

# Isolation Plan for Temporary Foreign Workers

Farm Owner/Farm Name:

Phone Number(s)

Have seasonal workers already arrived?	Number of workers, Date of Arrival(s) and Country of Origin	FOR OFFICE USE ONLY ISOLATION END DATE
Choose an item: Yes  No		
Address(es) of Bunkhouse		
For Future Arrival(s)	Number of workers, Date of Arrival(s), and Country of Origin	FOR OFFICE USE ISOLATION END DATE
Address(es) of bunkhouse to be used as isolation facility		
Do you transfer seasonal workers to other farms?	Choose an item: Yes  No	If so, provide name of farm and workers.
As part of isolation plan, is there a back-up accommodation you may use that is not a Bunkhouse?	Choose an item: Yes  No	Provide address of location(s), # of rooms, # of person(s) in the location
How will food and water be provided during isolation?		
Please provide plan for laundry services.		
Please provide details of your cleaning and disinfecting plan.		
Please provide details of how you would manage SICK individual(s)		



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