

Ministry of Health

COVID-19 Guidance: Workplace and Living Settings for Seasonal International Agriculture Workers (IAWs)

Version 2 – January 27, 2022

Highlights of Changes:

- **Roles and Responsibilities** of different partners are outlined
- **Definitions** provided for some commonly used terms
- Emphasizes the importance of both **COVID-19 and seasonal influenza vaccinations** as part of an overall public health approach to reduce the risk of respiratory infection outbreaks
- **Active screening, masking, and PPE** are explicitly linked to the requirements and exceptions under the [Reopening Ontario Act](#) and associated regulations
- **Case and contact management, testing, and isolation** includes considerations for the Omicron variant.
- **Outbreak definition** updated
- **Setting specific considerations** for infection prevention and control principles are provided throughout
- **Appendix A:** A List of Public Health Ontario (PHO) COVID-19 resources

This guidance document provides basic information to support local public health units (PHU) with minimizing COVID-19 transmission from individuals working or residing on farms and to prevent, detect, and manage individual cases and outbreaks of COVID-19 within these settings. PHUs may provide directions that may be different and/or in addition to those in this guidance in order to prevent and mitigate the spread of COVID-19 and/or other infectious disease to ensure a tailored response to each outbreak scenario.

The updates in this document are based on the scientific evidence and public health expertise available across Canada and abroad, and they are subject to change as the knowledge about COVID-19 evolves over time.

This document is not intended to take the place of medical advice, diagnosis or treatment, legal advice, or any other requirements which may apply to agri-food facilities. In the event of any conflict between this guidance document and any applicable emergency orders or directives issued by the Minister of Health (MOH) or the Chief Medical Officer of Health (CMOH), the orders and/or directives prevail.

Please check the MOH's [COVID-19 Guidance for the Health Care Sector and the Orders, Directives, Memorandums and Other Resources](#) regularly for updates to this document, as well as, other COVID-19 relevant information.

The Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) has also created a “one stop shop” [toolkit](#) for farmers to access guidance, resources, and information related to prevention, control, testing and outbreak management supports.

Some agri-food facilities may also be subject to emergency orders and regulations made under *the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#)* (ROA), including public health and workplace measures under the applicable Step regulation (O. Reg 82/20, O. Reg 263/20 and O. Reg 364/20. All settings subject to emergency orders must follow the requirements of these orders. Failing to comply with the requirements of ROA regulations/emergency orders can result in charges under the ROA and the [Provincial Offences Act](#). More information regarding emergency orders can be found [here](#). To confirm what Step in the province's Roadmap to Reopening the province is in, please check [O.Reg 363/20](#).

Terms Used in this Document

- **“Fully vaccinated”** is defined in the Ministry of Health's [COVID-19 Fully Vaccinated Status in Ontario](#) document.
- **“Worker”** refers to anyone conducting activities in agri-food facilities regardless of their employer or immigration status, which includes International Agricultural Workers (IAWs). This includes, but is not limited to:

- Staff employed by agri-food facilities under both the federal Seasonal Agricultural Worker Program (SAWP) and non-SAWP streams;
 - Temporary and/or agency staff;
 - Third party staff who are performing job duties (e.g., support services staff, contracted cleaning staff, tradespeople);
 - Domestic workers; and
 - Any other person who is employed to perform duties on the farm.
- For domestic workers employed on the farm and who reside in their own dwellings in the community, refer to [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#)
 - **“Cohort”** refers to a group of individuals (i.e., workers) who live and/or work together AND are part of each other’s daily regular routine and spend the majority of their time together.
 - In general, workers who live in the same housing should be considered close contacts, but public health units will use their discretion based on living arrangement and structure.
 - Cohorts may be applied in agri-food facilities where a small number (as small as feasibly possible) of workers may live and work together.
 - **“Housing”** or **“employer-provided living settings”** or **“congregate living setting”** refers to both accommodations both on-farm AND in the community, if provided by the employer. Public Health Units are advised to consider both types of accommodation as being relevant to the Case and Contact Management, Testing and Isolation sections of this guidance.

Roles and Responsibilities

Role of the Public Health Unit (PHU)

Prevention and Preparedness

- Advise on prevention of COVID-19 transmission and preparedness for the management of COVID-19 cases, contacts, and outbreaks in agri-food facilities and employer-provided housing.

Case and Contact Management/Outbreak Management

- Receive and investigate reports of suspected or confirmed cases and contacts of COVID-19 in accordance with the [Health Protection and Promotion Act, 1990](#) (HPPA).
- Manage cases and contacts in accordance with relevant [provincial guidance](#) and tools including [COVID-19 Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#).
- Enter cases, contacts, and outbreaks in the provincial surveillance system, in accordance with data entry guidance provided by PHO.
- Determine if an outbreak exists and declare an outbreak, as per the outbreak definition.
- Provide guidance and recommendations for agri-food facilities and employer-provided housing on outbreak control measures.
- Make recommendations on who to **test**, in alignment with the guidance provided within this document (section on testing below) and the [COVID-19 Provincial Testing Guidance, COVID-19 Integrated Testing & Case and Contact Management Interim Guidance: Omicron Surge](#) as applicable. Facilitate a coordinated approach to testing, in collaboration with Ontario Health, including provision of an investigation or outbreak number.
- Host and coordinate housing related outbreak meetings with the operator of the agri-food facility or employer-provided housing, PHO, Ontario Health, Infection Prevention and Control (IPAC) Hubs, etc., as needed.
- Issue orders by the Medical Officer of Health or their designate under the HPPA, if necessary.
- Declare the outbreak over.

Coordination and Communication

- If a case or contact resides in a PHU different from the agri-food facility, discussions between the respective PHUs should take place to coordinate contact follow-up and delineate roles and responsibilities.
 - The PHU of the agri-food facility is typically the lead PHU for agri-food facility follow-up.

- The PHU can request support from the Ministry of Health to coordinate meetings between multiple PHUs.
- Notify the MEOC (EOCOperations.moh@ontario.ca) of:
 - Potential for significant media coverage or if media releases are planned by the PHU.
- Notify in advance, to the relevant Associate Chief Medical Officer of Health, Ministry of Health, responsible for supporting the local PHU of:
 - Any orders or Letters of Instruction issued by the PHU's Medical Officer of Health or their designate and share a copy.
- Engage and/or communicate with relevant partners, stakeholders, and ministries (e.g., MOH, OMAFRA, MLTSD), as necessary.

Role of the Employer (including responsibilities under the Occupational Health and Safety Act [OHSA])

- Employers should notify their local PHU of individuals in employer-provided living settings who test positive on a RAT **and** did not receive a PCR confirmatory test.
 - PCR confirmatory testing is not required for positive RATs but may be recommended by the public health unit in some situations.
- Employers of IAWs should have and review COVID-19 Isolation plans as it relates to IAWs and their living setting. These isolation plans should document and be made available to local public health units upon request.
- Employers should keep updated lists of all workers and their up-to-date contact information, including isolation locations where required. Employers are also required to maintain contact information for all temporary agency workers and third-party employers for contact tracing purposes.
- Where IAWs are in isolation, employers must have a process in place for accessing available health services (or similar), through a third party¹, that will perform twice daily health assessments on IAWs, especially if there are positive cases, symptomatic individuals and unvaccinated or immunocompromised individuals identified.
 - The third party should provide information directly to the local public health unit;

¹ The third-party may also include employer-provided health personnel provided they comply with the criteria in this guidance, including providing information directly to the local public health unit.

- Upon identification of a case, an initial assessment must be undertaken to assess the health status of the IAW (physical and general mental well-being status);
- For cases and symptomatic individuals, an in-person health check daily by the third-party is required, followed by a phone or text check-in later in the day;
- For asymptomatic close contacts, ensure that at a minimum, twice daily phone or text health assessments are conducted by the third-party health provider. Should an IAW report feeling unwell or symptomatic, begin in-person assessments followed by phone or text.
- For the purposes of return to work after isolation, the third-party conducting health checks should conduct an exist assessment and report to the PHU the health status of the IAW to ensure any symptoms have cleared.
- Where Rapid Antigen Tests (RAT) are being performed, a third party must be used and ensure that translation supports are available.
- Continue to plan for IAWs to receive COVID vaccines including [booster doses](#) based on eligibility.
- Under the [Occupational Health and Safety Act](#), employers have the duty to take every precaution reasonable in the circumstances for the protection of their workers, among other duties. This includes protecting workers from transmission of infectious disease in the workplace.
- Implement control measures to reduce the risks to their workers, including the use of personal protective equipment (PPE).
- Ensure that any suspect or confirmed [instances of occupational illness including COVID-19](#), are reported to the Ministry of Labour, Training, and Skills Development (MLTSD) where required.
 - Under OHSA, if an employer is advised that a worker has tested positive or presumed positive for COVID-19 due to exposure at the workplace, or that a claim has been filed with the Workplace Safety and Insurance Board (WSIB), the employer must provide written notice within four days to:
 - MLTSD;
 - The workplace's joint health and safety committee or a health and safety representative; and
 - The worker's trade union (if applicable).
 - Additionally, under the [Workplace Safety and Insurance Act, 1997](#) (WSIA), an employer must report any occupationally acquired illnesses to the WSIB within 72 hours of receiving notification of said illness.

- Maintain accurate shift records and up-to-date contact information for workers. For public health purposes, all individuals working in the facility, regardless of the relationship to the employer, are considered workers. This includes temporary workers who are hired through secondary employment agencies. This information should be available to be accessed and shared with the local PHU in a timely manner (within 24 hours) for investigations and communications with workers.
- Ensure that workers arriving in Ontario are provided COVID-19 information on public health protocols including maintaining physical distance, handwashing, masking, cleaning and disinfection and self-isolation in culturally sensitive languages and educational formats.
- Provide COVID-19 information and training to workers on public health protocols related to the circumstances and conditions of the workplace prior to starting work on the farm as well as for employees entering / living in employer provided housing.
- More information on the occupational health and safety requirements and workplace guidance for COVID-19 are available on the [Ontario COVID-19 and workplace health and safety website](#) and the [MLTSD website](#).

Role of Respective Ministries (including MOH, MLTSD, and OMAFRA, where relevant)

- Provide legislative and policy oversight.
- Communicate expectations and provincial-level guidance on COVID-19 related policies, measures, and practices to reducing the incidence of COVID-19 in the agri-food sector.
- Provide ongoing support and communications to the agri-food sector with federal partners, other ministries, and the public as necessary.

Service Canada/ Employment and Social Development Canada

- Receives employer provided quarantine plan, [notification of worker arrivals](#) and conducts inspection for adherence to quarantine conditions as well as Immigration and Refugee Protection Regulations (IRPR).
- Conduct virtual and/or onsite inspection to verify compliance as per the Quarantine Act, Emergencies Act, Public Health provincial laws, local public health regulations and IRPR, by conducting interviews of worker and employer.

- Initiates inspection during quarantine or post-quarantine, if a positive case or high-risk contact is identified, to ensure compliance with applicable Covid-19 related conditions.
- Potential abuse or misuse may reported [online](#) or through the Confidential Multilingual Tips Line at 1-866-602-9448.

Prevention of Disease Transmission

COVID-19 is a virus that can spread through the respiratory particles of an infected person while breathing, talking, coughing, or sneezing. Infected people, with or without symptoms, can transmit COVID-19. The risk may be heightened as a result of working and/or living with others in close proximity, and where workers move between other agri-food facilities without adequate precautions.

In general, the risk of transmission is higher indoors than outdoors, especially in closed, crowded spaces for extended periods of time. These high-risk situations may occur during various activities within the agri-food sector, including but not limited to work, communal living, and transportation.

Using multiple layers of prevention will provide the best protection against COVID-19 such as vaccination, self-isolation, masking, physical distancing, and handwashing. For additional details, please refer to Public Health Ontario's [How to Protect Yourself from COVID-19](#) factsheet.

Vaccination

- **COVID-19 vaccination** is one of the most effective public health measures to prevent infection and transmission, severe outcomes including hospitalizations and death due to COVID-19. As such, all workers, and visitors should be encouraged to get vaccinated against COVID-19 (including booster doses, when eligible) as soon as possible.
 - New workers who are unvaccinated should be offered a complete series of COVID-19 vaccinations as soon as possible.
 - Workers who have received non-Health Canada approved COVID-19 vaccinations and/or were vaccinated outside of Canada should consult the [MOH's COVID-19 Guidance for Individuals Vaccinated outside of Ontario/Canada](#) for additional scenarios.

- More information can be found on the MOH's [COVID-19 Vaccine-Relevant Information and Planning Resources](#) webpage.
- Note that the person responsible for a business or organization that is open shall operate the business or organization in compliance with any advice, recommendations and instructions issued by the Office of the Chief Medical Officer of Health, or by their local Medical Officer of Health (after consultation with the Office of the Chief Medical Officer of Health), requiring the business or organization to establish, implement and ensure compliance with a COVID-19 vaccination policy, or setting out the precautions and procedures that the business must include in its COVID-19 vaccination policy.²
- **Influenza vaccination:** During the influenza season, all workers are also strongly encouraged to receive the annual influenza vaccine.
 - [COVID-19 vaccines](#) may be given at the same time as, or any time before or after, other vaccines, including live, non-live, adjuvanted, or unadjuvanted vaccines.
 - More information can be found on the MOH's [2021/2022 Universal Influenza Immunization Program \(UIIP\)](#) webpage.
- PHUs are encouraged to support COVID-19 and influenza vaccinations in agri-food facilities in collaboration with relevant health system partners as feasible.

Screening

- All persons, including visitors, seeking entry to an agri-food facility should be **actively screened**, including temperature checks for COVID-19 symptoms and exposure history, regardless of their vaccination status.
 - Emergency first responders should be permitted entry without screening.
- The person responsible for the business must actively screen every worker before they enter the premises.
 - This includes all workers returning from an absence.

² Please refer to subsection 2(2.1), Schedule 1 of [O.Reg 263/20](#) (when in Step 2) and subsection 2(2.1), Schedule 1 of [O. Reg. 364/20](#) (when in Step 3) for more details.

- Additionally, ensure passive screening through [signage](#) posted prompting anyone on site at an agri-food setting to self-identify if they feel unwell or screen positive for [symptoms](#) of COVID-19³.
- Employers must have processes in place for daily active screening of all IAWs in housing (e.g. employer-provided living settings), including temperature checks and symptom monitoring, regardless of whether they are working that day.
- Employers must make results available for PHUs, upon request. If an IAW fails screening, they must self-isolate and not work. Agri-food settings may choose to use or adapt the screening tools that have been developed by the Ministry of Health, such as:
 - [General COVID-19 Self-Assessment](#); and
 - For workers specifically, [COVID-19 worker and employee screening](#).

Note: As much as possible, signage should be in the format and/or language that is most accessible to the workers and visitors of that setting. For examples, see [PHO's multilingual resources](#) or the [US Center for Disease Control's pictograph-based signage](#).

- During active screening, agri-food settings should continue to consider:
 - Limiting points of entry to facilitate screening;
 - Rearranging the layout at the entrance so that physical distancing can be maintained while workers conduct screening;
 - Placing a physical barrier (e.g., plexiglass) that workers can stand or sit behind while conducting screening at entrances;
 - Providing access to alcohol-based hand rub (ABHR, 60-90% alcohol), tissue paper, and a lined no-touch waste basket or bin; and,
 - Encouraging all workers and visitors to use alcohol-based hand rub before entering.

³ Note that per clause 2(3)(a) in Schedule 1 of [O. Reg. 364/20](#), the person responsible for a business or organization that is open **must** post signs at all entrances to the premises of the business or organization, in a conspicuous location visible to the public, that inform individuals on how to screen themselves for COVID-19 prior to entering the premises.

- Only individuals who pass the active screening should be permitted to enter the agri-food facility.
 - If a worker or visitor to the agri-food facility has not passed active screening (e.g., has symptoms of COVID-19), they should be instructed to self-isolate immediately and encouraged to get tested for COVID-19, if eligible and/or directed by the local public health unit.
 - Workers should also report their screening result to their occupational health and safety representative if symptoms are consistent with COVID-19.
 - Workers with post-vaccination related symptoms may be exempt from exclusion from work as per the [Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 Immunization](#).
 - Workers responsible for occupational health and safety should follow up with all workers who have screened positive to advise on any work restrictions.

Establish an employee attendance policy

- Employers should ensure workers do not come to work if they have [symptoms of COVID-19](#) or have had an exposure to a confirmed COVID-19 case.
- Employers should have a clear procedure for workers to notify a supervisor if they become sick.

Hand Hygiene

- Provide access to hand washing stations and have alcohol-based hand sanitizers be made available at multiple, prominent locations throughout the workplace, including at entrances and exits.
- [Clean hands](#) by washing with soap and water or using an alcohol-based (60-90% alcohol) hand sanitizer.
- Clean hands using soap and water if they are visibly dirty and dry them using single use paper towels.
- If gloves are being used, place them in the garbage (i.e., non-touch, lined waste receptacles, which should be placed throughout the workplace) after removing them, then clean hands.
- Ensure adequate supplies are maintained.

- Ensure hand sanitizers and disinfectant wipes are available in common areas.
- Post hygiene instructions in English, French and/or the majority languages spoken in the workplace. Using visuals illustrate instructions is recommended.

Physical Distancing

- Physical distancing remains one of the key public health measures to reduce the transmission of COVID-19. Everyone should practice [physical distancing](#) (at least 2 metres) from other people. If physical distancing is not possible, the ROA regulations require that persons wear a mask or personal protective equipment depending on the circumstances. Refer to the Source Control Masking and Personal Protective Equipment (PPE) section below for more information.
- This may include:
 - Limiting capacity in common areas, including break rooms, meeting rooms, lunchrooms, and other common areas;
 - Posting signage in common areas re: maximum capacity;
 - Placing markers on the floor or walls to guide physical distancing and unidirectional flow of movement;
 - Planning in-house and on the property recreation and structured activities that support physical distancing to reduce congregating;
 - Supporting and/or encouraging activities outdoors;
 - Staggering worker meals and/or break times;
 - Outdoor areas (e.g., smoking areas, sports fields) are set up to allow for physical distancing; and
 - Removing surplus furniture and supplies in and around the facility to allow ease of movement to support physical distancing.
- Recommend that lunch breaks be staggered to allow only one cohort to use the lunchroom at a time. Note that the ROA regulations require persons responsible for a business or organization to ensure that every worker whose mask is temporarily removed to consume food or drink is separated from every other person by a distance of at least two metres or plexiglass or some other impermeable barrier (see subsection 2(5.1), Schedule 1 of O. Reg. [263/20](#) (when in Step 2) and subsection 2(5.1), Schedule 1 of [O.Reg 364/20](#) (when in Step 3) for more details).

- Policies and procedures must be in place regarding the use of shared spaces and capacity limits and ensure that information is provided to users of the spaces. Refer to [Meal and break periods at work during COVID-19](#) for more information.
- Physical barriers (e.g., plexiglass) may be helpful in specific situations, particularly where there are frequent, brief, short range interactions or close contact between individuals (particularly workers not from the same cohort).
- Consider the use of [portable air cleaners](#) as a supportive measure to improve indoor air quality, particularly in areas where ventilation is inadequate.

Cohorting

- Workers should be cohorted into groups as small as possible (i.e. work team or crew) that work and/or live together consistently.
- A list of workers and cohorts should be maintained and kept up to date to facilitate contact tracing. This information should be readily available for the local public health unit, upon request, to facilitate rapid public health action.
- Temporary agency workers should be cohorted separately from other existing cohorts of workers.
- Workers who live together are considered a cohort and this grouping should be maintained at the workplace as much as possible.
 - Members of the same cohort should be scheduled to start and finish work and take breaks at the same time each day. The start, finish and break times for different cohorts should be staggered, where possible.
 - Each cohort should maintain as much physical distance from other cohorts as possible.
 - Workers who work together and/or live together should not be assigned to cohorts with any workers living in a different living setting. Mixing between cohorts should be minimized, where possible.
- Social activities without masking and physical distancing should be avoided to the extent possible, and only to members of the same cohort, or otherwise align with provincial public health measures for the public.

- Bus schedules or shuttles should be arranged to transport each cohort separately. See section on [Transportation](#) below. [Guidance for carpooling](#) also provides more information on group travel.

Limit or decrease the number of workers in employer-provided housing

- To reduce the risk of transmission in the living setting, employers should ensure that worker housing allows for physical distancing (at least 2 metres). These measures may include:
 - providing additional or alternate housing,
 - considering private rooms or rooms with the fewest number of occupants,
 - placing beds head to foot or foot to foot,
 - minimizing or avoiding the use of bunk beds to the extent feasible,
 - limiting the number of people sharing washrooms,
 - changing furniture placement to allow 2 metre distancing, and
 - [Maximizing air ventilation and filtration](#), to the extent possible.
- Employers should offer and provide residents in living settings with medical mask or 3-ply masks to wear when they are using shared spaces.
- For more information on congregate living settings, please refer to Public Health Ontario's [Cohorting in Outbreaks in Congregate Living Settings](#) document.
- This may minimize the number of close contacts and as a result, minimize the number of workers who require isolation if a COVID-19 case is identified within the workforce. This means that more workers may be able to continue to work.

Limit work locations

- It is strongly recommended that workers remain in their cohort and to the extent possible, limit work locations to one agri-food facility at a time.
 - Where an employer has multiple agri-food facilities in the same public health unit, it is recommended that workers minimize contact with other cohorts (as below.)
 - This includes workers that are contracted from third party employers (i.e. temporary agency workers). Ensure that the contact information of temporary agency workers is maintained and up to date.

Isolation spaces

- A key intervention to help prevent the further spread of COVID-19 is to identify and self-isolate any suspect or positive cases and to isolate close contacts. In general, workers who live in the same housing should be considered close contacts, but public health units will use their discretion based on household/living arrangement and structure.
- Isolation spaces are used for a suspect or confirmed case or close contacts, especially if symptomatic. They are critical in preventing the transmission of COVID-19 and are important because both symptomatic and asymptomatic individuals infected with COVID-19 can be infectious and spread COVID-19.
- For domestic workers employed on the farm and who reside in their own dwellings in the community, refer to [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#)

For workers in employer-provided housing

- An isolation space is a room that allows a case or a contact to self-isolate safely and comfortably. Optimally, every case and close contact should have their own enclosed room and dedicated washroom.
- If the employer is providing housing for workers of an agri-food facility, the responsibility for securing the isolation spaces **lies with the employer**. Employers who do not provide housing for workers of their agri-food facility are not responsible for providing isolation spaces.
- Employers of an agri-food facility should anticipate the need for isolation spaces both on- and off-site (in the event that isolation may not be safely achieved on-site). Employers should also plan for rapidly securing isolation spaces and third party providers for conducting health checks on cases and contacts should the need arise.
- While a separate isolation space is preferred, the following circumstances may apply. It remains important that **the employer has a process in place to conduct health checks twice daily through a third party, and that if individuals cannot be isolated on their own, that isolation cohorts are as small as possible**:
 - When individual accommodations are not available, workers who **test positive** and are symptomatic or asymptomatic, regardless of vaccination status, may be cohorted together in shared accommodations for their isolation, with the fewest number of workers cohorted as possible to minimize the overcrowding of spaces, including washrooms.

- For outbreaks, suspect and confirmed, where vaccinated close contacts are self-isolating in shared accommodations and cohorted with other close contacts when individual accommodations are not available:
 - Ensure accommodations allow for adequate physical distancing;
 - Cohort groups should be as small as possible to minimize the overcrowding of spaces;
 - If supplies are available, allow for daily Rapid Antigen Testing (RAT) by a third party of close contacts until day 5 from their last exposure to the positive case for early identification and isolation of any additional cases.
 - If a close contact becomes symptomatic, they should be removed from the cohort as soon as possible to avoid potential transmission to others.
- Unvaccinated, partially vaccinated, or immunocompromised close contacts, should not cohort with others and ideally isolate in separate room with a dedicated washroom due to their increased risk of becoming infected when exposed.
- Twice daily health checks through a third party should be undertaken to ensure health and safety of workers in isolation (cases and contacts).
- Employers should include an escalation process for those identified by the third party conducting health checks with worsening symptoms and ensure access to appropriate health care supports in the community.
- If a suspect or positive case is identified among workers in shared living settings, and individual accommodations cannot be provided to cases and contacts, the public health unit should be notified to provide isolation cohorting recommendations. This may include PHU assessment of workers' vaccination status and health status to inform circumstances where cohorting can occur.
- Additionally, if employers are providing housing to their workers, employers must ensure that workers receive adequate food and other necessary supplies during their isolation. Meals should be nutritious and well balanced.
 - Employers should accommodate dietary restrictions, cultural and religious food preferences for workers under isolation.
 - Workers under isolation should be able to store and prepare food in a safe manner.
- Employers should ensure that potable water is always available for workers under isolation.
- The employer may request additional support from the local public health unit if the employer is unable to secure enough isolation spaces, the local public health unit will work with local municipalities and the province to secure appropriate isolation spaces and personal care services.

Masking

- Masks are a way to minimize the risk of potentially infecting others, in addition to other important public health measures, such as physical distancing, reducing the number of close contacts, screening for symptoms, hand hygiene and cleaning and disinfection. Mask use should not be considered as a replacement or an alternative to these other measures.
- Per subsection 2(4), Schedule 1 of [O.Reg 263/20](#) (when in Step 2) and subsection 2(3.1), Schedule 1 of [O. Reg. 364/20](#) (when in Step 3), the person responsible for a business or organization that is open **must** ensure that **any** person in an indoor area of the premises wears a mask or face covering in a manner that covers their mouth, nose and chin during any period they are in an indoor area, subject to limited exceptions.
 - Given the current context of Omicron, a medical mask is preferred.
 - This masking requirement does not apply to individuals who are unable to wear a mask due to a medical condition, unable to put on or remove their mask or face covering without the assistance of another person, and/or are [being reasonably accommodated](#) in accordance with [Accessibility for Ontarians with Disabilities Act, 2005](#) or the [Human Rights Code](#).⁴
 - Accommodations for someone who cannot wear a mask must not result in reduced protection for workers. Employers may need to implement other control measures to replace the protection that would be provided by the mask.
- For premises that are used as a dwelling, subsection 2(5), Schedule 1 [O.Reg 263/20](#) (when in Step 2) and subsection 2(5), Schedule 1 of [O. Reg. 364/20](#) (when in Step 3) requires the person responsible for the business to ensure that **workers** wear a mask or face covering in any common areas where physical distancing of 2 metres is not possible, subject to limited exceptions.
- **Visitors** must wear a mask or a face covering at all times while indoors in the agri-food setting.
- **Additional considerations should be given to:**

⁴ For the full list of exemptions to the masking requirements, see subsection 2(4), Schedule 1 of O.Reg 263/20 (when in Step 2) and subsection 2(4) Schedule 1 of O. Reg. 364/20 (when in Step 3).

- Providing resources and training for workers and visitors on proper mask use (e.g., how to wear and remove a mask), as well as on safe use and limitations of masks. For additional information, see [Ontario's COVID-19](#), [MLTSD](#), and [PHO](#) webpages;

Personal Protective Equipment (PPE) for Workers

- PPE is intended to protect the wearer by minimizing their risk of exposure to COVID-19. The effectiveness of PPE depends on the person wearing it correctly and consistently. Recommendations for the use of PPE are based on risk assessments of specific environments and risk of exposure.
 - The employer must train workers on the care, use and limitations of any PPE that they use.
- Per subsection 2(7), Schedule 1 of [O.Reg 263/20](#) (when in Step 2) and subsection 2(7), Schedule 1 of [O.Reg. 364/20](#) (when in Step 3), a person must wear appropriate PPE that provides protection of the person's eyes, nose and mouth if in the course of providing services, the person is required to come within two metres of another person who is not wearing a mask when indoors and is not separated by plexiglass or some other impermeable barrier.
 - Non-medical masks are not considered PPE.

Cleaning and disinfection

- Agri-food settings should ensure that shared spaces (e.g. worker housing, staff rooms) are cleaned regularly and when visibly dirty (and at least once or twice daily). These include door handles, kitchen surfaces and small appliances, light switches, television remotes, phones, computers, tablets, medicine cabinets, sinks, and toilets.
 - Common areas and high-touch surfaces should be cleaned more frequently during an outbreak (at least twice daily).
- Commonly used cleaners and disinfectants are effective against COVID-19.
- Disinfectants with a Drug Identification Number (DIN) issued by Health Canada that confirms they are approved for use in Canada are acceptable for use. Follow manufacturer's instructions and check the expiry date of products.
- Maintain a cleaning log to track frequency of cleaning and disinfecting schedules within the workplace and in housing provided for workers.

- Disinfect shared equipment (where sharing of equipment cannot be avoided).
- Clean linen should be provided for individual use, with instructions not to share, and should be cleaned on a regular schedule.
- Lined no-touch garbage bins (such as garbage cans with a foot pedal) are preferred for disposal.
- For an easy to follow guide, check out [A 'Quick and Dirty' Guide to Cleaning & Disinfecting Surfaces on the Farm](#).
- For more information visit [Cleaning and Disinfection for Public Settings](#).

Ventilation and Filtration

- In general, ventilation with fresh air and filtration can improve indoor air quality and are added layers of protection in a comprehensive COVID-19 strategy.
- Indoor spaces should be as well ventilated as possible, through a combination of strategies: natural ventilation (e.g., by opening windows), local exhaust fans, or centrally by a heating, ventilation, and air conditioning (HVAC) system.
- Expert consultation may be needed to assess and identify priority areas for improvement and improve ventilation and filtration to the extent possible given HVAC system characteristics.
 - Ensure that HVAC systems are functioning properly through regular inspection and maintenance (e.g., filter changes).
 - For more information, see PHO's [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#).
 - Where ventilation is inadequate or mechanical ventilation does not exist, the use of [portable air cleaners](#) can help filter out aerosols.
- Ventilation and filtration are important for overall indoor air quality as they help to dilute or reduce respiratory droplets and aerosols in a given space. However, they do not prevent transmission in close contact situations and need to be implemented as part of a comprehensive and layered strategy against COVID-19.

Transportation

- Well-fitted masks (non-medical or medical) must be worn by all individuals in vehicles during transportation, subject to limited exceptions. See section 2(4), Schedule 1 of [O.Reg. 263/20](#) (when in Step 2) and subsections 2(3.1) & (4), Schedule 1 of [O. Reg. 364/20](#) (when in Step 3) for more details.

- Workers should be transported in individual vehicles or within cohorts. If that is not possible, physical distancing should be maximized between cohorts. Depending on the weather, windows should be open.
- Additional strategies (e.g., cleaning and disinfection) identified for school bus operators may be useful, if buses are used.
- Records should be kept of passengers and a seating chart maintained for contact tracing purposes.

Testing

- IAWs in congregate living settings are considered a priority group for [symptomatic](#) PCR testing in accordance with [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#).
- Eligibility for asymptomatic PCR testing is at the direction of the local PHU in the case of suspected or confirmed outbreak within the employer provided housing setting.
- Close contacts of cases are recommended to be tested **initially** upon household identification and on/after Day 3 from last exposure to a positive case (PCR recommended, alternatively by RAT on day 4 and 5).
- RATs are being prioritized to support IAWs. Where timely PCR testing results are not available, RATs may be collected to facilitate timely follow-up of contacts. A positive result on a RAT is a positive case.
- Two negative RATs collected 24-48 hours apart are required for confirmation of a negative result.
- Employers should notify their local PHU of individuals who test positive on a RAT and did not receive PCR confirmatory testing if they are associated with a suspect or confirmed outbreak in the setting. PCR confirmatory testing is not required for positive RATs but may be conducted for reporting/case management purposes.
- Please check the Ministry of Health's testing resources on our [website](#) for the most up to date provincial COVID-19 testing strategy.

Case and Contact Management

- Receive and investigate reports of suspected or confirmed cases and contacts of COVID-19, for IAWs in the living setting.

- Case management decisions are made by the local public health unit, guided by the [Ministry of Health's Public Health Management of Cases and Contacts of COVID-19 in Ontario](#) and other relevant [provincial guidance](#).
- All positive COVID-19 cases, regardless of whether they are symptomatic or asymptomatic, should be isolated immediately upon detection.
- Employers must have processes to ensure positive cases are reassessed regularly for new or worsening [symptoms of COVID-19](#) through a third party.
- When there is more than one case of COVID-19 in an agri-food setting who reside in the same housing, determining close contacts may be difficult. In general, all workers who live in the same living setting should be considered close contacts, but public health units will use their discretion based on living arrangement and structure.
 - Refer to outbreak definition provided in section below.
- If a suspect or positive case is identified in the living setting, and individual accommodation is not available for cases and contacts, the public health unit should assess and provide isolation cohorting recommendations based on vaccination status.
- Isolation requirements for IAWs in the living setting may be subdivided into the following case categories:
 - For [fully vaccinated](#) workers:
 - 5-day self-isolation (provided worker has no fever and with [symptoms](#) resolving at least 24 hours OR 48 hours if gastrointestinal symptoms) followed by;
 - strict masking and physical distancing when outside the home and in shared areas inside the home (except when required to remove mask, e.g., sleeping and eating) for full 10 days from the onset of symptoms or positive test date, whichever is earlier (i.e., for the duration of the 5-day isolation and further 5 days post isolation).
 - For unvaccinated or partially vaccinated workers or immunocompromised workers
 - 10-day self-isolation (provided worker has no fever and [symptoms](#) resolving at least 24 hours OR 48 hours if gastrointestinal symptoms).

- For close contacts of individuals who are a suspect or confirmed case, including those in an employer-provided living setting, the following measures apply:
 - For fully vaccinated workers:
 - 5-day self-isolation from the last exposure to the case followed by strict masking and physical distancing when outside the home and in shared areas inside the home (except when required to remove, e.g., sleeping and eating) for a full 10 days from last exposure to the case (i.e., for the duration of the 5-day isolation and further 5 days post isolation).
 - To limit consecutive exposures, close contacts of positive cases are recommended to be tested by PCR on/after Day 3 from the last exposure to the case to assess for transmission amongst contacts before ending their 5-day self-isolation.
 - ❖ If timely PCR results are not available, two negative RATs on Day 4 and Day 5 from last exposure are strongly recommended.
 - For unvaccinated or partially vaccinated workers or immunocompromised workers
 - 10-day self-isolation, in a single room with separate bathrooms and no shared spaces. Employers should ensure that close contacts in self-isolation are frequently monitored.
 - For outbreak situations where vaccinated close contacts are self-isolating in shared accommodations and cohorted with other close contacts:
 - Consider daily RAT testing of close contacts until day 5 from their last exposure to the case for early identification of any additional cases.

Resolved confirmed cases

- Resolved confirmed cases can return to work and no longer need to self-isolate in accordance with the testing and isolation guidance provided within this document and when cleared by the third party provider in consultation with local public health to ensure symptoms are resolved. See the [COVID-19 Provincial Testing and Clearance Guidance](#) on criteria for discontinuing self-isolation.

Declaring an Outbreak

- It is the role of the local public health unit to investigate and assess possible COVID-19 outbreaks in the community, and to determine when to declare an outbreak. This will involve collaboration with the affected workplace agri-food facility and consideration of the workplace and any associated living settings.
- The local public health unit is also responsible for making recommendations on who to test, in alignment with the [COVID-19 Integrated Testing & Case and Contact Management Interim Guidance: Omicron Surge](#) update and based on PHU discretion for the purposes of investigating and responding to an outbreak, and facilitate a coordinated approach to testing, in collaboration with Ontario Health, including provision of an investigation or outbreak number.
- Additional guidance for outbreak control measures and roles of the employer, the local public health units, MLTSD, and the Ministry of Health is available in the Ministry of Health's [Workplace Outbreak Guidance](#) and [Congregate Living Settings Guidance](#).
- Testing during an outbreak should follow the [Provincial Testing Guidance](#). When contacts are housed in alternative locations, processes should be in place to ensure contacts have access to repeat testing during their self-isolation as recommended by the local public health unit.

Definition for an agri-food living setting outbreak

An outbreak in an agri-food living setting is defined as:

- One confirmed case (i.e., by PCR or rapid molecular or antigen test) among a resident of an employer-provided living setting associated within an agri-food setting,
OR
- Two confirmed cases (i.e., by PCR or rapid molecular or antigen test) in workers or any other person working on or visiting an agri-food setting (e.g., an employer) with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the agri-food setting.

*Examples of reasonably having acquired infection in an agri-food setting include:

- No obvious source of infection outside of the farm or employer-provided living setting,

OR

- Known exposure in the agri-food setting or employer provided living setting.

Return to Operations Following the Declaration of an Outbreak

Any return to operations should happen safely and in such a way that ongoing transmission is prevented. The principles articulated previously describing prevention strategies for COVID-19 transmission should continue to be followed by employers and workers during and after an outbreak.

To support continuing operations, the employer or farm agency can utilize the following workers:

- New workers with no known exposure to a COVID-19 case or outbreak.
 - New or unexposed workers should not be introduced if an outbreak is ongoing, and until all recommended outbreak and prevention measures are in place.
- Current workers who have tested positive for COVID-19 in the current outbreak but have been cleared from isolation AND have received clearance from the third-party provider are considered well enough for a return to work.

Additionally, the following conditions should also be implemented:

- New workers should also be placed into cohorts, whether in existing cohorts or through formation of new cohorts, in a way that minimizes the number of workers per cohort.
- New workers should be trained on and adhere to all preventive measures reviewed in this document as well as any workplace policies on COVID-19 and worker health and safety.

Appendix A: Public Health Ontario Resources

- **General:**
 - [Public Resources](#)
 - [COVID-19 Resources for Congregate Living Settings](#)
 - [Congregate Living Setting Resources Toolkit](#)
- **Infection Prevention and Control:**
 - [COVID-19 IPAC Fundamentals Training](#) (course)
 - [COVID-19 Checklist: Preparedness and Prevention in Congregate Living Settings](#)
 - [COVID-19 Checklist: Managing COVID-19 Outbreaks in Congregate Living Settings](#)
 - [COVID-19 Vaccine Communication Strategies for Community Congregate Living Settings](#)
 - [COVID-19: Personal Protective Equipment and Non-Medical Masks in Congregate Living Settings](#)
 - [Cleaning and Disinfection for Public Settings](#)
- **COVID-19 Outbreaks:**
 - [Cohorting in Outbreaks in Congregate Living Settings](#)
- **Respiratory Virus Outbreaks:**
 - [Planning for Respiratory Virus Outbreaks in Congregate Living Settings](#)
 - [Key features of influenza, SARS-CoV-2 and Other Common Respiratory Viruses](#)
 - [Antiviral use in congregate settings](#)
- **Indoor air quality:**
 - [COVID-19: Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings](#)
 - [Use of Portable Air Cleaners and Transmission of COVID-19](#)
 - [Physical barriers for COVID-19 infection prevention and control in commercial settings](#)