

Appendix B - Modified Self Isolation for Essential Services – Employer Application Form

Prior to submission, it is incumbent upon the employer to obtain informed consent from the employee to apply for modified isolation on their behalf.

This application must be completed in full prior to submission. NOTE: Failure to provide adequate information will result in the documentation being sent back and will cause delays in response.

A response will be provided within 24-48 hours.

Section I – Employer Details

Name of Employer Submitting Application (Applicant):

Title:

Identify which Category and specify from the list in [Appendix A](#) the type of essential service impacted by the employee's absence:

Health Care and Public Health Workers (specify): _____

Law Enforcement, Public Safety and First Responders (specify): _____

Government and Community Services (specify): _____

Workplace Name : _____

Workplace Address: _____

Applicant's Contact Number: _____ Date: _____

Applicant's Email Address: _____

Please identify the date you require a decision: _____

Section II – Employee Details – Signed Consent form for Employee must be attached to application

Name _____

Position _____

Name of Workplace _____

Location of workplace _____

Contact Number _____

Employment Status:

Full Time (permanent or temporary)

Casual/Relief

Part Time (permanent or temporary)

Other (specify) _____

Section III - Support for Application

The employee has completed the consent form for application for exemption – attach signed consent form with application.

The health and safety of other employees must be considered in this application. When an Occupation Health & Safety Committee is available, they must review and express support for the application. Please indicate which of the following applies in your workplace. Include details:

The local Occupation Health & Safety Committee has reviewed and support the application

Name of OHC Co-Chairs:

Employer Co-chair _____ Worker Co-chair _____

OR

Our workplace does not have an Occupation Health & Safety Committee. I will provide oversight.

Section IV –Situation Assessment

This request is for an essential service worker who has been advised by Public Health that they are a close contact to COVID-19 and must isolate until DATE: _____

1. Provide the rationale for why this worker should continue providing essential services.

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2. Indicate the job duties of the individual you wish a modified self-isolation.

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3. Indicate the Site(s)/Work Location(s), Service(s) or Facility(s) that is/are impacted.

Site	Location	Services

4. Indicate and briefly explain the options you have explored prior to making this request.

Checklist	Alternative for Staff Exemption	Explanation of feasibility of this option
	Assignment of work duties to other staff member	
	Redeployment of staff from other locations	
	Recruitment attempts	
	Engage temporary/casual/ relief staff	
	Provide overtime to other staff members to cover the work	
	Service slowdown/shutdown	

5. This exemption is involves:

- Direct Service to the public
- Indirect service to the public

- Direct interaction with other staff members
- No direct interaction with other staff members

6. Specifically outline the risk to the health and safety of the public that may result if this employee's modified isolation is not approved.

7. How will you ensure the health and safety of other workers in the workplace is not compromised with this modified self-isolation in place.

8. Indicate the dates and times that you require the exemption to be in place?

Date	Time	Date	Time

9. Rapid antigen testing is a test used at the point of services and Results are available within minutes. This test is recommended for screening persons without symptoms. Do you have access to rapid testing? Click on the link to learn more about rapid (antigen) testing.

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/testing-information/rapid-testing>

- Yes No

If yes, rapid antigen testing is recommended during the modified isolation period – please indicate your plans for using antigen testing for the exposed employee/worker.

10. Please confirm with a Check mark that you are able to support / ensure the following mitigations:

- Continuous use of a mask at work
- Wearing the correct PPE when required and donning and doffing it correctly
- Providing access to hand hygiene products/ stations
- Environmental cleaning procedures are adhered to
- Physical distancing
- Minimal interaction with other staff and members of the public
- Cohorting to the unit/site
- Designated time or space for breaks away from other staff members
- The employee is able to avoid exposing others while in transit to and from work (e.g. no carpooling, access to private transportation)
- Support employee to access testing during the isolation period.

11. Additional comments or information you feel is relevant for the MHO to make this determination.

12. Our OH&S Department will assist the coordination of follow-up of the employee. The OH&S designates details are:

Name: _____ Contact Number: _____

13. Please declare the following:

I have exhausted all other options prior to requesting this modified self-isolation.

Yes

No

Submit completed application form to:

Saskatchewan Health Authority: shacovidexemptions@saskhealthauthority.ca OR Fax: (306) 766-3398

First Nations Inuit Health Branch: sac.skfnihbcommunicabledisease.isc@canada.ca OR Fax: (306) 780-8826

Northern Inter-Tribal Health Authority: cdc@nitha.com OR Fax: (306) 953 5020

Section V – Medical Health Officer Response to Application

This section is provided as a working space for documentation of the Medical Health Officer and Public Health during the review process.

Employee eligibility based on immunization status at time of exposure:

Unimmunized

Fully Immunized

Partially Immunized

Approved

Denied – Reason