

Personnel Influenza Immunization 9-23

Operational Procedure

1.0 Purpose of this procedure:

- I. The purpose of this procedure is to serve as notice regarding influenza immunization requirements to all personnel (referred to in 2.0) as a condition of employment or placement.
- II. This procedure protects all personnel from the influenza virus resulting in reduced risk of transmitting illness to personnel and vulnerable clients at risk of influenza complications and reduced absenteeism in the workplace.
- III. This procedure describes the process for determining the influenza immunization requirements and immunization status of personnel as well as the process by which personnel are identified for and assigned work during periods of influenza illness activity based on influenza immunization status or confirmed exemption.

2.0 Applicability

This procedure applies to all Health Unit (HU) personnel (includes employees, student/other placements, and on-site volunteers).

3.0 Scope

This procedure is used annually by all personnel in preparation for and during periods when influenza illness presents elevated risk to personnel and clients as determined by the Medical Officer of Health/Executive Officer (MOH/EO).

4.0 Prerequisites

Not applicable.

5.0 Tools/Equipment Required

Not applicable.

6.0 Key Concepts

Annual influenza immunization has been a condition of employment since October 15, 2005. (AMMI, 2012)

For the purpose of this Procedure, the term “layoff” refers to being off work without pay.

For the purpose of this Procedure, the term “leave” refers to being off work with pay.

The National Advisory Committee on Immunization (NACI) considers the receipt of influenza vaccination to be an essential component of the standard of care for all Health Care Workers (HCWs) and other care providers for their own protection and that of their patients. (PHAC, 2023)

Annual influenza vaccination should be a condition of continued employment in, or appointment to, health care organizations. (AMMI, 2012; PHO, 2013)

There is a well-established school of thought that an employer may introduce a mandatory immunization policy pursuant to an employer’s management rights to introduce clear and reasonable rules designed to meet the legitimate and crucial health and safety objectives of the employer.

The Health Unit also reinforces its credibility respecting influenza immunization requirements and recommendations to the public and facilities through demonstration of its own ability to implement and maintain a personnel immunization program.

Mandatory immunization fulfils the employer’s obligation to take every precaution reasonable in the circumstances for the protection of a worker. (OHSA, 1990)

Yearly influenza immunization for healthy working adults has been shown to decrease work absenteeism due to respiratory and other illnesses. (PHAC, 2023)

Vaccination for those who provide essential community services should be encouraged to minimize the disruption of services and routine activities during annual epidemics. (PHAC, 2023)

Health care workers and other care providers in facilities and community settings who, through their activities, are capable of transmitting influenza to those at high risk should be vaccinated annually against influenza whether or not the individual at high-risk has been vaccinated. (PHAC, 2023)

Health Unit personnel are included in the categories of “people capable of transmitting influenza to those at high risk of complications” and/or “people who provide essential community services” through the various programs and services offered.

Personnel who are at any stage of pregnancy are considered among the high priority recipients of influenza vaccine due to:

- the risk of influenza-associated morbidity in pregnant women,
- evidence of adverse neonatal outcomes associated with maternal respiratory hospitalization or influenza during pregnancy,
- evidence that vaccination of pregnant women protects their newborns from influenza and influenza-related hospitalization, and
- evidence that infants born during influenza season to vaccinated women are less likely to be premature, small for gestational age, and of low birth weight. (PHAC, 2023; Sakala et al. 2016)

Since infants less than 6 months of age are at high risk of influenza-related illness, the influenza vaccine should be offered to individuals who are pregnant, breastfeeding, and any household contacts and care providers of young infants. (PHAC, 2023)

The practicality and effectiveness of seasonal prophylaxis which involves continuous (usually daily) administration of antiviral medication for all or part of an influenza season to prevent influenza illness in practice has not been established. For this reason, during periods when influenza illness presents elevated risk to personnel and clients, personnel who cannot receive influenza vaccine because of a valid exemption should be accommodated by reassignment, or other methods used to protect clients. (AMMI, 2019).

7.0 Procedure(s)

Procedure 1: Influenza Immunization and Exemption Requirements

Procedure 2: Influenza Immunization and Exemption Process Prior to the Annual Submission Deadline

Procedure 3: Influenza Immunization and Exemption Process After the Annual Submission Deadline

Procedure 4: Influenza Illness Activity Process

Procedure 5: Exceptions to Process

Procedure 6: Accommodating Valid Exemptions

Procedure 1: Influenza Immunization and Exemption Requirements

Personnel identified in 2.0	1. Provide annual proof of influenza immunization or claimed medical exemption to the Registered Nurse (RN) in Occupational Health and Safety (OHS)/delegate,
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	<p>between the annual submission deadline and April 30 or as determines by the MOH/EO of any given year or during any period when influenza illness presents elevated risk to personnel and clients.</p> <p>a. For influenza immunization not administered by the RN in OHS/delegate,</p> <ul style="list-style-type: none">• Satisfactory proof of immunization consists of an immunization record verified by a physician, nurse practitioner or identified health unit personnel using the Personnel Influenza Immunization Form (9-23-F1).• Documented proof of influenza immunization is received on or attached to the Personnel Influenza Immunization Form (9-23-F1) only.• The form must be signed by personnel to whom it applies. <p>b. For claimed medical exemption,</p> <ul style="list-style-type: none">• All documentation pertaining to a claimed medical exemption must be addressed using the Personnel Influenza Immunization Form (9-23-F1), then assessed and confirmed by the RN in OHS and may be referred to the MOH/EO for further consultation and confirmation.• If the medical reasons cannot be sufficiently addressed using the Personnel Influenza Immunization form (9-23-F1), the physician can provide specific reasons for prohibiting the influenza immunization in alternate written format. This information must be forwarded to the RN in OHS, who will compare the information to the contraindication guidelines issued by NACI. If further medical consultation is required or the medical exemption is not clearly outlined in the NACI guidelines, the RN in OHS, will consult with the MOH/EO as the medical advisor to the Health Unit.• The form must be signed by a physician or nurse practitioner and by personnel to whom it applies.• A diagnosis of an allergy to an influenza vaccine should not be made without confirmation, which may involve consultation with an allergy or
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	<p>immunology expert (PHAC, 2023). For this reason, medical exemption from influenza vaccine may require a referral to an allergist of the employer's choice. Handwritten notes from physicians, for example, on a prescription pad are not accepted. Medical exemptions must be documented and signed as per above.</p> <ul style="list-style-type: none">• If an individual is found to have an anaphylactic reaction to a component in one influenza vaccine, consideration may be given to offering another influenza vaccine that does not contain the implicated component, in consultation with an allergy expert (PHAC, 2023).• Individuals who have an allergy to substances that are not components of the influenza vaccine are not at increased risk of allergy to influenza vaccine.• Egg allergy is not a contraindication for the influenza vaccination (PHAC, 2023).• If the claimed medical exemptions or contraindications cannot be supported or confirmed by the MOH/EO, the individual is expected to receive influenza immunization prior to the submission deadline or upon determination of fitness to receive immunization, whichever is later, in order to fulfil their employment obligations. <p>c. Personnel claiming an exemption related to other protected grounds under the Ontario Human Rights Code (OHRC),¹ i.e., creed, must provide a completed Request for Accommodation form (WIF-HU-028-01) and submit it to the Manager, Human Resources (HR) between the annual submission deadline and April 30 of any given year or during any period when influenza illness presents elevated risk to personnel and clients.</p> <ul style="list-style-type: none">• This request for accommodation based on exemption must indicate how this immunization requirement conflicts with their protections under the OHRC.
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¹ The Ontario Human Rights Commission's position is that a singular belief or personal preference against vaccinations does not have the right to accommodation on the ground of creed under the Code (OHRC, 2022).

	<ul style="list-style-type: none"> • The request is reviewed by the Manager, HR and the MOH/EO. • Consultation with the applicable Executive Director(s) may be required. • Further documentation or other evidence may be requested by the Health Unit to substantiate the request. <p>2. Must not come to work when showing symptoms of influenza illness and follow 9-16, Prevention and Management of Ill Personnel regardless of immunization status.</p>
RN in OHS	<ol style="list-style-type: none"> 1. Ensure that the Influenza immunization is easily accessible and promoted in the workplace. 2. Determine sufficient supply of vaccine required for all personnel fit to receive immunization. 3. In the case of an influenza pandemic, people refusing immunization may be considered non-essential workers and not be counted in the number of vaccine doses required for health unit personnel. 4. Assess and maintain influenza immunization/medical exemption records. 5. Prepare statistical summaries regarding personnel influenza immunization. 6. Report influenza vaccine coverage rates to the Joint Health & Safety Committee (JHSC).
Manager, HR	<ol style="list-style-type: none"> 1. Assess and maintain exemption records pertaining to confirmed exemptions due to protected grounds under the OHRC.

Procedure 2: Influenza Immunization and Exemption Process Prior to the Annual Submission Deadline

Human Resources	<ol style="list-style-type: none"> 1. Determine the annual deadline for submitting proof of immunization/exemption based on the availability of the influenza vaccine, the start of community clinics, and the presence of influenza-like illness within the North Bay Parry Sound District Health Unit district. <ol style="list-style-type: none"> a. For new employees: <ul style="list-style-type: none"> • Inform all new employees of influenza immunization requirements through letters of hire, as accepted by each employee.
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	<ul style="list-style-type: none"> • Require proof of influenza immunization or determine claimed exemption prior to employees commencing employment or the submission deadline, whichever is later. <p>b. For students/other placements:</p> <ul style="list-style-type: none"> • Communicate immunization requirements to the educational institution other applicable organizations. • Ensure proof of influenza immunization is received or claimed exemption is confirmed prior to the beginning of the placement or the submission deadline, whichever is later. <p>c. For on-site volunteers:</p> <ul style="list-style-type: none"> • Communicate immunization requirements to on-site volunteers. • Ensure proof of influenza immunization is received or claimed exemption is confirmed prior to the beginning of the volunteer term or the submission deadline, whichever is later. <p>d. For employees returning from leave:</p> <ul style="list-style-type: none"> • Remind all employees returning from leave of influenza immunization requirements through return correspondence. • Ensure proof of influenza immunization is received or claimed exemption is confirmed prior to employees returning to work or the submission deadline, whichever is later.
<p>RN in OHS/delegate</p>	<ol style="list-style-type: none"> 1. Plan staff influenza clinics. 2. Notify personnel of the annual submission deadline when sending out the schedule of the staff influenza immunization clinics. 3. Administer influenza vaccine according to Influenza Vaccines – MED-VPD-060 4. Complete the Personnel Influenza Immunization Health Assessment and Consent Form (9-23-F2). 5. Retain the completed Personnel Influenza Immunization Health Assessment and Consent Form (9-23-F2) in the Employee Health File. 6. Provide personnel with a record of immunization if requested.

Personnel identified in 2.0	<ol style="list-style-type: none"> 1. Receive influenza immunization annually, if eligible, through the RN in OHS/delegate, a health care provider, at a pharmacy or at a community clinic. 2. Submit satisfactory documentation or valid exemption as described in Procedure 1 to the RN in OHS/delegate by the annual submission deadline communicated to all personnel.
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Procedure 3: Influenza Immunization and Exemption Process After to the Annual Submission Deadline

RN in OHS/delegate	<ol style="list-style-type: none"> 1. Forward a list of personnel who have not provided documented proof of influenza immunization or valid medical exemption to the Manager, HR.
Manager, HR	<ol style="list-style-type: none"> 1. Determine and implement the Personnel Influenza Immunization Exclusion and Salary Continuance (Appendix). 2. Provide a reminder memo (9-23-T1) to personnel hired after October 15, 2005, who have not provided proof of immunization or valid exemption, for the purpose of reminding of the immunization requirement and advising of breach in employment obligations and possible outcome. <ol style="list-style-type: none"> a. Where it is determined personnel have not been immunized due to reasons other than valid exemption, their employment is subject to termination. 3. Copy the applicable Program/Service Manager on this correspondence for planning/coverage purposes. 4. Provide a reminder memo (9-23-T2) to personnel hired before October 15, 2005, who have not provided proof of immunization or valid exemption, for the purpose of reminding of the immunization requirement. 5. Copy the applicable Program/Service Manager on this correspondence for planning/coverage purposes.
Personnel hired before October 15, 2005, who have not provided proof of immunization or valid exemption	<ol style="list-style-type: none"> 1. May continue working until it is determined influenza illness presents elevated risk to personnel and clients as outlined in Procedure 4, at which time personnel must provide proof of influenza immunization as outlined in Procedure 1, accept a layoff, or provide valid exemption.

Procedure 4: Influenza Illness Activity Process

This Procedure is enacted once the MOH/EO determines seasonal influenza illness presents elevated risk to personnel and clients and after the annual submission deadline.

MOH/EO	<ol style="list-style-type: none"> 1. Determine when seasonal influenza illness presents elevated risk to personnel and clients taking into consideration laboratory confirmation, number of cases, influenza activity level, virulence, and distribution of cases. 2. Send or delegate someone to send notification to all staff informing them that ‘the Medical Officer of Health has determined that seasonal influenza illness now presents elevated risk to personnel and clients. This determination takes into consideration laboratory confirmation, number of cases, influenza activity level, virulence, and distribution of cases. 3. Determine when seasonal influenza illness no longer presents elevated risk to personnel and clients. 4. Send or delegate someone to send notification to all staff informing them that ‘the Medical Officer of Health has determined that influenza illness no longer presents elevated risk to personnel and clients. This determination takes into consideration the decrease in case numbers, onset of illness in last confirmed case, influenza activity level and activity in neighbouring health unit areas.’
Personnel who have not yet provided proof of immunization or valid exemption	<ol style="list-style-type: none"> 1. Provide proof of immunization or valid exemption to the RN in OHS, by the beginning of the following working day. 2. Respond to the correspondence received by the requested response date. 3. Keep Human Resources notified of any change of address or contact information while on layoff/leave.
RN in OHS/delegate	<ol style="list-style-type: none"> 1. Forward a list of personnel who have not provided documented proof of influenza immunization or valid medical exemption to the Manager, HR at the end of the day of the annual submission deadline.
Manager, HR	<ol style="list-style-type: none"> 2. Once the MOH/EO/AMOH determines seasonal influenza illness presents elevated risk to personnel and clients: <ul style="list-style-type: none"> • Provide a memo (9-23-T3) and Statement of Intentions (9-23-T4) to personnel hired before October 15, 2005, who have not provided proof of immunization or valid

	<p>exemption, for the purpose of reconfirming immunization requirement and obtaining the person’s intention to receive immunization, accept a layoff, or claim an exemption under the OHRC.</p> <ul style="list-style-type: none"> • Forward a Letter Confirming Layoff (9-23-T5) if the response from personnel confirms acceptance of layoff. • Forward a Letter Confirming Exemption Accommodation/Leave (9-23-T6) if a valid exemption is confirmed as per Procedure 1. <p>3. Once the MOH/EO determines seasonal influenza illness no longer presents elevated risk to personnel and clients:</p> <ul style="list-style-type: none"> • Forward the Return-to-Work from Lay-off letter (9-23-T7) by registered mail or courier to personnel who are on layoff. Upon receiving this letter, personnel must contact Human Resources within three (3) working days to confirm the return date and report to work within seven (7) working days. • Forward the End of Exemption Accommodation/Leave letter (9-23-T8) to personnel who are provided with a leave or accommodation. Personnel must confirm receipt of this letter and return to regular duties on the next regularly scheduled working day. <p>4. Complete absence registration pertaining to layoffs/leaves.</p>
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Procedure 5: Exceptions to Process

<p>Personnel identified in 2.0</p>	<ol style="list-style-type: none"> 1. In the event that an influenza illness case or an influenza outbreak is identified in an acute care facility, a long-term care home, residential facility, daycare, school or prenatal setting, personnel presenting to the facility must also abide by the facility’s workplace restrictions if required to attend in person. 2. In the event that influenza illness activity is confirmed after hours or on weekends, immunized on-call personnel may continue with on-call assignment, if asymptomatic. Unimmunized personnel who are on call implement prudent infection control measures, utilize alternate processes to mitigate risk, and abide by any workplace instructions of any institutions or facilities that they are required to attend.
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Procedure 6: Accommodating Valid Exemptions

RN, OHS	<ol style="list-style-type: none"> 1. Provide Human Resources with a list of personnel who are not fit to receive influenza immunization due to confirmed medical exemption, and therefore requiring accommodation as per WI-HU-028, Employment Accommodation and WI-HU-OHS-154, Ability Management.
Human Resources	<ol style="list-style-type: none"> 1. Make every reasonable attempt to temporarily accommodate employees with valid exemptions. It is recognized that medical conditions can develop at any time throughout an employee's period of employment. Types of temporary accommodation during periods of confirmed influenza activity include: <ol style="list-style-type: none"> a) Accommodation within the workplace: Allows the employee with a confirmed exemption to remain at work and may include changes to assigned job tasks as determined by the associated risk of acquiring and transmitting influenza illness. b) Accommodation offsite: This option provides the employee with work assignments that can be performed at an alternative location, i.e., the employee's home or other location. c) Leave with Pay: If the employer cannot accommodate the employee within the workplace or offsite, the employee will be provided with a leave with pay. 2. Consider the employee's dignity, individual needs, job responsibilities, capabilities, and assess the health and safety risk to self and others attending the workplace (clients and coworkers) when providing temporary accommodation to an employee with a confirmed exemption as per the OHRC. 3. Accommodation arrangements are documented in writing either through an individual accommodation plan (medical exemption) or by letter (other exemptions, i.e. creed, under the OHRC).

	<p>Note: The duty to accommodate can be limited if it would significantly compromise health and safety or amount to undue hardship under the OHRC (2008).</p>
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8.0 Responsibility

The Procedure Owner identified in 13.0 is responsible for ensuring this procedure is implemented and communicated to those personnel identified in 2.0. The Procedure owner is responsible for providing guidance to personnel performing this procedure, if required.

All personnel identified under section 2.0 are responsible for performing their duties and responsibilities in accordance with this procedure.

9.0 Quality Issue Reporting

A Quality Issue Report is initiated, as detailed in WI-HU-065, when an event or circumstance relating to this procedure could have, or did lead to harm, loss, or damage (to people, resources, reputation, or professional organizational standards) occurs during the provision of or result of a service. These do not include OH&S/WSIB, JH&S, or privacy issues.

10.0 Consequences of Non-Compliance

Non-compliance with this procedure is addressed and may result in disciplinary action.

11.0 Related Documents

Internal References

Internal Policy this Procedure Supports

- a) Occupational Health and Safety – [OP-POL-10](#)

Other Documents Referenced within this Procedure (such as other procedures, forms, fact sheets, appendices, etc.)

- a) Quality Issue Reporting – [WI-HU-065](#)
- b) Retention and Management of Records – [2-1](#)
- c) Influenza Vaccines – [MED-VPD-060](#)
- d) Prevention and Management of Ill Personnel – [9-16](#)
- e) Personnel Influenza Immunization Exclusion and Salary Continuance - [Appendix](#)
- f) Personnel Influenza Immunization Form – [9-23-F1](#)

- g) Personnel Influenza Immunization Health Assessment and Consent Form – [9-23-F2](#)
- h) Human Resources Memo, Breach in Employment Obligations -[9-23-T1](#)
- i) Human Resources Reminder Memo 1 – [9-23-T2](#)
- j) Human Resources Reminder Memo 2 – [9-23-T3](#)
- k) Personnel Influenza Immunization - Statement of Intentions – [9-23-T4](#)
- l) Letter Confirming Temporary Layoff – [9-23-T5](#)
- m) Letter Confirming Exemption Accommodation/Leave – [9-23-T6](#)
- n) Return-to-Work from Lay-off Letter – [9-23-T7](#)
- o) End of Medical Exemption Accommodation/Leave Letter – [9-23-T8](#)
- p) Employment Accommodation – [WI-HU-028](#)
- q) Ability Management – [WI-HU-OHS-154](#)

External References

- a) Association of Medical Microbiology and Infectious Disease Canada (AMMI). (2019). The Use of Antiviral Drugs for Influenza: A Foundation Document for Practitioners – Update 2019. Retrieved from: [Official Journal of the Association of Medical Microbiology and Infectious Disease Canada \(utpjournals.press\)](#)
- b) Association of Medical Microbiology and Infectious Disease Canada (AMMI). (2012). Position Paper – 2012: Mandatory Influenza Immunization of Healthcare Workers. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3597405/>
- c) Government of Ontario. R.R.O. 1990. c. 0.1. Occupational Health and Safety Act. O. Reg. 67/93, as am. O. Reg. 142/99 Health Care and Residential Facilities. S9(1).
- d) Ontario Human Rights Commission (OHRC) Human Rights at Work 2008, Third Edition. <http://www.ohrc.on.ca/en/human-rights-work-2008-third-edition>
- e) Ontario Human Rights Commission (OHRC). (2022). COVID-19 and Ontario's Human Rights Code – Questions and Answers. Retrieved from: https://www.ohrc.on.ca/en/news_centre/covid-19-and-ontario%E2%80%99s-human-rights-code-%E2%80%93-questions-and-answers

- f) Public Health Agency of Canada (PHAC). National Advisory Committee on Immunization (NACI). (2023). Statement on Seasonal Influenza Vaccine for 2023-2024. Retrieved from: [naci-2023-2024-statement.pdf \(canada.ca\)](#)
- g) Public Health Agency of Canada (PHAC). National Advisory Committee on Immunization (NACI). (2023). Influenza Vaccines: Canadian Immunization Guide. Retrieved from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-10-influenza-vaccine.html>
- h) Public Health Ontario (PHO). (2013). Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection in All Health Care Settings. Retrieved from: <https://www.publichealthontario.ca/-/media/documents/B/2012/bp-prevention-transmission-ari.pdf?la=en>
- i) Sakala, I. G., Honda-Okubo, Y., Fung, J., & Petrovsky, N. (2016). Influenza immunization during pregnancy: Benefits for mother and infant. *Human Vaccines & Immunotherapeutics*, 12(12), 3065–3071. Retrieved from: <http://doi.org/10.1080/21645515.2016.1215392>
- j) Government of Ontario. R.S.O. 1990. c. 0.1. Occupational Health and Safety Act. S.25(2)(h).

12.0 Summary of Revisions

2023-10-16 – Changed previous work instruction into new procedure format.
References updated.

13.0 Procedure Development Details

Approved by: **Sherri St. Jean, Manager, Human Resources**

Date Approved: **2023-10-16**

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For more information, contact the procedure owner: Manager, Human Resources