

Staff Influenza Immunization

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Introduction

Influenza is a significant cause of morbidity and mortality; annual influenza immunization is the best defense against influenza.

The National Advisory Committee on Immunization (NACI) recommends yearly vaccination for individuals at high risk of influenza-related complications, those capable of transmitting influenza to individuals at high risk of complications, and those who provide essential community services.

Since 2000, Ontario has recommended and funded a universal influenza immunization program for all residents of the province.

Health Care Workers:

NACI considers health care workers a group capable of transmitting influenza to high-risk individuals through their activities in facilities and community settings. Furthermore, NACI states that health care workers with direct patient care should consider it their responsibility to provide the highest standard of care, which includes getting their yearly influenza vaccine. As many as 25% of health care workers may become infected with influenza yearly and, although many of them remain asymptomatic, they can still transmit the infection to others. Research has shown that vaccination of health care workers reduces influenza-like illness, serologically confirmed influenza, and influenza mortality in their clients. Many staff at the health unit have regular direct or indirect contact with high-risk clients. As such, symptomatic or asymptomatic influenza among staff can be transmitted to these individuals. SMDHU staff are often unaware of the high-risk status of their clients.

In addition to providing direct care to high-risk clients, SMDHU staff are often required to visit settings where outbreaks are occurring such as daycares, long-term care facilities or other community settings. On-site visits are necessary to ensure implementation and appropriate use of control measures, and provide guidance to the outbreak management team. From an occupational health and safety point of view, sending employees to these settings puts them at increased risk. Influenza vaccination is seen as a key strategy to keeping them healthy and safe.

Critical Public Health Service Providers:

NACI recommends annual influenza vaccination for those who provide essential community services. *(NB. Although NACI may have used the term “essential services” in a generic sense, it does have a legal definition in Ontario for certain designated services in which public health is not included at this time. For this reason we will refer to “critical public health services” in this policy).* The health unit is an office environment that provides critical public health services to

the populations of the County of Simcoe and the District of Muskoka. As such, business continuity planning dictates that we must mitigate potential threats to our operations. Should an outbreak of influenza affect the health unit staff, illness and absenteeism could seriously jeopardize our ability to deliver required services in an effective manner, especially at times when service demand may be at its peak.

Having all health unit staff available to work will be critical in an influenza pandemic, other infectious disease emergency (e.g. SARS) or other community emergency. Staff will either provide ongoing critical public health services or be reassigned as per the emergency or pandemic influenza plans to fulfill specified emergency roles. It is the responsibility of all staff and the health unit to minimize the risk that staff will be ill during an emergency (and thus unavailable for service) or the risk that staff would pass on the flu virus to their families (which could also affect their availability), their work colleagues or any other critical or essential workers.

High-Risk Colleagues:

SMDHU strives for a working environment that is health promoting. By getting an annual influenza immunization, we protect ourselves, our families, friends and work colleagues. The chronic diseases which increase the risk of influenza-related complications are fairly common in the general adult population and many of our colleagues may be part of this high-risk group. The nature of SMDHU work and office environment – working in close proximity to others, sharing meeting rooms, desks, phones, computers and other equipment - allows for ease of transmission and thus puts vulnerable, high-risk staff at increased risk of acquiring influenza and its complications.

Community Leadership:

On a broader level, as strong advocates and purveyors of preventive interventions, it is important that the health unit show leadership in the area of influenza immunization. The credibility of public health and of the values we support risk being put into question when we do not comply with the same standards that we ask of others.

Pregnancy:

NACI asserts that influenza immunization is safe during any stage of pregnancy, as well as during the breastfeeding period. Evidence is mounting that pregnant women are at higher risk of influenza-related respiratory complications and hospitalization, even without the presence of other risk factors. Also, immunization during this time has the potential benefit of transferring protective antibodies to the developing fetus. Annual influenza immunization is recommended by the health unit for all pregnant staff.

Responsibility:

While the health unit respects the decisions of individual staff regarding their desire to receive the influenza vaccine or not, the health unit cannot absolve itself of its responsibilities towards clients in the community, clients within institutions, the community-at-large and other staff.

Purpose

To establish the parameters and expectations for health unit staff to receive the annual influenza immunization in order to:

- Protect those high-risk clients that receive direct services from staff
- Protect the individual staff member
- Protect health unit work colleagues (including some of those who, unknown to colleagues, may be in a high-risk category)
- Protect the ability of the health unit to provide critical public health and emergency services
- Provide leadership on this preventive measure to the community and our community partners

Legislative Authority

Policy Definitions and Interpretation

For the purposes of this document:

Staff: are all individuals employed by or working for the Simcoe Muskoka District Health Unit, including full-time, part-time, casual and personnel; volunteers; students and members of the Board of Health.

Contracted Personnel: any individual working on a full day basis for > 10 consecutive days.

Supervisor: is the person to whom a staff member directly reports. Staff may report to a supervisor, manager, director or the Medical Officer of Health.

High-risk clients and staff: are those individuals who are considered at increased risk of influenza-related morbidity and mortality. They are defined as per the most current NACI *Statement on influenza vaccination* and are listed in Appendix A for the current season.

Long-Term Care Facility (LTCF): is a facility within the boundaries of the Simcoe Muskoka District Health Unit which includes Long-Term Care Homes, Rest and Retirement Homes, the Penetanguishene Mental Health Centre and the Huronia Regional Centre.

Policy

All staff are required to receive their annual influenza vaccination, subject to the exceptions noted below.

Medical Contraindications

NACI identifies known medical contraindications to influenza vaccination as: an anaphylactic reaction to a previous dose of the influenza vaccine, or to any of the vaccine components, with the exception of egg allergy; or Guillain-Barre Syndrome (GBS) within six weeks of a previous influenza vaccination. Staff who meet these conditions are considered to have a medical contraindication to influenza vaccination. Staff who provide certification from a duly qualified physician or nurse practitioner that they have a medical contraindication to influenza vaccination are not required to get their annual influenza vaccination. The procedures noted below with respect to staff who are not vaccinated will apply to those who are exempted from their annual influenza vaccination due to medical contraindication.

Pregnancy:

Pregnancy is not considered to be a contraindication.

Antiviral Medication:

Subject to other specific provisions of this policy, the health unit considers properly administered antiviral medication as an acceptable alternative to staff having their annual influenza vaccination. Staff wishing to avail themselves of this exception to the general policy noted above must indicate this on their Refusal of Influenza Immunization form. The health unit will not provide antiviral medication to staff. Staff will be responsible for making these arrangements on their own. The health unit benefit plan may cover the cost of prescribed antiviral medication.

Documenting Influenza Immunization Status:

Each staff member is required to submit to Human Resources an agency form documenting their vaccination status.

New and Returning Staff:

New, returning and contract staff will be informed about this policy prior to beginning work. Staff beginning/ returning to work between December 1st and April 30th will be required to comply with Procedure B - Documentation of Vaccination Status – immediately upon beginning/returning to work. Staff beginning/ returning to work between May 1st and November 30th will be required to comply with Procedure B - Documentation of Vaccination Status in advance of the onset of the influenza season and no later than November 30th of the year of their beginning/returning to work. In all cases, non-vaccinated staff, regardless of start date, are subject to the procedures of this policy that apply to non-vaccinated staff. Accordingly, new, returning and contract staff are encouraged to seek vaccination as soon as possible following their hiring or notification of return to work.

Long-Term Care Facilities:

Only staff immunized with the current influenza vaccine, or who take antiviral medication, can be assigned work, including on-call responsibilities, in LTCFs during the influenza season (from December 1st through April 30th).

Exceptions to the Policy and Procedures:

In the event of widespread early influenza activity, or any other unusual circumstances that may warrant an exception to the policy or procedures, the Medical Officer of Health (MOH) and/or the Associate Medical Officers of Health (AMOH) will determine the most appropriate course of action.

Procedures***A. Provision of Education and Vaccine***

In order to support and facilitate annual influenza vaccination for staff, the health unit will provide education on the influenza vaccine yearly during the fall vaccination campaign. In addition, the health unit will ensure that convenient, free clinics are available to staff at all offices.

B. Documentation of vaccination status

Subject to the provisions of this policy above respecting new and returning staff, staff must provide proof of their influenza immunization status by November 30th of each year.

- Staff immunized at staff only clinics will leave their proof of immunization with the Nurse administering the vaccine.
- The Nurse will forward all proof of immunization forms to Human Resources at the end of each clinic day.
- Staff immunized at a location other than a staff only clinic will be responsible to forward their documentation in a sealed envelope, clearly marked immunization document to Human Resources.
- Human Resources will input the documentation received and provide regular updates to the Service Directors or designates and MOH. The documentation provided will then be filed in the employee's personnel file.
- By November 1st - Human Resources will prepare a report to directors and MOH by service of immunization/immunization status for staff
- By November 15th - Human Resources will email directly to staff whose documentation has not been received to date with a copy to the supervisor
- By November 30th - Human Resources will prepare a report to directors and MOH by service of immunization/immunization status for staff.
- By December 15th – Human Resources will prepare a report to directors and MOH by service of immunization/immunization documentation status for staff.

Human Resources will make these reports available electronically through the R drive.

Documentation will be by means of one of the following three forms, or an acceptable alternative where indicated.

1. A **Proof of Influenza Immunization** form **HS0106(F1)** will be provided to staff to be filled out by the health care professional who is providing their influenza vaccine. Reasonable alternative documentation will also be acceptable.
2. Staff who are not vaccinated due to documented medical contraindications will complete a **Statement of Medical Exemption for Influenza Immunization** form **HS0106(F2)** signed by a nurse practitioner or physician. This statement does not need to be submitted annually for those with permanent contraindications.
3. Staff who have made a personal decision to not get vaccinated unrelated to medical contraindications will complete a **Refusal of Influenza Immunization** form **HS0106(F3)** documenting their decision and forward their documentation, in a sealed envelope clearly marked immunization document to Human Resources.

C. Procedures relating to new and returning staff

1. During the employment interview, applicants will be informed briefly about this policy by the Selection Committee Chair.
2. A copy of this policy will be included in all letters of hire to new staff and in all letters of reinstatement to returning staff.

3. This policy will be reviewed in detail by Human Resources during their orientation of each new staff.

D. Work in Long-Term Care Facilities

Supervisors are responsible for assessing the influenza immunization status of staff who may have LTCF work assignments, including on-call responsibilities, and will reassign staff responsibilities as needed.

E. Work exclusions and requirements as a result of non-protection

All non-protected (through immunization or antiviral medication) staff are excluded from the workplace and from work in the community when community-wide influenza activity is declared within the borders of the health unit. Community-wide influenza activity may be declared at the discretion of the MOH or the AMOH.

Included in the announcement declaring Community-wide influenza activity will be a reminder to all un-immunized staff that options and obligations outlined in Section F (below) will now be in effect, including the requirement for unvaccinated staff who choose to take Tamiflu to return to work to abide by this.

F. Available options for staff who are not vaccinated when work exclusions are in place

1. Vaccination and work exclusion for 14 consecutive days

In order to resume work, a waiting period of 14 consecutive days after vaccination would apply to allow sufficient time to develop immunity to the influenza virus. If prophylactic antiviral medication is taken in the interim, until at least 14 days after receipt of vaccination, then an earlier return to work would be allowed.

2. Taking daily prophylactic antiviral medication

Non-vaccinated staff may take antiviral medication until such time as the community-wide influenza activity is declared over by the MOH or AMOH. Staff who avail themselves of this option are responsible for ensuring they obtain a prescription from their health care provider, and that they continue taking antiviral medication as prescribed for the duration of the declaration, which may mean needing to renew their initial prescription depending on the duration of the declaration.

3. Work exclusion

Non-vaccinated staff not on prophylactic antiviral medication will be excluded from the workplace and from work in the community for the duration of the declared community-wide influenza activity. However, two options may be available during work exclusion:

Option A: Work at home, if determined to be feasible and appropriate by the staff member's supervisor with the concurrence of the director. The Service Area Director will inform Human Resources of staff working from home.

Option B: Exclusion from work, where the health unit will consider and may permit use of one or more of the time accommodation options listed below:

- Use of accumulated flex time
- Use of accumulated compensating time

- Use of vacation
- Unpaid leave of absence
- Paid leave of absence. However, this option is only available for those with a medical contraindication for receiving the influenza vaccine if work from home is not an option.

The Service Area Director will inform Human Resources of staff not scheduled to work.

G. Declaration of the termination of community-wide influenza activity in the health unit

This will be at the discretion of the MOH or AMOH.

References

1. The most current National Advisory Committee on Immunization - Statement on influenza vaccination.
2. Pearson M, Bridges C, Harper S. (2006) Influenza Vaccination of Health-Care Personnel. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the Advisory Committee on Immunization Practices. Morbidity and Mortality Weekly Report. Volume 55 (RR-2) February 9, 2006.

Related Forms

HS0106(F1) - Proof of Influenza Immunization

HS0106(F2) - Statement of Medical Exemption for Influenza Immunization

HS0106(F3) - Refusal of Influenza Immunization

Health Care Provider – Fact Sheet on Antivirals

Related Policies

Final Approval Signature: _____

Review/Revision History:

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