amenities	<input type="radio"/> Hand sink(s) <input type="radio"/> Toilet(s) <input type="radio"/> Shower or Bathtub
Kitchen	<input type="radio"/> On-site within isolation unit(s) <input type="radio"/> Not provided- ready to eat food delivered
Kitchen Sink	<input type="radio"/> On-site within isolation unit(s) <input type="radio"/> Not provided- single service plates, cups and utensils to be provided
Please note: Each isolation unit must be provided with a means of refrigeration as well as an adequate supply of plates, cups, utensils (and cooking equipment where stove, oven and/or BBQ is provided).	

Section 4: Food, Water and Other Supplies (e.g. cleaning products, toiletries)	
Proof of satisfactory water sample results within last 3 months:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (e.g. municipal water) If not on municipal water, please provide proof of satisfactory water sample results with submission of your plan.
Where will food be purchased from? (please list)	
Delivering food and supplies to workers	<input type="radio"/> Farmer or employee <input type="radio"/> Third party (e.g. delivery company) <input type="radio"/> Other (please explain): _____ _____
Will food and supplies be delivered on a schedule?	<input type="radio"/> Yes <input type="radio"/> No If yes, how often? _____
Have you made any plans to address unscheduled requests for food and supplies?	<input type="radio"/> Yes <input type="radio"/> No If yes, please explain: _____ _____ _____
Additional actions in your plan to address food, water and other supplies (if applicable):	
Please note: All food must be purchased 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 space is used for isolation purposes and business is willing to restock via staff entering isolation unit.	

Section 5: Cleaning and Disinfection	
How will the isolation unit be cleaned?	<input type="radio"/> On-site by workers in isolation unit <input type="radio"/> On-site by farmer or employee <input type="radio"/> Third party (e.g. cleaning company)

	<input type="radio"/> Other (please explain): _____ _____
How will the isolation unit be cleaned after use if new workers are to occupy it?	<input type="radio"/> On-site by workers in isolation unit <input type="radio"/> On-site by farmer or employee <input type="radio"/> Third party (e.g. cleaning company) <input type="radio"/> Other (please explain): _____ _____
Additional actions in your plan to address cleaning (if applicable):	
<p>Please note: If isolation unit is to be cleaned by workers within the isolation unit, adequate supplies (including but not limited to cleaning equipment, cleaning and disinfection products) must be provided. Additionally, instructions for proper use and disinfection of high touch services (e.g. door knobs, phones, faucets, railings, counter tops) should be advised.</p>	

Section 6: Laundry	
How will laundry services be provided?	<input type="radio"/> On-site within isolation unit(s) <input type="radio"/> On-site by farmer or employee <input type="radio"/> Off-site by farmer <input type="radio"/> Third party (e.g. laundry company) <input type="radio"/> Other (please explain): _____ _____
If laundry services are not provided within the isolation unit, do you have a schedule for doing laundry?	<input type="radio"/> Yes <input type="radio"/> No If yes, how often? _____
Have you made any plans to address unscheduled requests for laundry?	<input type="radio"/> Yes <input type="radio"/> No If yes, please explain: _____ _____
Additional actions in your plan to address laundry (if applicable):	
<p>Please note: Persons picking up and delivering laundry shall not come within 2 metres of workers under isolation (e.g. leave laundry at the door). Where a hosted accommodation is used (e.g. hotel/motel), staff are not to enter the isolation unit to launder linens and towels unless business has been notified that space is used for isolation purposes and business is willing to launder via staff entering isolation unit</p>	

Section 7: Worker Health Management	
Who will be conducting daily worker wellness checks?	<input type="radio"/> Farmer <input type="radio"/> Employee <input type="radio"/> Third party

