

## **COVID-19 EMPLOYER INFORMATION SHEET**

### **Ministry of Labour** ([MOL March 29, Guidelines](#))

Employers must report all known positive test results for COVID-19, to:

1. the ministry (in writing) within four days
2. the joint health and safety representative
3. a trade union (if applicable)

### **Sharing Information**

It is important that all parties in a workplace communicate their roles and responsibilities. Employers will need to ensure health and safety policies are updated and posted for all employees to see. Using industry resources, including this one and those produced by the Infrastructure Health & Safety Association (IHSA), will improve on-site understanding.

### **Adjust on-site and production schedules**

Physical distancing will result in lower staffing on job sites. In order to keep sites open, employers will need to adjust production schedules as the impacts of physical distancing become clear. Owners and trades will need to collaborate to ensure there is a clear understanding of how production will be impacted.

Schedules should consider:

1. Limiting number of workers to critical number by staggering work schedules
2. Sanitation of sites and workspaces
3. Site planning to facilitate appropriate physical distancing (two metres) between workers during any particular shift
4. Work-site mobility and transportation, including hoist operations

### **Track and monitor your workforce**

Due to the latency period of COVID-19, it is important to track where employees have worked. If an employee tests positive for COVID-19, the local public health unit will ask employers to provide information on where the employee worked as well as the contact information of any other employee who may have been exposed.

**Employers will track information and Public Health Units will respond.** ([MOL March 29, Guidelines](#))

Where possible, the employer should hold safety talks with respect to all of this via email and set your emails to notify when opened thereby giving you a time and date stamp for conducting the “talk”.

### **Reporting illness**

The symptoms of COVID-19 are like many other illnesses, including the cold and flu. At this time, it is recommended that any worker who has any symptoms related to cold, flu or COVID-19 should be sent home. In addition, employers should advise these workers to complete the [online self-assessment](#) or call either:

1. Telehealth Ontario: 1-866-797-0000
2. Their primary care provider (for example, family physician)

MEMBERS - This is not a legal document, but a template you can edit and post on active jobsites – you have a responsibility to post COVID-19 information for active jobsites – please consult with your H and S experts.

## COVID-19 EMPLOYEE INTAKE INFORMATION SHEET

### Questionnaire to be completed by all personnel entering the site

The Public Health Agency of Canada (PHAC) currently assesses the public health hazard associated with COVID-19 is low for Canada. However, \_\_\_\_\_ wishes to take preventative measures to ensure the health and safety of all its employees, visitors and those around them, as well as its working environment.

Please complete this short questionnaire to ensure your presence does not pose a risk to the project and to return the completed form to the Site Superintendent.

All employees assigned to this site must complete this form and submit to \_\_\_\_\_ prior to entering the site. **If an employee tests positive for COVID-19, the Ministry of Labour requires employers to provide information on where employee worked as well as the contact information of any other employee who may have been exposed. Employers will track information and Public Health Units will respond. ([MOL March 29, Guidelines](#))**

#### Personal information -

First and last name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

1. Have you travelled outside Canada since March 12th?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes - Date of Return? \_\_\_\_\_ (must be 14 days min to stay on site)

2. Do you currently have the following symptoms: fever, coughing and difficulty breathing?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you been exposed to a person who has a confirmed or probable case of the COVID-19 infection?

Yes \_\_\_\_\_ No \_\_\_\_\_

#### Declaration:

I hereby confirm that the information provided herein is accurate, correct and complete and that the responses submitted within this form are genuine.

I undertake to inform \_\_\_\_\_ in writing of any changes to the information already provided and to update the information on this form whenever requested to do so by.

Signature \_\_\_\_\_

Date \_\_\_\_\_