

Ministry of Health

Outbreak Guidance: Workplace and Living Settings for Seasonal International Agriculture Workers (IAWs)

Version 2.2 – September 8, 2022

Highlights of Changes:

- Changes to **case and contact management, testing, and isolation** recommendations for IAWs
- **Outbreak definition** updated

This guidance document outlines best practices to support local public health units (PHU) and agri-food employers with minimizing disease transmission among individuals working or residing on farms and to help prevent, detect, and manage individual cases within these settings. PHUs may provide additional direction to help prevent and mitigate the spread of COVID-19 and/or other infectious diseases in their areas. Employers should check with their PHU regularly for information about local guidance or requirements that may apply.

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 that may apply to agri-food facilities. In the event of any conflict between this guidance document and any applicable legislation, the legislation shall prevail.

Please check the Ministry of Health's (MOH's) [COVID-19 Guidance for the Health Care Sector](#) 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.

Terms Used in this 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;
 - External 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 [the Management of Cases and Contacts of COVID-19 in Ontario document](#).
- **“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.
 - Cohorts may be applied in agri-food facilities where a small number (as small as feasibly possible) of workers may live and work together.
- **“Close contact(s)”** are defined as a person or persons who had a high-risk exposure to a [confirmed or probable case](#) or a person tests positive on a PCR or rapid molecular or rapid antigen test (RAT), during their period of communicability. This includes household, community and healthcare exposures as outlined in the [Management of Cases and Contacts of COVID-19 in Ontario document](#).
 - In general, workers who live in the same housing should be considered close contacts, but PHUs will use their discretion based on living arrangement and structure.
- **“Housing”** or **“employer-provided living settings”** or **“congregate living setting”** refers to accommodations both on-farm and in the community that is provided by the employer. It is recommended that PHUs consider both on-farm and

community-based accommodations as being relevant to the Case and Contact Management, Testing and Isolation sections of this guidance.

- **“Third party provider”** or **“third party”** is defined as a [Regulated Health Professional](#) (RHP) operating within their scope of practice for the purposes of providing voluntary health assessments to IAWs. The third party provider may include, but is not limited to, employer-provided (e.g. on-site) or community based RHPs (e.g. through isolation facilities).
 - If an RHP who is a physician or nurse is providing care to a person and the physician or nurse forms the opinion that the person has or may have COVID-19, the physician or nurse must report this to the local medical officer of health of the PHU in which the professional services are provided, pursuant to s. 25 the [Health Protection and Promotion Act](#) (HPPA). This also applies to subsequent assessments provided by agents acting for or on behalf of RHPs.
- A **“Suspected Outbreak”** is defined as:
 - One case (i.e., positive by PCR or rapid molecular or rapid antigen test) among a resident of an employer-provided living setting.
- An **“Outbreak”** is defined as:
 - Two cases (i.e., positive by PCR or rapid molecular or rapid antigen test) with an epidemiological link (i.e., 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), within a 10-day period, where both cases are residents of an employer-provided living setting.

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.
- 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 [Management of Cases and Contacts of COVID-19 in Ontario document](#), 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 by contacting environmental.health@ontario.ca.
- Notify in advance, the relevant Associate Chief Medical Officer of Health at the Ministry of Health responsible for supporting the local PHU of:
 - Any orders issued by the PHU's Medical Officer of Health or their designate and share a copy.

- Potential for significant media coverage or if media releases are planned by the PHU.
- Engage and/or communicate with relevant partners, stakeholders, and ministries (e.g., MOH, OMAFRA, Ministry of Labour, Immigration, Training and Skills Development (MLITSD), as necessary.

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

- Employers who hire an IAW must follow the requirements set out under the Emergency Orders made pursuant to [section 58 of the Quarantine Act](#), including the [Minimizing the Risk of Exposure to COVID-19 in Canada Order \(Quarantine, Isolation and Other Obligations - QIO\)](#), the [Immigration and Refugee Protection Regulations \(IRPR\)](#), as well as provincial and territorial employment and labour laws to ensure the health and safety of the IAWs they employ.
- Employers should notify their local PHU of individuals in employer-provided living settings who test positive on a Rapid Access Test (RAT) and did not receive a PCR confirmatory test, provided the employer has the employee's consent to do so.
 - PCR confirmatory testing is not required for positive RATs but may be recommended by the PHU in some situations.
- Employers of IAWs should have and review COVID-19 Isolation plans as it relates to IAWs and their living settings. These isolation plans should be documented and be made available to local PHUs upon request.
- Employers should keep updated lists of all workers and their up-to-date contact information, including isolation locations where required. Employers should also maintain contact information for all temporary agency workers and third party employers for contact tracing purposes.
- Where IAWs are in isolation, employers are encouraged to have a process in place to assist IAWs with accessing available health services, through a third party. IAWs should be offered voluntary, consent-based health assessments to help support the outbreak response in the agri-food sector. These assessments are strongly recommended in situations where cases, symptomatic individuals and unvaccinated or immunocompromised individuals are identified.
 - Where the employee consents, the third party should provide information directly to the local PHU;

- Upon identification of a case, it is recommended that a voluntary assessment be undertaken by the third party to assess the health status (please refer to the health assessment section below) of the IAW to monitor their physical and mental well-being status;
- For the purposes of return to work after isolation, the third-party conducting health assessments should conduct a voluntary exit assessment and, where the employee consents, report to the PHU the health status of the IAW to ensure they meet criteria for ending isolation outlined in detail below.
- Where RATs are being performed, it is recommended that a third party should be used to ensure appropriate specimen collection and handling. If a third party is not being used, the employer should ensure that workers who test positive have a process by which to voluntarily disclose this information to the local PHU.
- The employer should also ensure that translation supports are available as needed.
- Employers should continue to work with PHUs to continue to plan for IAWs to receive COVID vaccines including [booster doses](#) based on eligibility.
- Under the [Occupational Health and Safety Act, 1990](#), (OSHA) 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, Immigration, Training, and Skills Development (MLITSD) 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, municipal partners, other ministries, and the public as necessary.

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 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 Health Canada's [Recommendations for those vaccinated with vaccines not authorized by Health Canada for those staying in Canada to live, work or study document](#) for additional scenarios.
 - More information can be found on the MOH's [COVID-19 Vaccine-Relevant Information and Planning Resources](#) webpage.
- PHUs are encouraged to support COVID-19 vaccinations in agri-food facilities in collaboration with relevant health system partners as feasible.

Screening

- It is recommended that all persons, including visitors, seeking entry to an agri-food facility actively screen themselves using the [self-assessment tool](#).
- Additionally, employers are recommended to maintain passive screening through [signage](#) posted in the agri-food or congregate living setting.

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](#).

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 help reduce the transmission of COVID-19.
- It is recommended that everyone should practice [physical distancing](#) (at least 2 metres) from other people. If physical distancing is not possible, please refer to the Masking and Personal Protective Equipment (PPE) for Workers section below for more information.
- Measures to promote physical distancing 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;
 - 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.
- The ministry also recommends 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 to reduce the incidence of transmission.
- Policies and procedures should 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

- It is recommended that workers 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 PHU, 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.
 - Consider scheduling members of the same cohort to start, take breaks, and finish work at the same time each day. The start, break and finish times for different cohorts should be staggered, where possible.
 - Maintaining as much physical distance from other cohorts as possible.
 - Mixing between cohorts should be avoided, where possible.
- Bus schedules or shuttles may be arranged to transport each cohort separately. See section on [Transportation](#) below. The Government of Canada's [Guidance for carpooling](#) document 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, it is recommended to employers 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,
 - 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 and cannot maintain 2-metres physical distancing.
- For more information on congregate living settings, please refer to Public Health Ontario's [Cohorting in Outbreaks in Congregate Living Settings](#) document.
- These measures may help reduce the incidence of transmission and as a result, minimize the number of workers who need to isolate if a COVID-19 case is identified within the workplace.

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 PHU, 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). Employers should ensure that the contact information of temporary agency workers is maintained and up to date.

Isolation spaces

- In general, workers who live in the same housing should be considered close contacts, but PHUs will use their discretion based on household/living arrangements and structures.
- Isolation spaces are used for a suspect or confirmed case (i.e., positive by PCR or rapid molecular or rapid antigen test), 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 spread the virus to others.
- For domestic workers employed on the farm and who reside in their own dwellings in the community, refer to the [Management of Cases and Contacts of COVID-19 in Ontario](#) document.

For workers in employer-provided housing

- An isolation space is a room that allows an individual to self-isolate safely and comfortably.
- 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 (if isolation may not be safely achieved on-site). Employers should also plan to rapidly secure isolation spaces and third party providers for conducting health assessments on cases and close contacts should the need arise **and** the employee consents.
- It remains important and highly recommended that **the employer has a process in place to facilitate voluntary health assessments by a third party provider as outlined above**:
- **Subject to any federal requirements that may apply**, the employer should plan for isolation spaces for suspect and confirmed cases,
- For close contacts, employers should:
 - 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 should isolate in a separate room with a dedicated washroom due to their increased risk of becoming infected when exposed.
- Voluntary daily health assessments through a third party should be offered to all individuals residing in the same employer-provided housing as the positive

case (i.e., IAWs who test positive by PCR or rapid molecular or rapid antigen test) to ensure their health and safety.

- Employers should develop an escalation process for individuals with worsening symptoms and to 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 the employee consents to notifying the PHU, the PHU should be notified to provide isolation recommendations. This may include PHU assessment of workers' vaccination status and health status.
- Additionally, if employers are providing housing to their workers, employers should provide access to adequate food and other necessary supplies to IAWs during their isolation. Meals should be nutritious and well balanced.
 - Employers should accommodate dietary restrictions, and 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 PHU if the employer is unable to secure enough isolation spaces. The local PHU 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.
- Where physical distancing is not possible, both workers and visitors are recommended to wear a mask or a face covering while indoors in the agri-food setting, subject to applicable exceptions.
- Additional consideration should be given to:

- 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 [The Government of Ontario's Face Coverings and Face Masks](#), [MLITSD's Using Masks in the Workplace](#), and [PHO's Optimizing the Use of Masks Against COVID-19 documents](#).

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.
- It is recommended that workers use 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) are recommended to be worn by all individuals in vehicles during transportation.
- 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 the current [COVID-19 Provincial Testing Guidelines](#)
- 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.
- Symptomatic close contacts of cases are recommended to be tested **initially** upon household identification and on/after Day 5 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 recommended for confirmation of a negative result.
- If the employee consents, 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

- Case management decisions are made by the local PHU, guided by the [Ministry of Health's Public Health Management of Cases and Contacts of COVID-19 in Ontario](#) and other relevant [provincial guidance](#).
- PHUs receive and investigate reports of suspected or confirmed cases and contacts of COVID-19, for IAWs in the living setting.

- All positive COVID-19 cases who reside in employer-provided living settings, regardless of whether they are symptomatic or asymptomatic, should be isolated immediately upon detection for a minimum of five (5) days.
 - Symptomatic cases, 5-day self-isolation (after which self-isolation may end, provided the worker has no fever and their [symptoms](#) are resolving for at least 24 hours OR 48 hours if gastrointestinal symptoms).
 - Asymptomatic cases may end their isolation period after 5 days from their positive test result.
- In addition to self-isolation, for 10 days after symptom onset or positive test (whichever is earlier) they should:
 - Continue to wear a well-fitted mask in all public settings and avoid non-essential activities where mask removal is necessary (e.g., dining out where masks cannot be worn).
 - Within the shared accommodation, maintain physical distancing when masks are removed for eating, sleeping, other essential activities.
 - Not visit anyone who is immunocompromised or at higher risk of illness (e.g., seniors) and avoid non-essential visits to highest risk settings such as hospitals and long-term care homes.

Note: If there are immunocompromised individuals in the shared living space, the case should remain isolated for 10 days from symptom onset or positive test (whichever is earlier).

For close contacts of individuals who are a suspect or confirmed case, including those in an employer-provided living setting, they should:

- [Self-monitor](#) for any symptoms for 10 days after their last exposure and self-isolate and seek testing if they develop symptoms of COVID-19.
- Continue to wear a well-fitted mask in all public settings and avoid non-essential activities where mask removal is necessary (e.g., dining out where masks cannot be worn).
- Within the shared accommodation, maintain physical distancing when masks are removed for eating, sleeping, other essential activities.

- Not visit anyone who is immunocompromised or at higher risk of illness (e.g., seniors) and avoid non-essential visits to highest risk settings such as hospitals and long-term care homes.
- Employers should have processes in place 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 and individuals 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 PHUs will use their discretion based on living arrangement and structure.
 - Refer to outbreak definition provided in section above.

Health Assessments - Frequency and Method:

- Provided an IAW consents, an **initial** health assessment should be conducted in-person by a third-party provider upon identification as a case or close contact(s), after which once or twice daily assessments are recommended, as described below.
 - For assistance with identification of cases or close contacts, the local PHU may provide assistance.
- Subsequent assessments (i.e., once, or twice daily assessments) through virtual assessment (i.e., phone or text message) may be conducted by individuals acting as an agent for and under the supervision of a third party provider per scenarios below.

For cases and symptomatic contacts:

- The health assessment should, at a minimum, include an in-person assessment of vitals¹ and [symptoms](#) by a third party provider.
 - **Asymptomatic case** (i.e., individual has no symptoms or complaints)
 - At a minimum, virtual assessment to identify symptoms for the duration of the isolation period
 - **Symptomatic Well** (i.e., mild symptoms, normal vital

¹ At a minimum, vitals include heart rate, blood pressure, SpO2 reading, respiratory rate, lung sounds, and temperature.

signs, other than temperature)

- One virtual assessment for the duration of the isolation period.
- For worsening symptoms, at a minimum, one daily in-person assessment for the duration of the isolation period with an escalation process for referral to a healthcare clinic or emergency response (911).
- **Symptomatic Unwell** (i.e., abnormal vital signs and symptomatic)
 - Twice daily in-person assessments, for the duration of the isolation period, with an escalation process for referral to a healthcare clinic or emergency response (911).
 - **For asymptomatic close contacts:**
 - At a minimum, one virtual assessment for 10 days after their last exposure.
 - If symptoms develop, at a minimum one in-person assessment per day with an escalation process for referral to a healthcare clinic or emergency response for the duration of the isolation period (911).
 - For close contacts of individuals who are a suspect or confirmed case, IAWs should **self-monitor** for symptoms for a total of 10 days after the last exposure to the COVID-19 positive case, seek testing and **self-isolate** immediately if they develop any symptom of COVID-19.
- If the results of the health assessment require additional clinical assessment or care, escalation processes should be initiated with referral to a healthcare clinic or emergency response (i.e., 911) as required.
- Once the individual has been identified as asymptomatic and after the isolation period (per above), the third party in consultation with the PHU may end the isolation period, ensuring symptoms have resolved (i.e. asymptomatic)

in accordance with the revised [guidance](#).

- For the well-being of those in isolation, employers are encouraged to promote the use of fresh-air breaks.
- For mental health supports during isolation, [ConnexOntario](#) provides telephone, text, chat, and e-mail assistance available 24 hours a day, seven days a week.
 - Language supports are available in over 170 languages, including Mandarin, Spanish, Portuguese, Italian, Vietnamese, Greek, Polish, Russian, and Serbian.

Declaring an Outbreak

- It is the role of the local PHU 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 PHU is also responsible for making recommendations on who to test, in alignment with the [COVID-19 Provincial Testing Guidance](#) 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 PHUs, MLITSD, and the MOH is available in the [Congregate Living Settings Guidance](#).
- Testing during an outbreak should follow the [COVID-19 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 PHU.

Outbreak Definition

- A **“Suspected Outbreak”** is defined as:
 - One case (i.e., positive by PCR or rapid molecular or rapid antigen test) among a resident of an employer-provided living setting.
- An **“Outbreak”** is defined as:

- Two cases (i.e., positive by PCR or rapid molecular or rapid antigen test) with an epidemiological link (i.e., 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), within a 10-day period, where both cases are residents of an 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](#)
- **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](#)