

Preparing for and managing COVID-19 on your farm

DISCLAIMER: Nothing in this document should be interpreted as superseding guidance issued by federal, provincial, or regional public health authorities or agencies. It is not intended to take the place of medical advice, diagnosis, treatment or legal advice.

The Canadian Horticultural Council is pleased to assist fruit and vegetable growers in developing a COVID-19 response plan for their farm. The purpose of this document is to compile and present guidance documents that have been provided by various government health officials and human resources experts. It is critically important that every business develop its own protocols, and it is recommended that this be done in consultation with their local health authority. We encourage you to familiarize yourself with the guidance documents, as well as any other guidance your provincial government or local health department have provided. As the COVID-19 situation and advice is rapidly evolving, this document will be added to and amended as new information becomes available.

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Mandatory 14-day Quarantine Requirements, ESDC Guidelines for Employers of TFWs

The Emergency Order implemented by the Government of Canada under the *Quarantine Act* requires persons entering Canada—whether by air, sea or land—to isolate for 14 days, in order to limit introduction and spread of COVID-19. The 14-day period begins on the day the person enters Canada.

You have a legal obligation to do everything reasonable to protect your workforce from harm, starting with the 14-day mandatory quarantine requirement when receiving TFWs.

Please refer to Employment and Social Development Canada (ESDC) [guidance for employers of temporary foreign workers](#), as well as the corresponding [Frequently Asked Questions](#).

Employers are strongly encouraged to communicate frequently with employees to ensure they are aware of the actions they should take to [prevent the spread of COVID-19](#).

COVID-19 Guidance Information and Best Practices for Health and Safety on Your Farm

There are many information sheets and tools available to you to help you develop a plan to keep workers safe on your farm. The Canadian Agricultural Human Resource Council (CAHRC) [Information and Tips on COVID-19](#), free access to the [AgriHR Toolkit](#), and links to mental health resources and various federal programs to support businesses and employees are available.

CHC strongly encourages employers to share ESDC's COVID-19 guide for Temporary Foreign Workers in Canada. The guide is customized for TFWs and provides information on: how the disease spreads, what TFWs should know before coming to Canada, rights and responsibilities of TFWs during the mandatory 14-day quarantine period (including employer responsibilities) and post-quarantine, how to access health care and related information, income supports for TFWs in Canada, and contact information for government authorities related to health care, TFW Program compliance, Employment Standards, and Occupational Health and Safety. The Guide, available in English, French and Spanish, can be found [here](#).

The Public Health Agency of Canada recommends that employers and business owners conduct a risk assessment and has provided guidance to help determine the most appropriate steps: [Risk-informed decision-making guidelines for workplaces and business during the COVID-19 pandemic](#) and [Advice for Essential Retailers During COVID-19 pandemic](#).

The Canadian Food Inspection Agency (CFIA) has laid out their [expectations for the prevention and response to suspected and confirmed cases of COVID-19 by operators](#). Operators must be prepared to respond to queries from the CFIA.

Agriculture and Agri-Food Canada [workplace guidance for sector employers and employees](#) provides sector-specific information and recommendations.

Provincially, some of the best resources currently available for farming operations include the [government of Ontario's general safety guidance for farming operations](#), and the [resources provided by AgSafeBC](#) including their guidance on the [steps to take if COVID-19 is confirmed or suspected on the farm](#) as well as their list of [COVID-19 Enhanced Surface Cleaning and Disinfection](#). Growers should also consult their respective provincial health guidelines and workplace safety protocols.

Recommended policies and procedures to incorporate into workplace culture

Risk of infection with the virus that causes COVID-19 needs to be mitigated using multiple strategies in combination. Risk mitigation strategies, including physical distancing, increased and appropriate use of PPE, increased sanitation, active health monitoring, and physical barriers where physical distancing isn't possible, need to be implemented throughout the operation and across activities.

It is strongly recommended that all fruit and vegetable production, packaging, and/or processing businesses:

1. Assess the workplace for areas where people have frequent contact with each other, share spaces and/or objects.
 - a. Develop policies, procedures, training, documentation, and record keeping methods that will be implemented at the operation.
2. Prepare a descriptive business continuity plan that manages risk, outlines the emergency response and prioritizes critical work.
 - a. Account for the needs and decision-making processes of local public health authorities (PHA) in the case of an COVID-19 outbreak.
 - b. Prepare a list of organizations to notify of the outbreak.

Monitoring for COVID-19

The first strategy is to avoid situations that pose a risk, by having people stay apart and stay home when symptoms arise – when feeling ill, or even with mild symptoms.

- Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.
- Employers should develop policies and procedures for employees to monitor for COVID-19 and report to their employer when they are sick or experiencing symptoms of COVID-19, or if they suspect possible exposure to COVID-19.
- Ensure your workers are aware of their responsibility to [self-assess](#) and report any symptoms if they are feeling unwell
 - Common symptoms: fever, dry cough, sore throat, muscle aches, diarrhea, nausea
 - Additional symptoms: shortness of breath, chills, and loss of taste or smell
- Encourage transparency and communicate clearly with your workers about your HR policies and expectations regarding sick leave.
- If you do not have formal policies in place, templates are available in the [AgriHR Toolkit](#).
- Update emergency contact information for all workers.
- Provide employees with contact information for emergency and local community healthcare facilities, as well as alternative care sites (e.g. telehealth services, virtual assessment centres).
- Provide employees with clear instructions and contact information for internal reporting to operations/housing management; note workday vs. after-hours contacts as necessary.

Physical Distancing

Physical distancing of no less than 2 metres is one of the most effective ways to reduce the spread of illness during the COVID-19 outbreak. Develop new strategies as needed to allow for physical distancing and ensure workers are adhering to physical distancing protocols, wherever possible. For example:

- Adjust schedules/work flow, to allow for to ensure distancing is maintained consistently. For example, limit the number of individuals in a work crew, stagger individuals by leaving 1-2 crop rows in between each of them as they plant/prune/harvest, etc.
- Consider creating cohorts, a.k.a. “teams” or “bubbles” that live, work, take breaks, and transport to and from locations together, thereby limiting interaction to those within the same team or bubble. Cohorts of workers are like a family unit. They can help limit virus spread among a workforce and be valuable if PHAs need to trace close contacts where COVID-19 positive case(s) are identified.
- Consider modified on-boarding and training procedures, limiting the number of employees to small groups or cohorts, to maintain physical distancing.
- Adjust traffic patterns in the facility to avoid congestion (parking areas, production areas, break areas, cafeteria, restrooms, etc.) and encourage single-file movement.
- Provide visual reminders (e.g. floor markings, signs) that can be seen from a distance. Consider using symbols, pictures and/or multiple languages as necessary.
- The following documents should be displayed in common areas and distributed to each employee:
 - [Handwashing Poster - Public Health Agency of Canada](#)
 - [About Coronavirus Fact Sheet - Public Health Agency of Canada](#)

Additional Measures - Protective Barriers

- Physical distancing to the full 2 metres may not always be possible in some food, plant, and animal businesses. Where physical distancing is not possible, install a protective barrier such as Plexiglass or curtains between individual workers and/or encourage the use of PPE, including gloves, cloth face coverings, or non-medical masks.
- The risk of an employee transmitting COVID-19 to another is dependent on the distance between employees, the duration of the exposure, and the effectiveness of employee hygiene practices, and sanitation. When it's impractical for employees in these settings to maintain physical distancing, effective hygiene practices are to be maintained to reduce the chance of spreading the virus.

Hand hygiene and respiratory etiquette are very important to reduce spread

- Encourage workers to practice frequent and thorough hand hygiene (washing hands for 20 seconds with soap and water, or using alcohol-based hand sanitizer) especially after using the washroom and when preparing food. Use alcohol-based hand sanitizer if soap and water are not available.
- Provide increased access to hand washing stations and alcohol-based hand sanitizers. Provide for the additional break times these activities will take.
- Avoid touching your face (i.e. eyes, nose, or mouth), especially with unwashed hands, and/or until after removing PPE such as gloves.

- Cough or sneeze into a tissue or the bend of your arm, not your hand, and immediately dispose of any tissues you have used as soon as possible in a no-touch, lined waste basket. Wash your hands afterwards.

Sanitation and disinfection practices

- [Establish protocols, maintain cleaning logs, and provide supplies](#) to increase the frequency of sanitization. Consider splitting a crew of workers into two or three shifts, saving one shift for cleaning and sanitation.
- Regularly clean shared areas and allow for a period of time between shifts to clean high-touch surfaces with regular household cleaners or diluted bleach (1-part bleach to 9-parts water)
 - Housing and workplace examples: tables, chairs, hand rails, light switches, door knobs, microwave doors and buttons, refrigerator doors, countertops, toilets, faucets, sinks, shared telephones, touch-screens, mouse and keyboards, portable toilets and handwashing stations. etc.
 - Additional examples: Take care that shared water dispensers/jugs with hand-spigots are cleaned before and after each use. If feasible, provide individual water bottles.
- Employees need to clean/laundry their work clothes daily, or as often as possible.
- Employers should ensure tools including hand-tools, power tools, tractors, forklifts, shared company vehicles, etc. are regularly cleaned and disinfected, including at least as often as workers change workstations, or move to a new set of tools. Limit the sharing of equipment, hand-tools where possible.
- Generally speaking, many of the same approaches you take for biosecurity against plant viruses are effective against human viruses. (Please note: VIRKON is not approved for food-contacting surfaces)

Carpooling

- Encourage workers to avoid carpooling to and from work, if possible.
- If carpooling or using company shuttle vehicles is a necessity for workers, the following control practices should be used:
 - Limit the number of people per vehicle to the extent possible. This may mean using more vehicles or more trips.
 - Encourage employees to maintain physical distancing to the extent possible.
 - Encourage employees to use hand hygiene before entering the vehicle and when arriving at the destination.
 - Provide tissues and hand sanitizer in the vehicle.
 - Encourage employees to follow coughing and sneezing etiquette when in the vehicle.
 - Encourage employees in a shared vehicle to wear cloth face coverings.
 - Clean and disinfect commonly touched surfaces after each carpool or shuttle trip (e.g., door handles, handrails, seatbelt buckles).
 - If teams of employees have been established, then carpooling should be limited to team members only.

Personal protective equipment (PPE)

Personal protective equipment (PPE), such as face masks and gloves, should be worn consistently and properly when required:

- PPE should be regularly inspected, maintained, and replaced, as necessary
- PPE should be properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

PPE is used on the advice of an organization's occupational health and safety office and is based on a risk assessment that considers both the risk associated with a specific task/activity as well as the characteristics of the source of the infection (e.g. a sick person or a contaminated environment).

The use of respirators (e.g. N-95 respirators) are not recommended, except in healthcare settings when particular high-risk procedures are being performed or in other industries when respirators are routinely used. [Appropriate training and N95 respirator fit-testing is mandatory](#) for all staff who may be required to wear them.

Workers who are exposed to people who are ill with respiratory symptoms, such as coughing and sneezing, may use face masks and eye protection **if the nature of their work warrants it**. Gloves are only recommended when workers will be in direct contact with an ill person, or a contaminated object or environment. PPE must be used correctly to prevent contamination when taking it on and off; hand washing remains critical even when using PPE. Training on the use of PPE should be provided.

Cloth Masks

Cloth face coverings are not PPE. Therefore, they are not appropriate substitutes for PPE such as respirators (like N95 respirators) or medical facemasks (like surgical masks).

- Cloth face coverings are intended to [protect other people](#)—not the wearer.
- A cloth face covering may reduce the amount of large respiratory droplets that a person spreads when talking, sneezing, or coughing.
- Cloth face coverings may prevent people who do not know they have the virus (i.e. asymptomatic, pre-symptomatic) that causes COVID-19 from spreading it to others.
- Stress the importance of hand hygiene before and after removing and putting on masks, ensuring the cloth face coverings are handled as little as possible to prevent transferring infectious materials to the cloth.
- Provide new employees with clean cloth face coverings, instruct them on [how to wear and remove them appropriately](#), and replace with clean replacements if they become wet, soiled, or contaminated.

The [Special Advisory Committee on COVID-19](#) has provided more information on the [use of non-medical cloth masks or face coverings in community settings and workplace settings](#).

- When the local epidemiology and rate of community transmission warrant it, the **wearing of non-medical masks or cloth face coverings is recommended** for periods of time when it is not possible to consistently maintain a two-metre physical distance from others, particularly in crowded public settings. These situations could include public transportation, stores and shopping areas. Face masks may also be recommended in some group living situations (e.g., group homes, correctional facilities, dormitories or group residences). Advice regarding the wearing of masks may vary from jurisdiction to jurisdiction based on local epidemiology.

Screening Employees Health and Testing for COVID-19

Policies and procedures to screen workers for COVID-19 symptoms (such as temperature checks) should be developed in consultation with local PHAs. Provide workers with training, resources from PHAs, and self-assessment tools for symptoms of COVID-19.

- Screening employee's health ONLY based on fever-detection is NOT RECOMMENDED.
- Fever is not usually the first symptom of COVID-19 and some cases never develop a fever.
- Screening for temperature, will not identify asymptomatic or pre-symptomatic cases.
- It is possible that people [infected with COVID-19](#) may be infectious before showing significant symptoms. Therefore, testing on its own will not be sufficient to rule out that someone may have been exposed and be asymptomatic.

Options to screen workers for COVID-19 symptoms prior to entry into the facility is described by AAFC's FAQs entitled, [Workplace guidance for sector employers and employees](#), and could include:

- Provide a verbal screening questionnaire to determine and record whether workers have had a fever, felt feverish, or had chills, coughing, or difficulty breathing in the past 24 hours.
- Using a no-touch thermometer, check temperatures of workers at the start of each shift to identify anyone with a fever of 100.4°F (38 °C) or greater (or reported feelings of feverishness).
- Do not let employees enter the workplace if they have a fever of 100.4°F (38 °C) or greater (or reported feelings of feverishness), or if screening results indicate that the worker is suspected of having COVID-19.
 - **The employer must immediately arrange for the worker to be fully isolated from others, and contact local public health authorities.**
 - Provide information on the facility's return-to-work policies and procedures.
 - Inform human resources and/or supervisor, in a way that ensures the right to privacy of the employee, so the worker can be moved off schedule during illness and a replacement can be assigned, if needed.

Protect all personnel performing screening activities from exposure.

- Ensure that screening personnel are trained to use temperature monitors and monitors are accurate under conditions of use (such as cold temperatures); maintain physical distancing of no less than 2 metres and/or are protected by physical barriers.
- The screeners may additionally wear appropriate PPE (such as gloves, a gown, a face shield, and, at a minimum, a surgical face mask or respirator), e.g. to assist someone with symptoms.

Your local [Public Health Authority](#) will have information about access to testing.

General Guidance if a worker develops COVID-19 symptoms at work

Employees: The Public Health Agency of Canada encourages any person who has even mild symptoms to stay home and call the local PHA in the province or territory they are in to inform them. They will provide advice on what the employee should do.

Employers: The most fundamental responsibilities for the employer in the event of a case, i.e. confirmed or presumptive (a.k.a. probable or suspect), and individuals who have symptoms consistent with COVID-

19 on the farm are to 1) arrange for the worker to be isolated from other workers and to 2) immediately notify local health authorities.

Notification Process

If there is a COVID-19 confirmed positive or presumptive case, operations need to promptly contact the organizations included in their prepared notification lists, primarily:

- Local public health authorities (PHAs)
- Provincial or local regulators (Work Safe/WSIB, Occupational Health and Safety) if it is believed it is a workplace acquired infection
- CFIA, where inspections (food safety, import, export, other phytosanitary) are being made or anticipated
- Advise other service providers or visitors (auditors, technicians, etc.) on an as-needed basis

If a worker has tested positive for COVID-19

- The employee should be removed from the workplace.
- Employer identifies and isolates area that may have been contaminated by the worker. The identified work area is cleaned and disinfected as per [Health Canada COVID-19 guidelines](#).
- The current advice from health authorities is that all employees who worked closely with the infected employee should also be removed from the workplace for at least a 14-day period to ensure the infection does not spread in the workplace.
- Employers should consult with local PHAs for recommendations on this, as well as for return to work procedures. The employee should not be permitted to return to work until they are free of the COVID-19 virus.
- Employers should also take reasonable measures to protect the identity of any employee who contracts COVID-19. This may include consulting with legal counsel to ensure the health and safety of employees is protected in a way that ensures the right to privacy of the infected employee.

If a worker has a suspected, but unconfirmed case of COVID-19

- As with a confirmed case, the employee should be removed from the workplace.
- Other employees who may have been exposed should be informed and removed from the workplace for at least a 14-day period or until the diagnosis of COVID-19 is ruled out by the PHA.

Again, if a worker becomes symptomatic at any time, the employer must immediately arrange for the worker to be fully isolated from others, and contact local public health authorities.

Compensation for workers in the event of illness

- The employer is responsible for paying the worker during the initial 14-day quarantine period.
- If the worker becomes ill after the initial quarantine period, they may be entitled to either paid or unpaid sick leave, depending on their employment contract and the relevant federal, provincial or territorial employment standards. This could include new provisions in several jurisdictions for job-protected leave because of the COVID-19 pandemic.

- A worker may also be eligible for Employment Insurance (EI) or the Canada Emergency Response Benefit (CERB). In both cases, temporary foreign workers are subject to the same eligibility criteria as Canadians and permanent residents. More details can be found on the [Canada Emergency Response Benefit web page](#).

Protocols for contact management of confirmed and probable cases of COVID-19

An individual risk assessment conducted by the PHA will identify each contact's exposure risk level (high, medium or low) and determine the required level and parameters of quarantine (self-isolation), and PHA actions for the 14-day monitoring period.

- A **close contact** is a person who lives in the same household as a person infected with COVID-19 or a person who had close prolonged contact (within two metres for more than 15 minutes) with another person who has tested positive for COVID-19 without the consistent and appropriate use of recommended personal protective equipment. This type of contact is considered a high-risk exposure and it is recommended that a close contact of a known case self-isolate at home for 14 days starting from the date of the last unprotected exposure.
- A **non-close contact** is a person living or working with someone tested positive for COVID-19 who had prolonged contact (greater than 15 minutes) but was not within 2 metres of the positive person. This type of contact is considered medium risk exposure and it is recommended that the exposed person self-monitor for symptoms for 14 days following their last contact.
- **Casual contacts** like someone being briefly in the same room for less than 15 minutes or someone working at the same place but not near the COVID-19 positive person (within 2 metres) are considered low risk.
- Employees **may be permitted to continue work** following potential exposure to COVID-19, provided they are not close contacts at high risk, remain asymptomatic and additional precautions are implemented to protect them and the community. **Employers will work with local public health authorities to determine required approaches for each unique situation.**

How to Isolate at Home

It is important that people who do not require hospital-level care recover in a suitable environment where effective isolation and appropriate monitoring (i.e. for worsening of illness) can be provided.

When determining the suitability of an isolation location, there are several factors PHAs will need to consider, as explained in the document [Public health management of cases and contacts associated with coronavirus disease 2019 \(COVID-19\)](#).

- [Isolation at home](#) entails isolation from other household members, in a private room (i.e. not go out unless directed to do so to seek medical care, do not take public transportation to seek medical care and avoid contact with others).
- Effort should be made to provide the case with a single room with a private bathroom and maintain separation from cooking and eating facilities used by people who are not ill.
 - This could include temporarily relocating either healthy individuals or the case outside of the home to a location determined by public health, such as a designated hotel.

Review the ESDC [Guidance for employers of temporary foreign workers regarding COVID-19](#). The requirement for the employer to provide housing, which ensures that workers remain 2 metres apart, (e.g. “head to foot” or “foot to foot” placement of beds) applies specifically during the initial 14-day mandatory quarantine period.

However, it is highly recommended that workers continue to practice physical distancing and good hygiene habits beyond the two-week period, in an effort to reduce the spread of COVID-19. Employer-provided housing that enables this would support public health objectives.

Special Considerations for On-Farm Housing

Specifically, for co-living settings such as on-farm housing for TFWs, it is highly recommended to designate separate housing units for a cohort of cases (confirmed; or confirmed, presumed or suspect) vs. healthy workers.

Regardless of health status of the housing unit, it is advisable to ensure that shared spaces (e.g. shared bedroom, communal eating and living areas) are well ventilated (e.g. windows open, as weather permits) and that there is sufficient room (in space, or time, or both) for other members of the home setting to maintain a two-metre distance.

Avoid sharing personal items with others (e.g. toothbrushes, towels, washcloths, bed linen, unwashed eating utensils, straws, cigarettes, drinks, drug paraphernalia, phones, computers, remote controls, games, other electronic devices, etc.). Clean all items that must be used by several people, between each use, e.g. TV remote control.

People may make use of designated yard or outdoor space immediately surrounding the residential setting if they can maintain physical distancing.

Kitchens

- Clean and disinfect all surfaces before and after mealtimes.
- Restrict the number of people allowed in a kitchen or dining room at one time to ensure 6 feet (2 metres) of separation between individuals.
 - Individuals who room together should eat together.
 - Those who are sick and their roommates, as well as individuals at higher risk of severe illness should eat in their rooms, if possible.
- Do not share dishes, drinking glasses, cups or eating utensils. Remove pitchers of water, salt & pepper shakers. Use pre-packaged, individual snacks. Avoid potlucks, buffets, etc.
- Wash all non-disposable food service items with dish soap and hot water or in a dishwasher.
- Wash hands before and after handling food service items.
- Wash hands after removing garbage bags and handling or disposing of trash.

Laundry Rooms

- Laundry can be done with warm water (60-90°C), regular laundry soap. Thoroughly machine dry the laundry.
- Contaminated laundry should be placed into a washable laundry bag, or basket with a plastic disposable liner and should not be shaken. Wear gloves and a mask when handling the dirty

laundry from unwell residents and keep it away from yourself. If the laundry hamper/container comes in contact with the contaminated laundry, disinfect it.

- Restrict the number of people allowed in laundry rooms to ensure 6 feet (2 metres) of separation.
- Maintain access to adequate supplies for laundry facilities.
 - Provide gloves, soap for handwashing, and household cleaners and disinfectants for staff and residents to clean and disinfect buttons, knobs, and handles of laundry machines, laundry baskets, and shared laundry items.
 - Consider designating staff to ensure laundry facilities are cleaned daily.
- Post guidelines for washing instructions and handling dirty laundry and proper use of gloves.
 - Do not hang cloth face coverings to dry in laundry rooms. Again, they can be machine washed and dried.

Bathrooms

- Should be cleaned regularly (at least twice per day – morning and evening or after heavy use).
- Restrict the number of people allowed in bathrooms and restrooms at the same time to maintain physical distance recommendations.
- Provide information on proper hand washing, instruct them to wash with soap and warm or cold water for at least 20 seconds.
- Ensure bathrooms are stocked with soap and paper towels.
- Make sure trash cans have liners and are emptied regularly.
- Residents should be instructed to avoid placing toothbrushes or other personal items directly on counter surfaces, as they can be an infection source.
 - Totes could be used for personal items to limit their contact with bathroom surfaces.
 - Clean and disinfect any personal storage totes before and after bathroom visits.

Develop a Business Continuity Plan

A business continuity plan is a document that outlines how an organization will continue to function during and after an emergency, or event such as a COVID-19 outbreak, that may cause a crisis to the staff available to work. Having plans, policies, and procedures in place for risk management and emergency response will help to ensure there is a structured, coordinated response.

Please remember, as each business is unique, the topics listed in this document are general suggestions. You will need to create a specific plan that best suits your business and operational needs. [The Canadian Centre for Occupational Health and Safety has provided a very helpful guidance to help you develop your own plan.](#)

- Response plans should apply to anyone entering or working in the operation (e.g., all facility workers, contractors, and others).
- These types of plans should include identifying decision makers, roles and responsibilities, access to medical care, plans for both quarantine or transportation to medical facilities.
- They should also include communications planning such as who is the point of contact, medical contacts, internal and external communication plans, contact information for all staff, suppliers, community services.
- The risk management plan should also prioritize positions and work tasks. Identify what to do if staff are not available to conduct time sensitive work (e.g. strawberry picking) when not enough

employees are available to do the work because of sickness. This could include cross-training workers to perform critical duties at a worksite to minimize the total number of workers needed to continue operations.

- Whenever possible, workers should only work in one work location. The date and time of different work locations of a worker should be documented in case a worker contracts COVID-19 and contact tracing is required.
- Rethink current supply chains. Crop inputs, materials/tools/equipment, food packaging, transportation, warehousing, etc. are being disrupted. Plan purchases well in advance, group purchase, and find alternate sources where possible.

Recommended Documentation

Establishments are recommended to have COVID-19 risk management (prevention, mitigation) and emergency response planning clearly articulated and documented. Examples include:

- a. Procedure or policy documents including the approaches taken for self-monitoring, screening, physical distancing, hygiene, sanitation and disinfection, carpooling, PPE, cloth masks, housing arrangements, cohorts, etc.
- b. Employee training on the policies, employee/employer responsibilities, etc. and sign-off upon completion.
- c. Formal system for employees to alert their supervisors if they are experiencing signs or symptoms of COVID-19 or if they have had recent close contact with a suspected or confirmed COVID-19 case.
- d. Records of the identification and prompt reporting of potentially infectious individuals. Information provided should include all pertinent details such as:
 - i. The date of confirmed diagnosis (if applicable)
 - ii. The date of onset of symptoms and if the employee was at the establishment
 - iii. The work site location(s) at the establishment where the employee delivered their functions, were likely present (lunch room, etc.) or travelled through (specific corridors, stairways, etc.)
 - iv. A description of the kind of work being done by the employee
 - v. Any other information relevant to identifying individuals who may have had contact with the positive employee
- e. Document outlining how the employer will provide for employee(s) who need to be isolated with confirmed or suspected COVID-19 cases, with consideration on who will care for them, pay for food, water, medical supplies, etc. during this time. Consider a transportation plan if cases need medical evaluation or treatment, and how to protect the driver.

Additional Resources

Public Health Agency of Canada: [Provincial and territorial resources for COVID-19](#).

Health Canada:

[List of approved hard surface disinfectants and hand sanitizers \(COVID-19\)](#)

[Important Regulatory Considerations for the Reprocessing of Single Use N95 Respirators during the COVID-19 Response: Notice](#)

[Optimizing the use of masks and respirators during the COVID-19 outbreak](#)

Canadian Centre for Occupational Health and Safety (CCOHS): [Pandemic tip sheet](#), [Food processing tip sheet](#), [Agriculture tip sheet](#), [Information Sharing Portal](#) (voluntary database of resources)

World Health Organization: [COVID-19 and food safety: guidance for food businesses](#)

United Fresh: [Food Industry Recommended Protocols When Employee/Customer Tests Positive for COVID- 19](#)