

Personnel Influenza Immunization – WI-HU-058

Work Instruction

1.0 Purpose

- 1.1** This work instruction serves as notice regarding influenza immunization requirements to all personnel (as referred to 1.2) and ensures that all personnel are protected from the influenza virus in order to reduce transmission and absenteeism in the workplace as well as reduce transmission to vulnerable clients at risk of influenza complications.
- 1.2** This Work Instruction describes the systematic method of determining the influenza immunization requirements and immunization status of North Bay Parry Sound District Health Unit personnel (includes employees, student/other placements, and on-site volunteers).
- 1.3** This Work Instruction also describes the process by which personnel are identified for and assigned work during periods of influenza illness activity based on influenza immunization status or medical exemption.

2.0 Scope

This Work Instruction applies to and 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). It is used in combination with the person's competency profile to determine the knowledge and skills required, identify training needs, and enforce health and safety requirements.

3.0 Responsibility

- 3.1** The Executive Team and MOH/EO is responsible for ensuring that this Work Instruction is implemented and effective as well as being responsible for providing assistance to personnel performing this Work Instruction, if required.
- 3.2** This policy can be suspended at the discretion of the MOH/EO or as per the direction of the Ministry of Health and Long-Term Care.
- 3.3** It is incumbent upon the North Bay Parry Sound District Health Unit to ensure personnel do not put themselves and the community or individuals who they serve at risk of influenza illness or influenza illness related complications, by offering influenza immunization clinics to all health unit personnel and by excluding or accommodating unimmunized personnel during periods when influenza illness presents elevated risk to personnel and clients.
- 3.4** All personnel who are eligible to receive influenza vaccine, including those who are pregnant or breastfeeding, are required to perform their duties and responsibilities in accordance with this Work Instruction and their competency profile.

4.0 Procedure

For the purpose of this Work Instruction, the term "layoff" refers to being off work without pay.

For the purpose of this Work Instruction, the term "leave" refers to being off work with pay.

4.1 Rationale

- 4.1.1** Annual influenza vaccination should be a condition of continued employment in, or appointment to, health care organizations. (PHO, 2013) (AMMI, 2012)
- 4.1.2** Influenza immunization should be easily accessible and be promoted in the workplace. (PHO, 2013)
- 4.1.3** 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.
- 4.1.4** 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.
- 4.1.5** Mandatory immunization fulfills the employer’s obligation to take every precaution reasonable in the circumstances for the protection of a worker. (OHSA 1990)
- 4.1.6** Yearly influenza immunization for healthy working adults has been shown to decrease work absenteeism due to respiratory and other illnesses. (PHAC/NACI, 2018)
- 4.1.7** Vaccination for those who provide essential community services should be encouraged to minimize the disruption of services and routine activities during annual epidemics. (PHAC/NACI, 2018)
- 4.1.8** Health care and other care providers in facilities and community settings who, through their activities, are capable of transmitting influenza to those at high risk of influenza complications or hospitalization (i.e. young children, pregnant women, adults and children with chronic conditions, people 65 years of age and older, aboriginal people) should receive annual vaccination, regardless of whether the high-risk person has been immunized since immunization of care providers decrease their own risk of illness, as well as the risk of serious outcomes or death among the clients for whom they provide care. (PHAC/NACI, 2018)
- 4.1.9** 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” referred to in 4.1.7 and 4.1.8 through the various programs and services offered.
- 4.1.10** 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 through transplacental antibody transfer from vaccinated mother (WHO, 2014; Sakala et al., 2016), and
 - evidence that infants born during influenza season to vaccinated women are less likely to be premature, small for gestational age, and low birth weight.(PHAC/NACI, 2018)

4.2 Influenza Immunization and Medical Exemption Requirements

- 4.2.1** Annual influenza immunization has been a condition of employment since October 15, 2005. (AMMI, 2012)
- 4.2.2** All personnel as outlined in 1.2 must provide annual proof of influenza immunization or claimed medical exemption to the RN, Occupational Health, 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.
- 4.2.3** All documentation pertaining to influenza immunization and claimed medical exemption must be assessed and confirmed by the RN, Occupational Health, and may be referred to the MOH/EO for further consultation and confirmation.
- 4.2.4** If immunization is not administered by the RN, Occupational Health, 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 ([WIF-HU-058-01](#)). Documented proof of influenza immunization is received on or attached to the Personnel Influenza Immunization Form ([WIF-HU-058-01](#)) only. The form must be signed by personnel to whom it applies.
- 4.2.5** All personnel claiming a medical exemption must provide documentation on the Personnel Influenza Immunization Form ([WIF-HU-058-01](#)) to the RN, Occupational Health, by the submission deadline each year. The medical exemption must be signed by a physician or nurse practitioner and signed by personnel to whom it applies.
- 4.2.6** According to PHAC/NACI (2018), a diagnosis of influenza vaccine allergy should not be made without confirmation, which may involve skin testing from an allergy or immunology expert. 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 4.2.5. Documentation must be received prior to the submission deadline. According to PHAC/NACI, 2018, if an individual is found to have an allergy to a component in one influenza vaccine, consideration may be given to offering immunization with another influenza vaccine if there is a formulation not containing the implicated component, in consultation with an allergy expert. 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
- 4.2.7** If the medical reasons cannot be sufficiently addressed using the Personnel Influenza Immunization form ([WIF-HU-058-01](#)), the physician can provide specific reasons for prohibiting the influenza immunization in alternate written format. This information must be forwarded to the RN, Occupational Health, 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, Occupational Health, will consult with the MOH/EO as the medical advisor to the Health Unit.
- 4.2.8** If the claimed medical exemptions or contraindications cannot be medically 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 fulfill their employment obligations.

4.2.9 Religious and philosophical exemptions will not be accepted since immunization practice is so fundamental to public health service that an objection to immunization is felt to be inconsistent with work at a public health unit.

4.3 Influenza Immunization and Medical Exemption Process

4.3.1 Human Resources determines the annual deadline for submitting proof of immunization/medical 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.

4.3.2 New Employees:

Human Resources inform all new employees of influenza immunization requirements through letters of hire, as accepted by each employee. Human Resources ensure proof of influenza immunization is received prior to employees commencing employment or the submission deadline, whichever is later.

The MOH/EO, the Executive Team and/or Program/Services Managers are responsible to inform Human Resources prior to new personnel referred to in 1.2 commencing work/placement/service at the Health Unit.

4.3.3 Students/Other Placements:

Human Resources communicate immunization requirements to the educational institution or other applicable organizations, and ensure proof of influenza immunization is received prior to the beginning of the placement or the submission deadline, whichever is later.

4.3.4 On-site Volunteers:

Human Resources communicate immunization requirements to on-site volunteers referred to in 1.2 and ensure proof of influenza immunization is received prior to the beginning of the volunteer term or the submission deadline, whichever is later.

4.3.5 Employees returning from leave:

Human Resources remind all employees returning from leave of influenza immunization requirements through return letters. Human Resources ensure proof of influenza immunization is received prior to employees returning to work or the submission deadline, whichever is later.

4.3.6 The RN, Occupational Health, plans staff influenza clinics and notifies current personnel of the annual submission deadline when sending out the schedule of the staff influenza immunization clinics.

4.3.7 All personnel who are eligible to receive influenza immunization are required to receive influenza immunization and provide documented proof of same or medical exemption to the RN, Occupational Health, by the annual submission deadline communicated to all personnel.

4.3.8 Personnel may receive influenza immunization through the RN, Occupational Health, who will administer influenza vaccine according to medical directives and complete and retain the Personnel Influenza Immunization Health Assessment and Consent Form ([WIF-HU-058-10](#)) and provide personnel with a record of immunization.

- 4.3.9 Alternately, personnel may receive influenza immunization through their health care provider, pharmacy or community clinic, and submit satisfactory documentation to the RN, Occupational Health, as per 4.2.4.
- 4.3.10 At the end of the day of the annual submission deadline, the RN, Occupational Health, forwards to the Manager, Occupational Health & Safety and Professional Development (Manager, OHS and PD) a list of personnel who has not provided documented proof of influenza immunization or confirmed medical exemption.

4.4 After the Annual Submission Deadline Process

- 4.4.1 The Manager, OHS and PD determines and implements the [Personnel Influenza Immunization Exclusion and Salary Continuance](#).
- 4.4.2 The Manager, OHS and PD provides a reminder memo ([WIT-HU-058-02](#)) to personnel hired after October 15, 2005, who have not provided proof of immunization or medical exemption, for the purpose of reminding of the immunization requirement and advising of breach in employment obligations and possible outcome. Where it is determined personnel have not been immunized due to reasons other than medical exemption, the Executive Director, Human Resources, proceeds with termination of employment.
- 4.4.3 The Manager, OHS and PD provides a reminder memo ([WIT-HU-058-03](#)) to personnel hired before October 15, 2005, who have not provided proof of immunization or medical exemption, for the purpose of reminding of the immunization requirement.
- 4.4.4 Personnel hired before October 15, 2005 may continue working until it is determined influenza illness presents elevated risk to personnel and clients as per 4.5.1, at which time personnel must provide proof of influenza immunization, accept a layoff, or provide medical exemption as outlined in 4.2.5.

4.5 Influenza Illness Activity Process

- 4.5.1 This policy is enacted once the MOH/EO determines seasonal influenza illness presents elevated risk to personnel and clients regardless of the annual submission deadline. The MOH/EO/designate sends 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'.
- 4.5.2 Personnel who have not yet provided the necessary documentation to the RN, Occupational Health as per 4.2 or 4.3 must do so, by the beginning of the following working day.
- 4.5.3 The Manager, OHS and PD provides a memo ([WIT-HU-058-04](#)) and Statement of Intentions ([WIT-HU-058-05](#)) to personnel hired before October 15, 2005, who have not provided proof of immunization or medical exemption, for the purpose of reconfirming immunization requirement and obtaining the person's intention to receive immunization, accept a layoff, or provide medical exemption.
- 4.5.4 Personnel must respond to the correspondence outlined in 4.5.3 by the requested response date.

- 4.5.5** If the response from personnel confirms acceptance of layoff or if a medical exemption is confirmed as per 4.2.5, Human Resources forwards to respective personnel either a Letter Confirming Layoff ([WIT-HU-058-06](#)) or a Letter Confirming Medical Exemption Leave/Accommodation ([WIT-HU-058-07](#)).
- 4.5.6** Once the MOH/EO determines seasonal influenza illness no longer presents elevated risk to personnel and clients, the MOH/EO/designate sends 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.’
- 4.5.7** Human Resources forwards the Return-to-Work from Lay-off letter ([WIT-HU-058-08](#)) by registered mail or courier to personnel who are on layoff when influenza illness no longer presents elevated risk to personnel and clients. 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.
- 4.5.8** Human Resources forwards the End of Medical Exemption Leave/ Accommodation letter ([WIT-HU-058-09](#)) to personnel who are provided with a leave or accommodation when influenza illness no longer presents elevated risk to personnel and clients. Personnel must confirm receipt of this letter and return to regular duties on the next regularly scheduled working day.
- 4.5.9** Personnel must keep Human Resources notified of any change of address or contact information while on layoff/leave.
- 4.5.10** Human Resources complete absence registration pertaining to layoffs/leaves.

4.6 Exceptions to Process

- 4.6.1** Regardless of immunization status, personnel who show symptoms of influenza at any time are to be off work for 5 days after onset of symptoms or until asymptomatic, whichever is shorter. Symptoms include fever, cough, sore throat, muscle ache, extreme fatigue, and headache. The incubation period of influenza is 1-3 days; duration of infectivity is usually not more than 5 days after onset of symptoms. Refer to [WI-HU-OHS-146](#), Prevention and Management of Ill Personnel, for additional information.
- 4.6.2** 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 this policy is enacted immediately for personnel required to attend the facility.
- 4.6.3** 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 do not attend institutions or facilities until proof of influenza immunization is received. Immunization will occur on the next business day.

4.7 Accommodating Medical Exemptions

- 4.7.1** The RN, Occupational Health provides 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.
- 4.7.2** The effectiveness of taking antiviral medication for all or part of an influenza season to prevent influenza illness 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 medical contraindication should be accommodated by reassignment, or other methods used to protect clients. (AMMI, 2013)
- 4.7.3** It is recognized that medical conditions can develop at any time throughout an employee's period of employment. For this reason, the employer will make every reasonable attempt to temporarily accommodate employees presenting medical conditions resulting in an influenza immunization contraindication.
- 4.7.4** Temporary accommodation provided to an employee with a confirmed medical exemption will 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). (OHRC)
- 4.7.5** Types of temporary accommodation during periods of confirmed influenza activity include:
- a) Accommodation within the workplace:** Allows the employee with a confirmed medical 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.

4.8 Data Collection

- 4.8.1** The RN in Occupational Health will:
- a)** Maintain influenza immunization/medical exemption records.
 - b)** Prepare statistical summaries regarding personnel influenza immunization.
 - c)** Report influenza vaccine coverage rates to the Joint Health & Safety Committee (JHSC).

4.9 Influenza Pandemic

- 4.9.1** In the case of influenza pandemic, the RN, Occupational Health will determine sufficient supply of vaccine required for all personnel fit to receive immunization.
- 4.9.2** To ensure that personnel have the opportunity to receive influenza immunization, 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.

5.0 Quality Issue Reporting

When an employee identifies an event or circumstance that could have or did lead to harm, loss, or damage to people, resources, reputation, or professional/organizational standards that occur during the provision of or result of a service, he/she initiates a Quality Issue Report as outlined in [WI-HU-065](#). These do not include OH&S/WSIB, JH&S, or privacy issues.

6.0 Records Retention

All records relating to this Policy are retained in accordance with the Records Retention and Management work instruction ([WI-HU-108](#)).

7.0 References

Internal References

- a) [Quality Assurance Manual](#) (1999).
- b) Document, Data, and Record Control – [QSP-003](#)
- c) Acceptable Abbreviations and Symbols – [WI-HU-004](#)
- d) Quality Issue Reporting – [WI-HU-065](#)
- e) Records Retention and Management – [WI-HU-108](#)
- f) Acceptable Abbreviations and Symbols– [WI-HU-004](#)
- g) Collection, Use, Protection, and Disclosure of Personal Information of Personnel – [WI-HU-031](#)
- h) Process for Addressing Privacy Breach of Personal Information /Personal Health Information – [WI-HU-092](#)
- i) Records Retention and Management – [WI-HU-108](#)
- j) Trivalent Influenza Vaccines Fluviral and Influvac – [MED-VPD-030](#)
- k) Quadrivalent Influenza Vaccines Fluzone Quadrivalent and Flulaval-Tetra – [MED-VPD-060](#)
- l) Prevention and Management of Ill Personnel – [WI-HU-OHS-146](#)
- m) [Personnel Influenza Immunization Exclusion and Salary Continuance](#)
- n) Personnel Influenza Immunization Form - [WIF-HU-058-01](#)
- o) Human Resources Memo, Breach in Employment Obligations - [WIT-HU-058-02](#)
- p) Human Resources Reminder Memo 1 – [WIT-HU-058-03](#)
- q) Human Resources Reminder Memo 2 – [WIT-HU-058-04](#)
- r) Personnel Influenza Immunization - Statement of Intentions - [WIT-HU-058-05](#)
- s) Letter Confirming Temporary Layoff - [WIT-HU-058-06](#)
- t) Letter Confirming Medical Exemption Accommodation/Leave - [WIT-HU-058-07](#)
- u) Return-to-Work from Lay-off Letter - [WIT-HU-058-08](#)

- v) End of Medical Exemption Accommodation/Leave Letter - [WIT-HU-058-09](#)
- w) Personnel Influenza Immunization Health Assessment and Consent Form – [WIF-HU-058-10](#)
- x) Employment Accommodation – [WI-HU-028](#)
- y) Ability Management – [WI-HU-OHS-154](#)

External References

- a) Public Health Agency of Canada (PHAC). National Advisory Committee on Immunization (NACI). (2018). Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2018-2019. Retrieved from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2018-2019.html>
- b) 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>
- 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) Government of Ontario. R.S.O. 1990. c. 0.1. Occupational Health and Safety Act. S.25(2)(h).
- e) Association of Medical Microbiology and Infectious Disease Canada (AMMI Canada). (2013). The Use of Antiviral Drugs for Influenza: A Foundation Document for Practitioners. Retrieved from: <http://resources.cpha.ca/immunize.ca/data/1860e.pdf>
- f) World Health Organization (WHO). (2014). Safety of Immunization during Pregnancy. A Review of the Evidence. Global Advisory Committee on Vaccine Safety. Retrieved from: http://www.who.int/vaccine_safety/publications/safety_pregnancy_nov2014.pdf
- g) Ontario Human Rights Commission (OHRC) Human Rights at Work 2008, Third Edition. <http://www.ohrc.on.ca/en/human-rights-work-2008-third-edition>
- h) AMMI Canada. (2012). Position Paper – 2012: Mandatory Influenza Immunization of Healthcare Workers. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3597405/>
- i) Public Health Ontario (PHO). Provincial Infectious Disease Advisory Committee (PIDAC) Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection in All Health Care Settings. Retrieved from: https://www.publichealthontario.ca/en/eRepository/PIDAC-IPC_Annex_B_Prevention_Transmission_ARI_2013.pdf

8.0 Summary of Revisions

2016-10-04 – AODA Template

- Repetitive information removed
- List of references, links, and work instructions updated
- Additional information added to provide clarity

2018-11-20 - Updated to 2018-2019 NACI Statement

- References updated
- Wording changed from “significant risk” to “elevated risk” throughout
- Additional information re: allergy added.

- Letters/memos in new template.

9.0 Work Instruction Development Details

Author/Reviewer: **Human Resources**

Approved by: **Josée Goulet, Executive Director Human Resources**

Date Approved: **2019-02-12**

Date Issued: **2019-02-15**

Date Due for Review: **2022-02-15**