

Immunization Management Guidance Document

This document is in support of the *Immunization Management Protocol* under the *Ontario Public Health Standards*

**Prevention and Control Section
Public Health Protection and Prevention Branch
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Table of Contents

Acknowledgements	4
Section 1: Introduction	5
<i>Disclaimer</i>	5
Section 2: Board of Health Roles and Responsibilities	6
Section 3: Collecting, Storing and Disclosing Immunization Information	7
3.1. COLLECTING IMMUNIZATION RECORDS.....	7
3.2. CONSENT TO COLLECT PERSONAL AND/OR PERSONAL HEALTH INFORMATION	7
Section 4: Day Nurseries	8
4.1 COLLECTING IMMUNIZATION INFORMATION FOR DAY NURSERY ATTENDEES.....	8
4.2 IMMUNIZATION EXEMPTIONS FOR DAY NURSERY ATTENDEES.....	9
4.3 ASSESSING THE IMMUNIZATION STATUS OF DAY NURSERY ATTENDEES	9
Section 5: The Immunization of School Pupils	11
5.1 EDUCATING PARENTS/GUARDIANS AND SCHOOL BOARDS ABOUT IMMUNIZATION ASSESSMENT 11	
5.2 COLLECTING IMMUNIZATION INFORMATION FOR SCHOOL PUPILS	11
5.2.1 <i>Student Information from School Boards</i>	12
5.2.2 <i>Private Schools</i>	13
5.2.3 <i>Home Schools</i>	13
5.3 ASSESSING IMMUNIZATION RECORDS OF SCHOOL PUPILS AND SENDING QUESTIONNAIRES .	13
5.4 IMMUNIZATION EXEMPTIONS FOR SCHOOL PUPILS.....	15
5.4.1 <i>Statement of Medical Exemption</i>	15
5.4.2 <i>Statement of Conscience or Religious Belief</i>	15
5.5 IMPLEMENTING THE SUSPENSION PROCESS	15
5.5.1 <i>Issuing a Suspension Notice</i>	15
5.5.2 <i>After Mailing of Suspension Orders</i>	18
5.5.3 <i>Suspension Day</i>	18
5.5.4 <i>Return to School</i>	19
5.5.5 <i>Rescind Orders/Removal from Suspension</i>	19
5.5.6 <i>Tracking the Collection of Immunization Information</i>	19
TABLE 2: OVERVIEW OF THE SUSPENSION PROCESS.....	20
Section 6: Order of Exclusion for an Outbreak or Risk of an Outbreak of a Designated Disease	22
TABLE 3: OVERVIEW OF THE EXCLUSION PROCESS	23
Section 7: New Arrivals to Canada and Individuals Without an OHCN	24
Section 8: Reporting	26
8.1 PROCESS FOR PROVIDING COVERAGE REPORTS	26

8.2	CONSIDERATIONS WHEN USING THE CURRENT DATABASE; THE IMMUNIZATION RECORDS INFORMATION SYSTEM (IRIS).....	26
8.2.1	<i>Students Enrolled in More than One Facility</i>	26
8.2.2	<i>Guidelines for Documenting in the IRIS Memo Field</i>	26
8.2.3	<i>Limitations to the IRIS Memo Fields</i>	26
8.2.4	<i>Events or Information which should be Referenced in the IRIS Memo Field</i>	28
Section 9:	References	29

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Section 1: Introduction

Immunization is one of the most important public health triumphs of the 20th century because vaccines help save lives and prevent serious illnesses. Immunization has proven to be a cost-effective public health measure that can be delivered effectively to people of all ages including hard-to-reach and vulnerable populations. The goal of immunization is to protect individuals and the community from vaccine preventable diseases. In Ontario, immunization programs have been successful in eliminating many vaccine preventable diseases such as polio, diphtheria, rubella and measles. These diseases are only under control because of ongoing immunization. Immunization programs guard individuals against vaccine preventable diseases while providing protection to the larger community through 'herd immunity', a type of immunity that occurs when the vaccination of a high proportion of the population provides protection to susceptible individuals. A decrease in immunization rates can lead to outbreaks or a resurgence of these diseases. Therefore, maintaining immunization programs with high vaccine coverage is important for individuals and the larger community.

The purpose of this document is to provide guidance to Ontario boards of health to implement processes that will fulfill the requirements of the [Immunization Management Protocol](#)¹ and to facilitate consistency across the 36 public health units. The *Immunization Management Protocol* provides direction to public health units to further support the *Ontario Public Health Standards*² (OPHS) in the area of immunization and vaccine preventable disease control.

The authority for the Ontario immunization program is found in the *Health Protection and Promotion Act*³ (HPPA). Section 7 of the HPPA provides the Minister of Health and Long-Term Care with the authority to issue standards for public health programs – the OPHS. The standards establish the goals and requirements for programs, and expected board of health and societal outcomes. The vaccine preventable diseases program standard is part of the infectious diseases standard. Protocols further define the specific details and requirements in each sub-program. This guidance document is an Ontario-specific resource to support Ontario legislation and it can be used in conjunction with many resources to support immunization best practices.

Disclaimer

This guidance document is intended to support public health units, and in particular, public health immunization staff. This document is not intended to provide legal advice or to be a substitute for the professional judgment of public health immunization staff. Public health immunization staff should consult with legal counsel as appropriate. Where there is a conflict between this guidance document and the *Ontario Public Health Standards (OPHS)*, the *Health Protection and Promotion Act (HPPA)*, or its regulations, the OPHS, HPPA or regulations, will prevail.

Section 2: Board of Health Roles and Responsibilities

The boards of health have the responsibility to support standardized practices across Ontario with respect to routine immunization programs for the assessment and management of immunization records of Ontario school pupils and day nursery attendees.

The outlined roles and requirements provide a consistent means for interpretation, implementation, and enforcement of the standards. Public health units are required to assess, maintain records and report on the immunization status of children enrolled in licensed day nursery programs and children under the age of eighteen who attend schools in the province of Ontario. The *Day Nurseries Act*⁴ (*DNA*) and the *Immunization of School Pupils Act*⁵ (*ISPA*), in part give public health units the authority to conduct this work.

It is important that a consistent positive message and approach be taken in the implementation of the record review process, particularly when enforcing the *ISPA*. While collecting, reviewing and following up on immunization is a positive intervention for health protection and disease prevention in children, some people perceive it in a negative context. Inconsistent interpretation, implementation and enforcement of the *ISPA* can result in confusion and frustration for parents, teachers, school boards and public health units.

Currently, public health units use a provincial database, the Immunization Records Information System (IRIS), to record and maintain student immunization records. For the purpose of this guidance document, “database” refers to the system currently in use.

Section 3: Collecting, Storing and Disclosing Immunization Information

3.1. Collecting Immunization Records

Collecting immunization information about children in schools and day nurseries should comply with relevant legislation. Public health units may determine the need to collect all or some of the following information for each student:

- Full name
- Date of birth
- Sex
- Name of school
- Ontario Health Card Number (OHCN)
- All immunization information for the designated diseases including type of vaccine, date of vaccination and any reactions to the vaccine
- Statement of Medical Exemption
- Statement of Conscience or Religious Belief
- Notice of transfer
- Other information at public health unit's discretion

All public health units are advised to consult with their information privacy officer or legal counsels to ensure a legitimate rationale for the collection of Personal Health Information (PHI) for immunization programs. Public health units should have policies and secure systems in place to protect the security of the PHI that is collected (e.g. stored in a confidential, locked environment).

At minimum when PHI is being collected, public health units should provide the following:

- Notice explaining what PHI is being collected;
- A rationale for why the information is being collected;
- Information about how the information is being collected and how the information will be used;
- Ensure individuals are aware they can give or withhold consent to provide the PHI being requested without penalty; and
- Consent documents for treatment should clearly distinguish consent to treatment from consent to collect information.

3.2. Consent to Collect Personal and/or Personal Health Information

Consent may be required in circumstances where PHI is being collected, used or disclosed. The type of consent (expressed, implied, or assumed implied) required will depend on who the information is being shared with and the purpose for which it is being collected/used/disclosed. Public health units should review their information collection practices with their privacy and legal advisors periodically to ensure compliance with applicable laws and best practices.

Section 4: Day Nurseries

4.1 Collecting Immunization Information for Day Nursery Attendees

Day nursery operators are required to collect and keep an immunization record onsite for each child enrolled in their facility. All immunization records stored on site should be kept confidential in a safe locked environment. If a parent/guardian chooses not to immunize their child, the operator is required to have a letter from the parent/guardian stating the reason why the child is not immunized. This letter does not have to be sworn before a Commissioner of Oaths.

Day nurseries are also required to provide their local public health unit with immunization information for all children at their facility. Operators should provide a copy to the public health unit and keep a copy for their records. In order to facilitate this process, it is recommended that public health units communicate with day nursery operators and coordinating agencies at least once a year to outline the information the public health unit requires and review timelines for receiving the information. It is recommended that public health units coordinate various programs that work with day nurseries (e.g. Vaccine Preventable Diseases (VPD), Inspections) to provide integrated and consistent public health services. Day nursery operators may also consult with their own legal counsel regarding information sharing practices.

The public health unit should provide day nursery operators with immunization information forms for parents/guardians to complete at registration. The information collected on these forms will assist in the initiation or updating of the child's immunization record in the database.

The following information should be included on the form so that it can be captured in the database:

- Child's name
- Date of birth
- Sex
- Parent/legal guardian name
- Mailing address
- Home telephone number
- Work telephone number (if applicable)
- Name of current and previous day nursery facilities
- The child's immunization record – this information can be written on the form or a copy of the child's yellow immunization card can be attached to the form. The latter is preferred as it reduces the risk of errors that may occur when parents transcribe their child's immunization record onto a form.

In order to keep their records as accurate as possible, public health units should request the following information from day nurseries:

- A complete list of all children registered in the facility twice a year (including those children who attend before and after school programs). This list should include key demographic information (as noted in the list above) on each child to assist staff with searching in the database.
- Information on children who have transferred in or out of the facility so that the database is kept up to date throughout the year. Requesting this information on a monthly basis is recommended.

Public health units should collaborate with day nurseries to establish a secure means of providing this information to the health unit. Personal health information should be sent by a secure means, generally fax or registered post. Do not use email unless the information is fully protected.

4.2 Immunization Exemptions for Day Nursery Attendees

There are two types of exemptions that may pertain to day nursery attendees:

1. A letter from the parent of the child stating that immunization conflicts with the sincerely held convictions of their religion or conscience; or
2. A written statement from a legally qualified medical or nurse practitioner giving medical reasons why the child should not be immunized.

4.3 Assessing the Immunization Status of Day Nursery Attendees

Immunization information received by the public health unit should be assessed to ensure that the child's immunizations are up to date according to the current *Publicly Funded Immunization Schedules for Ontario*⁶.

Once immunization information has been collected, the following guidelines for inputting and assessing the data are recommended:

- Enter the data into the database.
- Contact parents/guardians for more information if additional information or clarification is required.
- Generate a class list from the database and compare with the class list received from the operator.
- Request clarification from the day nursery operator if there are any discrepancies in the class list received from the operator and the one generated in the database.
- Generate questionnaires for attendees whose immunization is not up to date for "all vaccines" in the database and mail to parents.
- Run coverage reports as needed.

It is recommended when running questionnaires in the database that public health units do so for "ALL VACCINES", in order to identify attendees who may

not have received recommended vaccines (e.g. pneumococcal conjugate vaccine, varicella vaccine and meningococcal conjugate vaccine).

A date for responding to the requested information should be clearly indicated on the information sent home to parents. If a parent/guardian does not respond by the deadline, public health unit staff should contact the parent/guardian by phone. Public health unit staff should provide parent/guardian with a date to respond to second request of information.

If the parent/guardian does not respond to the second request, a request should be made to the operator of the licensed day nursery to arrange a meeting with the parent/guardian and public health unit at the facility.

A child's immunization record is considered complete if at least one of the following criteria is met:

- Child has received all recommended publicly funded vaccines according to age
- Child has received some of the recommended publicly funded vaccines for age and has proof of intention to continue, e.g. future immunization appointments booked
- Child has received some of the recommended publicly funded vaccines for age and a written notice exempting them from certain vaccines is on file signed by parent/guardian or valid medical exemption(s). Parents should be counseled on the possible need for exclusion in the event of an outbreak of a vaccine preventable disease.
- A written exemption for all publicly funded vaccines is signed by the parent and on file or valid medical exemption(s). Parents should be counseled on the possible need for exclusion in the event of an outbreak of a vaccine preventable disease.

Section 5: The Immunization of School Pupils

Public health units should maintain a record of immunization for each student attending school in their jurisdiction. After collecting immunization records public health units must assess all records, including exemptions, to ensure adequate protection of students. This review should take place annually. All students should have up-to-date immunization records or have a valid exemption on file.

5.1 Educating Parents/Guardians and School Boards About Immunization Assessment

Parents/guardians are responsible for submitting immunization information to the public health unit.

Parents may assume that health care professionals will provide immunization information, however this is not usually the case. It is essential that public health units educate parents regarding this issue.

For public health units to maintain up-to-date student immunization records, they should collaborate with school boards to promote this message to parents as well as provide information about access to immunization services offered by the board of health.

This may include providing schools with:

- newsletter inserts
- resources to be sent home to remind parents
- information on school or school board websites
- promotional material at school registration

As per the *Immunization Management Protocol*¹, public health units should inform boards of education and school principals in advance about the planned immunization activities that will affect their students for that year.

5.2 Collecting Immunization Information for School Pupils

It is recommended that public health units collaborate with school principals to obtain the name, address, telephone number, date of birth of each student and the name, address, and telephone number of each student's parent/guardian(s). Public health units should work with school boards to establish processes for the efficient collection and forwarding of immunization information.

Public health units should provide schools with immunization history forms for parents/guardians to complete upon initial school registration and/or enrolment. Students 16 years of age or older may complete the form on their own. A letter accompanying these forms should include information about the immunization requirements for school entry, the process for completing and returning these forms and the importance of reporting all future immunizations directly to public health. A notice of the collection of personal health information, written in

consultation with public health unit legal counsel, should be included on these forms.

Immunization history forms should collect the following information to ensure an accurate record for the student on the database:

- School name
- Student name (should include all given names)
- Date of birth
- Sex
- Parent/guardian name and relationship to student
- Mailing address
- Home telephone number
- Work telephone number
- Grade/class
- Student's immunization history – this information can be written on the form or a copy of the student's yellow immunization card can be attached to the form. The latter is preferred as it reduces the risk of errors.

Completed paper forms should be provided directly to the public health unit by the parent/guardian to ensure the confidentiality of personal health information. However, some public health units may choose to collaborate with school boards to establish a secure and efficient method of forwarding the required information that is collected in hard copy.

Several public health units are using online systems that allow parents/guardians and students to submit this information electronically rather than in paper form. Public health units should work with local school boards to promote this service if available, but should ensure access to paper forms for those who do not have access to electronic alternatives.

A student's record should be initiated or updated whenever immunization information is received. Follow current database entry guidelines.

5.2.1 Student Information from School Boards

Most school boards maintain enrolment lists and demographic information for each student in a database. It is recommended that public health units conduct a school board import of the student data from the school board's database into the immunization database at least once a year to update the immunization database.

For schools that are not equipped with import databases, manual checking of enrolment lists is required. Public health units are recommended to request an alphabetized spread sheet which contains the following information to be verified with the database generated list:

- School name
- Student name

- Date of birth
- Sex
- Address
- Home telephone number
- Parent/guardian name
- Address/telephone number of parent/guardian
- Grade/class

Once the imports are complete and records reconciled, names of students who were unable to be verified should be placed in holding and the school contacted for further clarification.

5.2.2 Private Schools

For the immunization review process, private schools are required to provide a list of students and their demographic information to the board of health. These schools may not be equipped to provide this information electronically; therefore, public health units should work with private schools to facilitate the process for collecting the required information and involve the medical officer of health if necessary.

5.2.3 Home Schools

Children who are home-schooled are not required to provide immunization records on an annual basis. However, some boards of education may voluntarily submit student information for home schooled students to be included in the review process. Every effort should be made to ensure that home-schooled students are up-to-date on their immunizations.

5.3 Assessing Immunization Records of School Pupils and Sending Questionnaires

As recommended above, each student's immunization record should be reviewed annually to ensure that it is up to date. Incomplete records could mean the pupil is subject to school suspension. Students meet the criteria for suspension when their immunization record indicates they are overdue for at least one dose of vaccine required for protection against at least one of the designated diseases included in the *ISPA*⁵.

The designated diseases in the *ISPA* are:

- Tetanus
- Diphtheria
- Polio
- Measles
- Mumps
- Rubella

Once all of the students' information has been collected as outlined above, the following guidelines have been provided for inputting and assessing the data:

- Enter the data into the database.
- Implement a record review process as per local public health unit practice e.g. a cohort of students can be chosen for assessment either by facility (school) or by age (birth cohort).

If conducting review by school:

- Assign each school a clinic in the database
- If conducting review of all students in an elementary school, select December 31st for the birth year of the students in Grade 8 and January 1st for the birth year of the children in JK. Select 'all antigens overdue' and 'NO information'.
- If conducting review of all students in a secondary school, select December 31st for the birth year of the students who would be 17 and January 1st for the birth year of the children in Grade 9. Select 'all antigens overdue' and 'NO information'.

If conducting review by birth cohort:

- Assign each cohort a clinic in the database
- Select January 1st and December 31st for the birth year of the students being reviewed. Select 'all antigens overdue' and 'NO information'.

By selecting 'all antigens overdue' when running the review to generate the questionnaire, parents/students will be made aware of all vaccines that the student is 'overdue' for, even though some are not for the designated diseases in the *ISPA* (e.g. pertussis, meningococcal conjugate, hepatitis B). This is an excellent opportunity to identify and facilitate immunization of any missed recommended vaccines to ensure optimal protection. It is useful to send a cover letter with the questionnaire to clarify the difference between the designated and recommended vaccines for the parent/student and clearly outline next steps they should follow.

Print the questionnaires for all of the students with missing immunization information noting a date for the return of information (see Table 2 for suggested timelines). If the student is 16 years of age, address the questionnaire to the student rather than the parent.

- Public health units may want to run pre-coverage reports on all schools for statistical and program planning purposes to know how many students had incomplete records.
- See section 8.2 below for information on documentation in the IRIS memo field during the record review process. Staff will update student(s) record in the IRIS as information is received via fax, telephone, office visits or on-line reporting.

5.4 Immunization Exemptions for School Pupils

There are two types of exemptions that may pertain to school pupils:

- i. Statement of Medical Exemption (may have expiry date)
- ii. Statement of Conscience or Religious Belief

5.4.1 Statement of Medical Exemption

A medical exemption can be either temporary or permanent. It must be signed by a physician, or a nurse in the extended class RN(EC) and include the reason for the exemption and specify the length of time the exemption is to be in effect. The physician or RN(EC) must specify one of two reasons for the exemption:

- Immunization will be detrimental to the health of the student; OR
- Laboratory evidence that the student is immune to the disease.

5.4.2 Statement of Conscience or Religious Belief

The exemption based on conscience or religious beliefs should include a list of vaccines the parent objects to and must be sworn before a Commissioner of Oaths, e.g. members of the assembly, provincial judges and justices of the peace, barristers and solicitors entitled to practice law in Ontario, clerks, deputy clerks and treasurers of local municipalities, head of council and members of council.⁷

Keep the original exemption on file at the public health unit where it was first used. The parent/guardian should keep a copy for their records. If a student moves to another public health unit, the parent gives the new public health unit a copy and the public health unit contacts the original public health unit to verify that the original document is still on file and that the information has not been altered since the document was signed.

In the event that a parent wants to rescind an affidavit that they have previously filed, inform the parent that they should send a letter to the public health unit indicating this change. The letter should be kept on file and a note to this effect should be added to the database record.

5.5 Implementing the Suspension Process

Once database generated questionnaires have been sent out and the date for the return of information has passed, the students who are still outstanding are subject to suspension.

5.5.1 Issuing a Suspension Notice

Once all data received in response to sending out questionnaires has been entered into the database, each student's record should be reassessed to confirm whether the student is still subject to suspension. A student is subject to suspension if they are overdue for immunization as outlined in Table 1 below.

Table 1: Criteria for Suspension

Vaccine Required	Minimum # of Doses Required	Recommended Schedule	Interval between Booster Doses
Tetanus	3	Two injections, 1 to 2 months apart with a further dose one year later. Children immunized in infancy require three doses 1 to 2 months apart, a further dose one year later and a booster dose at age 4-6	10 years
Diphtheria	3	Two injections, 1 to 2 months apart with a further dose one year later. Children immunized in infancy require three doses 1 to 2 months apart, a further dose one year later and a booster dose at age 4-6	10 years
Polio – IPV OR Polio - OPV	3	Two injections, 1 to 2 months apart with a further dose one year later. Children immunized in infancy require three doses 1 to 2 months apart, a further dose one year later and a booster dose at age 4-6	None
Measles	2	One dose after the first birthday with a further dose more than one month later	None
Mumps	1	One dose after the first birthday	None
Rubella	1	One dose after the first birthday	None

Once it is confirmed that the student is still subject to suspension, print and mail a suspension order to the parent or to the student if he/she is 16 years of age or older. See Table 2 below for suggested timelines. Students can only be suspended if they are not up-to-date as per the above table.

Of special note; pertussis, while recommended and included in combined vaccines, is not a designated disease as per the *ISPA*⁵. Students due for their 14-16 year booster of tetanus and diphtheria are offered a booster that contains tetanus, diphtheria and pertussis (Tdap). However, only the Td portion of the booster is designated in the *ISPA*.

Also, students who have had 1 combined dose of measles, mumps and rubella (MMR) vaccine and 1 dose of (single antigen) measles vaccine are considered to

have complete records for MMR. However, a second dose of combined MMR vaccine is recommended to reduce the risk of mumps disease.

If the suspension order has not yet been mailed and the public health unit receives the required information, the original and the copy of the order can be shredded after a notation is made in the appropriate field of the database.

The suspension notification to the parent/guardian or student 16 years of age or older should indicate:

- immunization information required
- deadline date (allow a minimum of 10 business days to respond)
- suspension notification

Medical officers of health should provide written reasons regarding suspended students to school principals. In order to ensure a minimal amount of personal health information is disclosed it is recommended that public health units provide school principals with a list of all students who have received orders for suspension in writing with information stating that they are being suspended pursuant to the *ISPA*⁵. Ensure school principals are also notified of all related suspension dates.

Once mailed, suspension orders are legal documents and must not be shredded. A process of updating student lists and their suspension status internally and with schools should be put into place. To facilitate the process, clarify roles and responsibilities.

There should be a designated public health unit contact and school contact for each school.

5.5.2 After Mailing of Suspension Orders

Public health unit communication with parents/guardians/students:

- Contact parent or guardian (or student if 16 years of age or older) by telephone to facilitate compliance with the requirements.
- Once the required action is taken, remove the student from the suspension list.
- Update the appropriate database memo field e.g. 'Information received. Student up-to-date. Suspension removed.'

Public health unit communication with school board:

- Provide an updated list of students eligible for suspension to the school principal at least one week prior to the suspension day and daily thereafter.
- Remain in contact with the school regarding the suspension process.
- Prior to suspension day, establish a location within the school for suspended students to gather, if required, on the day of suspension.
- Continue to work with schools to facilitate compliance. This may require principal or public health unit involvement, depending on the situation.

5.5.3 Suspension Day

- Public health units should collaborate with schools to determine specific dates for suspension. It is recommended that public health units consider school breaks, exams, holidays and professional development days, etc. when setting suspension dates.
- Review the suspension process with the school and update the suspension list.
- Have suspended students removed from the classroom (if they are present) to a predetermined location at the school.
- Direct the school to contact the parent/guardian to pick up the student. The school staff should inform the parent/guardian that the student cannot return to school until the immunization information is obtained by the public health unit, or a valid original exemption is on file.
- Continue daily contact with the school until all students have returned to the classroom.

To facilitate immunization, public health units may provide vaccine in various settings e.g. special clinics at a school, additional community clinics.

5.5.4 Return to School

A suspended student can return to school when one of the following has been provided to the public health unit:

- Proof of required immunizations
- Proof of initiation of immunizations and proof of intention to continue e.g. future immunization appointments booked
- Statement of Medical Exemption
- Statement of Conscience of Religious Belief Exemption

5.5.5 Rescind Orders/Removal from Suspension

It is recommended to provide students who have been suspended from school with either written or verbal documentation demonstrating they have been removed from the suspension process. Public health units may opt to provide rescind orders to students once their immunization records are proven satisfactory.

Rescind orders can be:

- Provided to parents/guardians or students; or
- Provided to schools through direct call by public health unit staff.

5.5.6 Tracking the Collection of Immunization Information

For statistical purposes and to create a summary of the enforcement activities completed, public health units are recommended to collect the following information:

- Number of questionnaires sent per school and/or for each school board
- Number of suspensions sent per school
- Number of students suspended and how long the suspensions lasted per school
- Any issues arising from the process regarding communication or other administrative items

Table 2: Overview of the Suspension Process

Recommendations for the Suspension Process		
Timeline	Process	Recommendation
Once per school year	Generate Immunization Questionnaire or Consent to Immunize for each student with an incomplete record	RETURN DATE: 4 weeks from mail out
4-6 weeks after the RETURN DATE	Enter student immunization information into the database Generate Final Notice, attach order of suspension	Mail the suspension order to the parent/guardian or student (if 16 years of age or older) Allow 20 days before suspension order takes effect Provide a sample order of suspension to the school principal. Include list of students who have received orders of suspension
5 school days prior to suspension date	Contact school and principal, review suspension list and request clarification of contact information for parents/guardians or students over 16 years of age if required Assess student records as received	Fax list of students facing potential suspension to the school. Ask office administrator to respond to the fax, verifying the students on the list are still registered at the school. Students should not be suspended when the list is received, they should be suspended on the date issued in the order of suspension
1-2 school days prior to suspension	Ensure any updated information is provided to school officials on ongoing basis	Call principal or office administrator to review suspension list and remove the names of students who are now up-to-date

Recommendations for the Suspension Process		
Timeline	Process	Recommendation
Suspension day	<p>Ensure suspended students are not present at school</p> <p>If suspended students are present on suspension day the students should be removed from class to a predetermined location at the school to facilitate departure</p> <p>Parents/guardians of suspended students removed from class should be notified. An attendance officer may be available to assist</p>	<p>Fax list of students facing their first suspension to the school</p> <p>The school principal must suspend the students on the list and report any problems to the Immunization Program.</p> <p>The list of suspended students who are still not up-to-date should be reviewed on an ongoing basis</p> <p>The public health unit to provide rescind information to the school once the student's information is up-to-date</p>
20 school days post first order of suspension	Reissue suspension order, as needed	Print a list of students with incomplete information for a follow-up and second order of suspension and repeat process indicated above
20 school days post second order of suspension	Run a coverage report for the school and record	Second order of suspension should be the final order, at this point a truancy officer may become involved at the school principal's discretion
Final date	Run a final coverage report for the school and record	Follow-up as appropriate with any students who continue to have incomplete records

Note: Timelines for the record review/suspension process vary among public health units. Some public health units may opt to run additional notices between the first notice and the suspension notice as per their business processes.

Section 6: Order of Exclusion for an Outbreak or Risk of an Outbreak of a Designated Disease

Children who are not immunized may be excluded from day nursery and/or a school by order of the medical officer of health if there is an outbreak or risk of an outbreak of disease. If the child has no proof of immunity (i.e. adequate immunization or laboratory evidence of immunity; proof of disease) they are at risk and may place others at risk. There is no time limit on exclusion orders. Children may only return to the school and/or day nursery when the medical officer of health is satisfied that the circumstances requiring the order no longer exist or in some instances once the child is immunized against the disease.

Upon notification of a designated vaccine preventable disease reported in a school, the immunization records for all children attending that school will be reviewed. The school principal should be notified of this activity and requests made for assistance in communicating to appropriate board of education representatives and parents/guardians. The medical officer of health will determine if student exclusions are necessary.

Parents/guardians of children with incomplete immunization records for the disease reported in the school must be contacted in order to:

- Obtain missing immunization information;
- Educate about risk of exposure and risk of disease (signs and symptoms);
- Inform parents/guardians where they can obtain the appropriate immunizations; and/or
- Inform parents/guardian that exclusion from the school will take place immediately if appropriate.

Parents/guardians of students who have valid exemption forms on file must be contacted directly and a written order of exclusion must also be provided.

Parents/guardians of students who do not have valid exemption forms on file and choose not to take further action to update their child's immunizations may be contacted directly and a written order of exclusion must also be provided.

If exclusion is necessary, the public health unit will compile a list of students who are to be excluded from school and provide the list to the school principal. Enforcement of this exclusion list is compulsory and should be monitored on a daily basis. Table 3 below outlines the exclusion process.

Table 3: Overview of the Exclusion Process

Recommendations for the Exclusion Process		
Timeline	Process	Recommendation
Confirmed case identification	Generate clinic list of students/school at risk for designated disease	Divide list amongst designated staff – inform school of key public health unit contact
1-3 days	Contact all parents on list through telephone call	Provide outbreak-specific immunization clinics/services
1-3 days	Generate order of exclusion if necessary Enter student immunization information into the database	Partner with school principal to ensure the exclusion orders are enforced
Daily	Contact school and principal, review exclusion list Assess student records Reissue exclusion orders as necessary	Ongoing communication with schools and provision of immunization services for excluded students
Return to school	Generate rescind orders as immunization updates are received or outbreak risk is over	Allow excluded students to re-enter school once immunization information is received or declaration that the immediate risk of the disease or outbreak is ended

Section 7: New Arrivals to Canada and Individuals Without an OHCN

Students who are new arrivals to Canada are often without immunization records and without access to the Ontario Health Insurance Plan (OHIP), however this should not impede access to immunization. Public health units should facilitate the immunization process for these individuals by either offering immunization services or providing a referral to a health care practitioner.

New arrivals to Canada are often provided with access to the Interim Federal Health (IFH) Program which provides temporary health insurance to refugees, protected persons and refugee claimants, as well as to their dependants, during their settlement period in Canada prior to their qualification for a provincial or territorial health insurance plan. Routine immunizations are covered under IFH and no prior approval is required before this service is provided.⁸

There are many issues that may be associated with assessing the immunization status of persons new to Canada including:

- Immunization records may not exist or may have been misplaced/lost in transit
- Language barriers and difficulty interpreting foreign records
- Immunization schedules from other countries may vary significantly from those in Canada
- Variations in product formulations available in other countries that are not used in Canada

Since parental recall of previous vaccinations correlates poorly with those actually received, only written documentation of exact dates of immunization may be accepted. Only those vaccinations given at ages and intervals comparable with the *Publicly Funded Immunization Schedules for Ontario*⁶ should be considered valid.

For children and adults who do not have written documentation of immunization, or when there is doubt about the authenticity of the records or vaccines used, immunization using the primary series schedule as appropriate for their age should be started. It is recommended that newly arrived persons in Canada receive all the immunizations they are eligible for at the time of their appointment (unless medically contraindicated). If this is not possible, it is recommended that immunizations which are designated in the *ISPA*⁵ be administered first.

There are a variety of resources available to assist public health units to provide accessible care to persons of different countries where language barriers exist:

- Wherever possible, translation services should be requested, either through face-to-face interactions or via language services.
- The Ministry of Health and Long-term Care has a variety of [immunization fact sheets](#) that have been translated into several different languages.

- [*The Publicly Funded Immunization Schedules for Ontario – January 2009 \(or as current\)*](#).
- The [Immunization Action Coalition](#) and the Centers for [Disease Control and Prevention](#) have excellent resources available in other languages. Caution should be exercised when using these resources with clients as some information may vary from that recommended in Canada.
- The [World Health Organization has organized immunization schedules by country](#). Health care providers can see the immunization schedule in its entirety or by antigen.
- [National vaccination schedules are also available online for members of the European Union \(EU\)](#).
- A variety of on-line translation websites also exist that may help to determine antigens/vaccines administered.

Section 8: Reporting

8.1 Process for Providing Coverage Reports

Upon request from the Public Health Division at the ministry, and in accordance with the *Immunization Management Protocol*¹, public health units are required to provide immunization coverage reports for children residing within their jurisdiction.

The request for coverage reports are:

- once a year, usually every spring, however, additional requests may be made throughout the year.
- usually for the designated vaccines included in the *ISPA*⁵, however, coverage data on other recommended vaccines may also be requested by the ministry and public health units may provide this information on a voluntary basis.

Immunization data is expected to be extracted from each public health unit's existing database. Detailed instructions for the completion of the reports are provided with each request.

The data provided by public health units is compiled to produce provincial reports, analyze potential vulnerable populations across the province, and provide public health units with a picture of provincial and jurisdictional immunization coverage data over time. Public health units can also compare their local immunization coverage rates with provincial coverage rates.

8.2 Considerations When Using The Current Database; The Immunization Records Information System (IRIS)

8.2.1 Students Enrolled in More than One Facility

A student may be enrolled in more than one facility at a time, e.g. the student attends an elementary school during the day and a child care center for before and after school care. In these circumstances the school in which the student is enrolled will be the **primary facility** and any other facility will be listed as secondary.

8.2.2 Guidelines for Documenting in the IRIS Memo Field

The following items should be included in all IRIS memos:

- Public health unit acronym (e.g. Simcoe Muskoka District Health Unit is SMDHU)
- Date (yyyy/mm/dd)
- Time (either 24:00 clock, or with am/pm noted)
- Name and designation of staff making the note

8.2.3 Limitations to the IRIS Memo Fields

There are a number of limitations with the IRIS. Notes in the IRIS memo field may not meet the documentation standards of the College of Nurses of Ontario

(CNO) or the public health unit. All nursing notes and other lengthy notes should be documented as per current documentation standards. Information that nurses require when working in a public health unit immunization clinic are recommended to be captured in the memo field.

8.2.4 Events or Information which should be Referenced in the IRIS Memo Field

- Alternate names for the child: if the child has more than one name (e.g. an English and mother-tongue name) or a change of last name, this should be noted to clarify for future users.
- Adverse event following immunization (AEFI): If an adverse event occurs, a note should be made in the memo field indicating the nature of the reaction and any recommendations for further immunizations received. Specific information about the event should be entered into the Integrated Public Health Information System (iPHIS) and documented as per the public health unit's policies and procedures.
- Decline of or deferral of immunization: If a student/parent declines an immunization, both the refusal and the reason should be noted.
- Custody status/issue: Enter the name of the person who has the authority to make decisions if that has been disclosed.
- Unusual concerns about parents: If a parent has been hostile or potentially abusive, a warning or alert type memo should be noted. Details about the incident need to be documented according to current documentation standards.
- Suspension work: Correspondence with parents/guardians during the suspension process is vital. Staff in all locations should have timely and accurate access to the information contained in the IRIS memo section. These notes should include:
 - a. any telephone contact and attempts to call the parent or guardian related to suspension or clarification of the immunization history
 - b. any contact with health care professionals, school officials or other key stakeholders related to collection of immunization information
 - c. rescinding of suspension order once the information is received

In general, documentation in the IRIS memo field should be done in accordance with current documentation standards. All notations should be concise and devoid of subjective interpretation from the writer. Key points such as issue, intervention, and resolution should be included.

Section 9: References

1. Ontario. [Ministry of Health and Long-Term Care. Immunization management protocol, 2008](#). Toronto, ON: Queen's Printer for Ontario; 2008 [cited 2010 Jun 23].
2. Ontario. [Ministry of Health and Long-Term Care. Ontario public health standards](#). Toronto, ON: Queen's Printer for Ontario; 2008 [cited 2010 Jun 23].
3. [Health Protection and Promotion Act](#), R.S.O. 1990, c. H7.
4. [Day Nurseries Act](#), R.S.O. 1990, c.D.2.
5. [Immunization of School Pupils Act](#), R.S.O. 1990, c. I.1.
6. Ministry of Health and Long-Term Care. [Publicly funded immunization schedules for Ontario](#)—January 2009. Toronto, ON: Queen's Printer for Ontario; 2009 [cited 2010 Jun 23].
7. [Commissioners for Taking Affidavits Act](#), R.S.O. 1990, c. C.17.
8. [Citizenship and Immigration Canada. Operational manuals- Reference: IR3-Medical](#). Ottawa, ON: Minister of Public Works and Government Services Canada; 2010, p.5-6.