# Personnel Influenza Immunization – 9-23

# Operational Procedure

## 1.0 Purpose

The purpose of this procedure is to:

- Serve as formal notice regarding influenza immunization requirements to all personnel (as referenced in Section 2.0).
- Protect personnel from contracting seasonal influenza.
- Reduce transmission of the influenza virus to others, particularly those who are at risk or vulnerable.
- Identify and assign work during periods of influenza illness activity based on personnel's influenza immunization status or confirmed exemption.

## 2.0 Applicability

This procedure applies to all Health Unit staff, student/other placements, and on-site volunteers.

## 3.0 Scope

This procedure is used annually, both prior to and during periods when seasonal 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

**BACKGROUND**

- Annual influenza immunization has been a condition of employment or placement since October 15, 2005. All Health Unit staff, students and volunteers are required annually to receive an influenza immunization or present a valid exception.
- There is a well-established legal and ethical rationale for an employer to implement a mandatory immunization policy, pursuant to an employer's management rights to

introduce clear and reasonable rules that support legitimate and crucial health and safety objectives.

**RATIONALE FOR INFLUENZA IMMUNIZATION**

- Health care and other care providers in facilities and community settings who, through their activities, may transmit influenza to individuals at high risk should be vaccinated annually against influenza, regardless of whether those individuals have been vaccinated.
- Vaccination of those who provide essential community services is encouraged to minimize the disruption of services and routine activities during annual influenza epidemics. (PHAC, 2025)
- Health Unit personnel fall under both categories:
    - Individuals capable of transmitting influenza to those at high risk of complications.
    - Individuals providing essential community services through various programs and services.
- The *National Advisory Committee on Immunization (NACI)* considers annual influenza vaccination an essential component of the standard of care for health care and other care providers, for their own protection and that of their clients.
- Annual influenza immunization for healthy working adults has been shown to reduce work absenteeism due to respiratory and other illnesses. (PHAC, 2025)
- The influenza vaccine is the best defence against getting and spreading the influenza virus, helping to save lives and reducing the strain on our health care system. (MOH, 2025)

**PREGNANCY CONSIDERATIONS**

- Influenza vaccination during pregnancy protects the pregnant person from influenza and its complications. It also protects infants during the first few months of life from influenza and influenza-related hospitalization. (PHAC, 2025)

**ORGANIZATIONAL CREDIBILITY AND LEGAL OBLIGATIONS**

- The Health Unit reinforces its credibility regarding influenza immunization recommendations to the public and facilities by actively demonstrating its ability to implement and sustain a personnel influenza immunization program. By leading through example, public health organizations strengthen public trust and promote vaccine uptake.

- Requiring influenza immunization supports the employer's obligation to take every reasonable precaution to protect workers, as outlined in the *Occupational Health and Safety Act (*OHSA, 1990, MLITSD, 2025)

**ANNUAL SUBMISSION DEADLINE**

- The annual submission deadline refers to the final date by which all personnel must submit documentation confirming receipt of the seasonal influenza immunization or a valid exemption. This deadline is determined annually based on:
    - Availability of the influenza vaccine,
    - Start of community vaccination clinics, and
    - Presence of influenza-like illness within the North Bay Parry Sound District Health Unit district.
- For new employees, students, volunteers, or returning staff, the deadline is the latter of:
    - The official annual submission deadline, or
    - Their respective start or return date.

**EXEMPTION CRITERIA**

**A. Medical Exemption:** A valid medical exemption must align with the contraindication guidelines issued by NACI and must be confirmed by a physician or nurse practitioner. The exemption must also be acknowledged by the person to whom it applies.
    - Egg allergy is **not** a contraindication.
    - Allergies unrelated to vaccine components (ingredients) do **not** increase risk.
    - A diagnosis of an allergy to an influenza vaccine may require consultation with an allergy or immunology expert of the employer's choice.
    - If an individual has a hypersensitivity to a vaccine component, an alternative influenza vaccine that does not contain the implicated component may be considered in consultation with an allergy specialist (PHAC, 2025).
    - If the claimed medical exemptions cannot be confirmed by the MOH/EO, the individual is expected to receive influenza immunization either by the submission deadline or upon determination of fitness to receive immunization, whichever is later.

**B. Ontario Human Rights Code (OHRC) Exemption**: A request for an exemption from influenza vaccination based on protected grounds under the OHRC must clearly demonstrate how the immunization requirement conflicts with those protections.

**ACCEPTABLE DOCUMENTATION**

**A. Proof of Influenza Immunization**

*(Required only if immunization was not administered by the PHN, OHS/delegate):*

- Part 1 of the *Personnel Influenza Immunization Form* (9-23-F1) completed by a health care provider (e.g., physician, pharmacist, nurse practitioner, or nurse), **or**
- Documentation of immunization attached to the *Personnel Influenza Immunization Form* (9-23-F1), **and**
- The form must be signed and dated by the employee in the "Acknowledgement and Consent" section of the form.

**B. Claimed Medical Exemption or Temporary Deferral**:

- Part 2 or 3 of the *Personnel Influenza Immunization Form* (9-23-F1) completed by a physician or NP, **and**
- The form must be signed and dated by the employee in the "Acknowledgement and Consent" section of the form.

  **Note:** Handwritten notes from physicians (e.g., on prescription pads) are not accepted.

**C. Claimed Ontario *Human Rights Code* (OHRC) Exemption**:

- The *Request for Accommodation form* (WIF-HU-028-01) completed by the staff member, student or volunteer.
- The form must clearly outline the nature of the conflict the OHRC protections.
- The requests may require additional documentation or clarification.

**DEFINITIONS**

**Layoff:** For the purpose of this Procedure, the term "layoff" refers to being off work **without pay**.

**Leave:** For the purpose of this Procedure, the term "leave" refers to being off work **with pay**.

**Supervisor:** Program/Service Manager, Executive Director, and/or Medical Officer of Health/Executive Officer.

## 7.0 Procedure(s)

Contents:



### Procedure 1 - Influenza Immunization and Exemption Process Before the Annual Submission Deadline

This procedure outlines proactive planning and compliance steps to be completed **before the annual submission deadline**. It includes guidance on obtaining immunization, submitting acceptable documentation, and requesting exemptions in alignment with organizational and public health requirements.

| Position | Steps |
|---|---|
| Human Resources | 1. Determine the annual submission deadline for providing proof of immunization/exemption.<br>2. Communicate and verify immunization requirements.<br>**a. For new employees:**<br>• Include influenza immunization requirements in letters of hire and verify documentation before the start date or the annual submission deadline, whichever is later.<br>**b. For students/other placements:**<br>• Notify educational institutions or other applicable organizations and verify documentation before the beginning of the placement or the annual submission deadline, whichever is later.<br>**c. For on-site volunteers:** |

| Position | Steps |
|---|---|
| | • Inform volunteers via correspondence and verify documentation before the beginning of the volunteer term or the annual submission deadline, whichever is later.<br>**d. For employees returning from leave:**<br>a. Remind returning employees via return-to-work correspondence and verify documentation before their return or the annual submission deadline, whichever is later. |
| RN, OHS/delegate | 3. Coordinate staff influenza clinics (i.e., clinic dates and logistics).<br>4. Send an All-Staff Email:<br>• Requesting staff to:<br>○ Book an appointment with Occupational Health via the Booking Page link, **or**<br>○ Receive the vaccine from their health care provider, pharmacy, Vaccine Preventable Diseases Program (VPD) or community clinic.<br>• Specifying the annual submission deadline.<br>• Providing links to:<br>○ The relevant procedures<br>○ The *Personnel Influenza Immunization form* (9-23-F2)<br>○ The *Request for Accommodation form* (WIF-HU-028-01)<br>5. Determine the quantity of influenza vaccine required for staff clinics based on anticipated uptake.<br>6. Contact the Program Administrative Assistant (PAA) lead in the VPD Program to obtain the required vaccine supply.<br>7. Contact the Public Health Nurse (PHN) lead in the VPD Program to obtain other required supplies (e.g., syringes, needles, swabs, sharps containers). |

| Position | Steps |
|---|---|
| | 8. Administer influenza vaccine during staff influenza clinics:<br>• Follow the *Influenza Vaccines Medical Directive* - MED-VPD-060.<br>• Document vaccine administration on the *Personnel Influenza Immunization Health Assessment and Consent Form* (9-23-F2).<br>• Scan the completed form into the appropriate Employee Health File.<br>• Provide a record of immunization upon request. |
| Student/other placements, and on-site volunteers | 9. Submit proof of influenza immunization or claimed exemption prior to the start of the placement or volunteer term start, or by the annual submission deadline, whichever is later. |
| Health Unit Staff | 10. Take **one** of the following actions by the annual submission deadline:<br>• Receive influenza immunization, if eligible, through the RN, OHS/delegate, **or**<br>• Provide proof of influenza immunization to the RN, OHS/delegate, **or**<br>• Submit documentation for a claimed medical exemption, contraindication or temporary deferral to the RN, OHS/delegate using the *Personnel Influenza Immunization Form- Part 2 or 3* (9-23-F1).<br>**Note**: If the claimed medical exemptions or contraindications cannot be supported or confirmed by the RN, OHS and/or MOH/EO, you are 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 your employment obligations, **or** |

| Position | Steps |
|---|---|
| | • Claim an exemption related to other protected grounds under the OHRC, (e.g., creed) by submitting documentation to the Manager, Human Resources.<br>11. Not come to work while experiencing symptoms of influenza illness, regardless of immunization status. Follow *Prevention and Management of Ill Personnel Operational Procedure* - 9-16. |
| Personnel claiming an exemption related to other protected grounds under the OHRC | 12. Take the following actions:<br>• Complete the *Request for Accommodation* form (WIF-HU-028-01) and submit it to the Manager, Human Resources 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, as determined by the MOH/EO.<br>• Clearly indicate how the influenza immunization requirement conflicts with your protections under the OHRC on the *Request for Accommodation* form.<br>• Provide additional documentation to substantiate the request, if requested by Human Resources.<br>13. Follow Procedure 4. |
| RN, OHS/delegate | 14. Assess and maintain records of influenza immunization and medical exemption.<br>15. Confirm claimed medical exemption, contraindication or temporary deferral received:<br>• Review documentation submitted via the *Personnel Influenza Immunization Form* – Part 2 or 3 (9-23-F1).<br>• If further assessment is needed:<br>○ Consult with the MOH/EO.<br>○ Refer personnel to an allergist of the employer's choice.<br>16. Prepare statistical summaries by compiling data on personnel influenza immunization rates. |

| Position | Steps |
|---|---|
| | 17. Share influenza immunization coverage rates with the Joint Health & Safety Committee (JHSC). |
| Human Resources | 18. Review all *Request for Accommodation forms* submitted by personnel claiming exemptions under the OHRC.<br>• Consult with the MOH/EO, the applicable Executive Director(s), or legal counsel, if required.<br>• Request additional documentation or evidence to substantiate the exemption, if necessary.<br>• Refer to Procedure 4.<br>19. Maintain records of confirmed exemptions related to protected grounds under the OHRC. |

**Procedure 2 – Influenza Immunization and Exemption Process <u>After</u> to the Annual Submission Deadline**

This procedure is enacted between the annual submission deadline date and April 30 (or as determined by the MOH/EO) of any given year.

| Position | Steps |
|---|---|
| RN, OHS/delegate | 1. Forward a list of personnel who have not submitted documented proof of influenza immunization or valid medical exemption to the Manager, Human Resources at the end of the day of the annual submission deadline. |
| Manager, Human Resources | 2. Determine and implement the *Personnel Influenza Immunization Exclusion and Salary Continuance* (Appendix).<br>3. Send correspondence to personnel who have not submitted acceptable documentation:<br>a. If hired **after October 15, 2005,** provide the *Human Resources Memo, Breach in Employment Obligations* (9-23-T1):<br>i. Reminding them of the immunization requirement. |

| Position | Steps |
|---|---|
| | ii. Advising them of breach in employment obligations and possible outcome.<br>iii. Advising them that if no valid exemption is confirmed, their employment is subject to termination.<br>b. If hired **before October 15, 2005,** provide the R*eminder Memo 1* (9-23-T2), reminding them of the immunization requirement.<br>4. Copy the applicable supervisor on this correspondence for planning and coverage purposes. |
| Health Unit staff hired **before October 15, 2005**, who have not provided proof of immunization or valid exemption | 5. Continue working until it is determined influenza illness presents elevated risk to personnel and clients (as outlined in Procedure 3), at which time you must:<br>• Provide proof of influenza immunization as outlined in this procedure,<br>• Accept a layoff, **or**<br>• Provide valid exemption. |
| Health Unit staff hired **after October 15, 2005**, who have not provided proof of immunization or valid exemption | 6. Subject to termination if no proof of influenza immunization or valid exemption is provided. |

**Procedure 3 – Response to Increased Influenza Illness Activity**

This procedure is enacted once the MOH/EO determines seasonal influenza illness presents elevated risk to personnel and clients.

| Position | Steps |
|---|---|
| MOH/EO | 1. Determine when seasonal influenza illness presents elevated risk to personnel and clients taking into consideration:<br>• Laboratory confirmation of influenza cases,<br>• Number of cases,<br>• Influenza activity level,<br>• Virulence, and<br>• Distribution of cases.<br>2. Confirm Manager, Human Resources can send notification to all staff stating:<br>"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". |
| Health Unit staff who have not yet provided proof of immunization or valid exemption | 3. Provide proof of immunization or valid exemption to the RN, OHS/delegate, by the beginning of the following working day.<br>**Note:** If influenza illness activity is confirmed prior to the submission deadline:<br>• **Immunized** personnel may continue with assignment, if asymptomatic.<br>• **Unimmunized** personnel must:<br>○ Implement prudent infection control measures.<br>○ Use alternate processes to mitigate risk.<br>○ Abide by any workplace instructions of any institutions or facilities that they are required to attend. |
| RN, OHS/delegate | 4. Forward a list of personnel who have not yet submitted documented proof of influenza immunization or valid medical exemption to the Manager, Human Resources. |

| Position | Steps |
|---|---|
| Manager, Human Resources | 5. Provide the *Reminder Memo* 2 (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 exemption, for the purpose of reconfirming immunization requirement and obtaining the person's intention to:<br>• Submit the Personnel Influenza Immunization form to the PHN, OHS,<br>• Claim an exemption under the OHRC, or<br>• Accept a layoff or end student placement.<br>6. Forward a *Letter Confirming Layoff* (9-23-T5) if the response from personnel confirms acceptance of layoff.<br>7. Forward a *Letter Confirming Exemption Accommodation/Leave* (9-23-T6) if a valid exemption is confirmed. |
| Health Unit staff hired **before October 15, 2005,** who have not provided proof of immunization or valid exemption | 8. Reply to any correspondence received from Human Resources by the requested response date.<br>9. Provide proof of influenza immunization as outlined in this procedure, accept a layoff, or provide valid exemption.<br>10. Keep Human Resources informed of any changes to address or contact information while on layoff. |

**Procedure 4 – Accommodation Process for Valid Exemptions**

This procedure outlines the process for temporarily accommodating personnel who are unable to receive influenza immunization due to a valid exemption.

**Note:** Continuous antiviral prophylaxis throughout the influenza season is not recommended as a practical or effective alternative to vaccination due to limitations in efficacy, logistics, and resistance concerns (AMMI Canada, 2019). Therefore, during periods of elevated influenza risk, personnel with a valid medical exemption from vaccination should be accommodated through non-clinical reassignment, remote work options, or enhanced protective measures such as PPE and physical distancing, to reduce exposure risk.

| Position | Steps |
|---|---|
| RN, OHS | 1. Provide Human Resources with a list of personnel who are not fit to receive influenza immunization due to a confirmed medical exemption, and who therefore require an accommodation. |
| Human Resources | 2. Make every reasonable attempt to temporarily accommodate employees with valid exemptions as per *Employment Accommodation* – WI-HU-028 and the *Ability Management Operational Procedure* - 9-29.<br><br>Note: It is recognized that medical conditions can develop at any time throughout an employee's period of employment.<br><br>• Types of temporary accommodation during periods of confirmed influenza activity include:<br><br>**a) Accommodation within the workplace**: Allows the employee to remain at work and may include changes to assigned job tasks as determined by the associated risk of acquiring and transmitting influenza illness.<br><br>**b) Accommodation offsite:** Provides the employee with work assignments that can be performed at an alternative location, (e.g., employee's home or other location).<br><br>**c) Leave with Pay:** If accommodate within the workplace or offsite is not feasible, the employee will be provided with a leave with pay for regularly scheduled hours.<br><br>3. 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.<br><br>4. Document accommodation arrangements in writing either through an individual accommodation plan (medical exemption) or by letter (other exemptions, i.e. creed, under the OHRC). |

| Position | Steps |
|---|---|
| | **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). |
| Health Unit staff who are on accommodation or on leave | 5. Participate in the planning, implementation, and maintenance of your employment accommodation. This includes providing initial and ongoing information required by the employer. |

**Procedure 5 – Response to Decreased Influenza Illness Activity**

This Procedure is enacted once the MOH/EO determines that seasonal influenza illness no longer presents elevated risk to personnel and clients prior to April 30 of any given year.

| Position | Steps |
|---|---|
| MOH/EO | 1. Determine when seasonal influenza illness no longer presents elevated risk to personnel and clients taking into consideration:<br>• Decrease in case numbers<br>• Onset date of illness in the last confirmed case<br>• Current influenza activity level<br>• Activity in neighbouring health unit areas<br>2. Confirm Manager, Human Resources can send notification to all staff stating:<br>"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." |
| Manager, Human Resources | 3. Send the *Return-to-Work from Layoff* letter (9-23-T7) by registered mail or courier to personnel who are on layoff. |

| Position | Steps |
|---|---|
| | 4. Forward the *End of Exemption Accommodation/Leave* letter (9-23-T8) to personnel who are on leave or accommodation.<br>5. Complete absence registration pertaining to layoffs and leaves. |
| Health Unit staff who are on layoff or leave | 6. Respond to notification.<br>a. If receiving a *Return-to-Work from Layoff* letter (9-23-T7):<br>i. Contact Human Resources within three (3) working days to confirm the return date, and<br>ii. Report to work within seven (7) working days of the MOH/EO determination.<br>b. If receiving an *End of Exemption Accommodation/Leave* letter (9-23-T8),<br>i. Confirm receipt of this letter, and<br>ii. Return to regular duties on the next regularly scheduled working day. |

## 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 Quality Issue Reporting – 12-10, when an event or circumstance relating to this procedure could have or did lead to harm, loss, or damage (to people, property or services, reputation, or standards) during the provision of or because of a service. These do not include OH&S/WSIB, JH&S, privacy, or HR (personnel/union) 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

b) Human Resources Management - OP-POL-19

### Other Documents Referenced within this Procedure

a) Quality Issue Reporting – WI-HU-065
b) Retention and Management of Records – 2-1
c) Employment Accommodation – WI-HU-028
d) Ability Management – 9-29
e) Personnel Influenza Immunization Form – 9-23-F1
f) Request for Accommodation form - WIF-HU-028-01
g) Influenza Vaccines Medical Directive – MED-VPD-060
h) Personnel Influenza Immunization - Health Assessment and Consent Form – 9-23-F2
i) Prevention and Management of Ill Personnel – 9-16
j) Personnel Influenza Immunization Exclusion and Salary Continuance -Appendix for -9-23
k) Human Resources Memo, Breach in Employment Obligations -9-23-T1
l) Human Resources Reminder Memo 1 – 9-23-T2
m) Human Resources Reminder Memo 2 – 9-23-T3
n) Personnel Influenza Immunization - Statement of Intentions – 9-23-T4
o) Letter Confirming Temporary Layoff – 9-23-T5
p) Letter Confirming Exemption Accommodation/Leave – 9-23-T6
q) Return-to-Work from Layoff Letter – 9-23-T7
r) End of Exemption Accommodation/Leave Letter – 9-23-T8

### External References

a) Association of Medical Microbiology and Infectious Disease Canada (AMMI Canada). (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) Government of Ontario. R.S.O. 1990. c. 0.1. Occupational Health and Safety Act. S.25(2)(h).

e) Government of Ontario. (1990/2025). Occupational Health and Safety Act, R.S.O. 1990, c. O.1. Ministry of Labour, Immigration, Training and Skills Development. https://www.canlii.org/en/on/laws/stat/rso-1990-c-o1/latest/rso-1990-c-o1.html

f) Gruben, V., Siemieniuk, R. A., & McGeer, A. (2014). Health care workers, mandatory influenza vaccination policies and the law. Canadian Medical Association Journal, 186(14), 1076–1080. https://doi.org/10.1503/cmaj.140035

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) 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

i) Ministry of Health (MOH). (2025). Health Care Provider Fact Sheet: Influenza Immunization for Individuals 6 months to 64 years of age.

j) Ministry of Health. (2025). Health Care Provider Fact Sheet: Influenza Immunization for Individuals ≥65 years of age.

k) Ministry of Labour, Immigration, Training and Skills Development (MLITSD). (2025). Viral respiratory illnesses and the Occupational Health and Safety Act. Retrieved from: https://www.ontario.ca/page/viral-respiratory-illnesses-and-occupational-health-and-safety-act

l) Public Health Agency of Canada (PHAC). National Advisory Committee on Immunization (NACI). (2024). Statement on Seasonal Influenza Vaccine for 2025-2026.

m) Public Health Agency of Canada (PHAC). National Advisory Committee on Immunization (NACI). (2025). 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

n) Public Health Agency of Canada (PHAC). National Advisory Committee on Immunization (NACI). (2023). Updated guidance on influenza vaccination during pregnancy. Retrieved from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-updated-guidance-influenza-vaccination-during-pregnancy.html

o) Public Health Ontario (PHO). (2025). Best Practices for Prevention of Acute Respiratory Infection Transmission in All Health Care Settings. Retrieved from: Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings

p) 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

q) Taylor McCaffrey Lawyers. (2023). Mandatory Vaccination Policies in the Workplace. Retrieved from: https://www.tmlawyers.com/?resources=mandatory-vaccination-policies-in-the-workplace

## 12.0 Summary of Revisions

2024-10-16 – Procedures renumbered, and information reformatted. References updated.

2024-09-23 – Annual review completed and approved by the Joint Health and Safety Committee (JHSC). References updated to reflect current guidelines. Information and procedural steps clarified throughout for improved readability and implementation.

## 13.0 Procedure Development Details

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

Date Approved: **2025/10/16**

Date Effective: **2025/10/16**

Date Due for Review: **2030/10/16**

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