

Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

Effective: January 1, 2018 or upon date of release

Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

The purpose of this protocol is to provide direction to boards of health, and to promote standardized practices, with respect to the required assessment of the immunization status of school pupils (“students”), including processes associated with issuing suspensions, and the assessment of the immunization status of children in licensed child care settings.

Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

Immunization

Requirement 1. The board of health shall, in accordance with the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current), assess, maintain records, and report on:

- a) The immunization status of children enrolled in licensed child care settings, as defined in the *Child Care and Early Years Act, 2014*;
- b) The immunization status of children attending schools in accordance with the *Immunization of School Pupils Act*; and
- c) Immunizations administered at board of health-based clinics as required in accordance with the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current); and the *Infectious Diseases Protocol, 2018* (or as current).

School Health

Requirement 8. The board of health shall enforce the *Immunization of School Pupils Act* and assess the immunization status of children in accordance with the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current).

Operational Roles and Responsibilities

Education on Immunization and Assessment Activities

- 1) The board of health shall educate school operators, child care licensees, students, and their parents about the importance of immunization, the requirement to comply with the *Immunization of School Pupils Act* (ISPA) or the *Child Care and Early Years Act* (CCEYA), enforcement activities, and how to access immunization services.^{3,4}
- 2) The board of health shall inform boards of education, school operators, and child care licensees in advance about the planned immunization assessment activities that will affect their students or attendees for that year.
- 3) The board of health shall maintain policies and procedures with regard to the immunization assessment, exemptions, suspension, and exclusion processes specified in this protocol.

Collection of Demographic and Immunization Information

- 1) The board of health shall collect demographic and immunization information for children enrolled in licensed child care settings and students in school according to specific legislative requirements.

Demographic and Immunization Information to be Collected by Boards of Health

For Children in Licensed Child Care Settings

- 2) The board of health shall ensure that the medical officer of health provides direction to the licensees of child care settings with respect to immunizations required for enrollment and attendance for children in a child care setting who are not in attendance at a school within the meaning of the *Education Act*.⁵
- 3) The board of health shall ensure that the medical officer of health includes in the direction specified in 2 above, immunization against the following vaccine preventable diseases: diphtheria, *haemophilus influenzae* type b, measles, meningococcal, mumps, pertussis, pneumococcal, poliomyelitis, rotavirus, rubella, tetanus, and varicella. This direction shall be in accordance with the current provincial publicly funded immunization schedules.⁶
- 4) The board of health shall request and collect information from licensees in their jurisdiction which will assist in immunization assessment processes. This information shall be collected in accordance with Ontario Regulation 137/15, Section 72 subsection 6 under the CCEYA.⁷

For Students in School

- 5) In accordance with Ontario Regulation 645 under the ISPA, the board of health shall maintain the following information for the immunization records:⁸
 - a) Student's full name, address, and telephone number;
 - b) Student's alternate name, if applicable;
 - c) Student's sex;
 - d) Student's date of birth;
 - e) Student's country of birth;
 - f) School name (and school identification number, if applicable);
 - g) Student's grade or class;
 - h) Student's health number;
 - i) Name, address, telephone number of every parent of the student;
 - j) Preferred language(s) of the parents of the student;
 - k) Record of the student's immunizations against the designated diseases that include type of vaccine administered, date of administration, and any reactions to the vaccine; and
 - l) Statement of Medical Exemption(s) or Statement of Conscience or Religious Belief Forms for student.

Mechanisms for the Collection and Capture of Demographic and Immunization Information*

- 6) The board of health shall collect and capture all demographic and immunization information in the centralized provincial Digital Health Immunization Repository (DHIR) (referred to as "Panorama").
- 7) The board of health shall follow privacy requirements as specified in the *Personal Health Information Protection Act, 2004*,⁹ and all other privacy requirements as applicable when using mechanisms to collect, use and disclose demographic and immunization data, and inputting this data into Panorama.
- 8) The board of health shall follow the current Panorama Data Standards and Best Practices document to:¹⁰
 - a) Add and update student information (i.e., name, address, and other demographic information);
 - b) Add and update immunization information;
 - c) Verify valid exemptions; and
 - d) Reconcile duplicate information (both child and immunization).

* As of January 1, 2018 section 10 of the ISPA requires proclamation by the Lieutenant Governor. When this section is proclaimed and comes into force, medical officers of health will receive required immunization information under the ISPA directly from health providers.

- 9) The board of health shall accept different methods for the collection of demographic and immunization information, including, but not limited to, online, verbal, and written/printed immunization records.

Conducting Assessments

- 1) The board of health shall conduct annual immunization assessments for children enrolled in licensed child care settings and students in school according to the specific legislative requirements.
 - Assessment of immunization records for children enrolled in licensed child care settings shall occur for those children who are not also students in school. Records for children maintained by child care licensees who are attending both licensed child care and a school are only subject to ISPA requirements.
- 2) The board of health shall assess the immunization status of all children by birth year and by disease.
- 3) The board of health shall follow the current Panorama Data Standards and Best Practices document for conducting assessment processes.¹⁰
- 4) The board of health shall consider an individual's immunization record to be complete for the purposes of legislative and regulatory requirements if at least one of the following criteria is met:
 - a) Individual has received all required immunizations according to legislative and regulatory requirements.
 - b) Individual has received as many required doses as is possible, and is in the process of completing their immunizations utilizing a catch-up schedule.
 - c) Individual has received some of the required vaccines according to legislative and regulatory requirements and has a valid exemption for the other required vaccines.
 - d) Individual has a valid exemption for all required vaccines.
- 5) The board of health shall identify children and students who have missing immunization information.

Notices to Parents and Students[†]

- 6) The board of health shall provide documented notification to parents (and to students who are 16 years of age or older) if immunization information is missing for a child or student. The documented notification must include the following information:

[†] As of January 1, 2018, section 10 of the ISPA requires proclamation by the Lieutenant Governor. When this section is proclaimed and comes into force, health care providers will be required to provide immunization information to the medical officer of health directly. Therefore, the notices provided to parents and students will need to indicate that their health provider has not provided the required information.

- a) The specified disease(s) for which the child or student is overdue or for which there is missing information;
 - b) Options for accessing immunizations and/or processes for obtaining a valid exemption;
 - c) The deadline for responding to the requested information and the method(s) that can be used to submit the requested information to the board of health; and
 - d) **For students in school only who are subject to the ISPA**, that they may be suspended from school for up to 20 school days, or until information on the completion of previously incomplete and/or overdue immunizations is received and assessed by the board of health.
- 7) The board of health shall provide, at minimum, 4 weeks between the mailing of the notice and the deadline for response.
 - 8) The board of health shall update the child's or student's record as information is received from the parent or the health provider as applicable. If the immunization information gathered is sufficient to demonstrate that their immunizations are complete as per the legislative and regulatory requirements, or in progress as defined above, the board of health need take no further action.
 - 9) **For children in licensed child care settings**, if a parent does not respond by the deadline, the board of health shall work with the licensee to contact the parent and work towards a completed record.

For students in schools, if the parent does not respond by the deadline, the board of health shall ensure the medical officer of health issues an order to the principal or operator of the school to suspend the child from school.

Exemptions

For Children in Licensed Child Care Settings

- 1) The board of health shall ensure that all statements of medical exemptions or statements of conscience or religious belief that are received by the board of health are entered in Panorama.

For Students in School

- 2) The board of health shall maintain medical exemption records of students for a designated disease:
 - a) Medical exemptions for designated diseases shall be documented in Panorama as soon as possible; and
 - b) If a medical exemption form is incomplete, the board of health shall contact the physician or the nurse practitioner as appropriate for the additional information required.
- 3) The board of health shall make clear to parents who are considering non-medical exemptions the requirements specified in the ISPA and Regulation 645 under the ISPA, including the requirement for a parent requesting the non-medical exemption to

attend an immunization education session prior to filing the statement of conscience or religious belief.^{3,8}

- 4) The board of health shall deliver an in-person education session to the parent requesting the non-medical immunization exemption, necessitating face-to-face interaction. The education session shall be delivered by the medical officer of health or their delegate. The delegate shall be an employee of the board of health and be knowledgeable regarding vaccines and the process of being immunized.
 - a) Alternate means of providing the education session shall only occur if the parent is:
 - i) Home-bound due to illness or disability (or they have a dependent who is home-bound due to illness or disability) and is unable to travel to the board of health or another location to meet the medical officer of health or delegate.
 - ii) Unable to attend the in-person education session because they live in a remote community.
 - b) In the event of an identified extenuating circumstance as described above, the board of health shall deliver the education session using one of the following:
 - i) Video conferencing (e.g., Skype or FaceTime); or
 - ii) Telephone.
- 5) The board of health shall deliver the education session using the digital education module and/or transcripts, as specified by the ministry.
- 6) After the completion of the education session, the board of health shall provide a certificate of completion signed and dated by the medical officer of health or delegate to the parent in the form of a Vaccine Education Certificate, as specified by the ministry.
- 7) The board of health shall collect the following documentation from the parent prior to granting a non-medical vaccine exemption:
 - a) The Statement of Conscience or Religious Belief Form that has been signed by a Commissioner for Taking Affidavits; and
 - b) The Vaccine Education Certificate issued by the board of health.
- 8) The board of health shall notify parents that they should maintain records of these documents.
- 9) The board of health shall validate the Statement of Conscience or Religious Belief Form and the Vaccine Education Certificate and document the exemption in Panorama or any other method specified by the ministry.
- 10) The board of health shall allow the rescission of an affidavit/exemption in the event that a parent of a student wishes to rescind an affidavit that they have previously filed. The parent who requests to rescind the affidavit/exemption should be the same parent who signed the affidavit. The board of health shall follow the Panorama Data Standards and Best Practices document for capturing this information in Panorama.¹⁰

Orders For the Suspension of a Student

- 1) The board of health shall provide a written order requiring a person who operates a school to suspend a student from school where the grounds in section 6(2) of the ISPA have been met.³
- 2) The board of health shall provide at least one written notice requesting immunization information before issuing a suspension order. The board of health shall also work with school operators to determine a suitable suspension date, as feasible.
- 3) The following information shall be included in the suspension order:
 - a) Immunization information required;
 - b) Deadline for response/date of suspension;
 - c) Suspension notification;
 - d) How to report if/when immunizations are received;
 - e) How to obtain a valid exemption;
 - f) How to appeal the order; and
 - g) Who to contact for questions or additional information.
- 4) After issuing suspension orders, the board of health shall remain in contact with schools regarding the suspension process and continue to work with schools to facilitate compliance before the suspension date. The board of health shall be in communication with school operators regarding the following:
 - a) Students who have received orders for suspension in writing with information stating that they are being suspended pursuant to the ISPA;³
 - b) Important dates related to the suspension process and the rescind process for returning to school;
 - c) Updated list of students eligible for suspension prior to suspension day and as needed thereafter; and
 - d) Assistance with planning suspension day, including referring schools to their board/school policy for handling student suspensions.
- 5) If the missing immunization information is provided before the date of suspension, the board of health shall update the student's information in Panorama and no further action is required.
- 6) On the day of suspension, the board of health shall:
 - a) Review the suspension process with the school and update the suspension list;
 - b) Assist the school with the management of their suspended students, as needed;
 - c) Direct the school to inform parents and students that the student cannot return to school until the immunization information is obtained by the board of health, or a valid exemption is on file; and
 - d) Continue daily contact with the school as needed until all students have returned to the classroom.
- 7) The board of health shall rescind the order where the circumstances for making the order no longer exist and notify the school operator and parent.

- 8) The board of health shall, once a student's immunization is in progress, re-admit the student to school and provide further follow-up to ensure completion of the immunization. For example, if the board of health has required tetanus/acellular pertussis/diphtheria/polio (Tdap-IPV) and measles/mumps/rubella/varicella (MMRV) immunizations and a health care provider has provided only a Tdap-IPV, choosing to wait to give MMRV, the updating of the student's immunization would be considered to be in progress and the board of health shall notify the parent or the student if 16 years of age or older that the student can be re-admitted to school but will still require the outstanding immunization(s) prior to the next school year.
- 9) The board of health shall record in Panorama when the student has been removed from the suspension list and admitted to school.
- 10) The board of health shall update all immunization information in Panorama at the completion of the assessment and suspension process, and at the latest, by the end of each school year and/or as directed by the ministry.
- 11) The board of health shall maintain statistical information on school suspensions in the public health unit and create a summary of suspensions for each school year.

Order of Exclusion From a Licensed Child Care Setting or School for an Outbreak or Risk of an Outbreak of a Designated Disease

- 1) Upon notification of an outbreak or threat of an outbreak of a designated disease at a school or licensed child care setting, the board of health shall undertake an immediate and rigorous assessment of immunization information on file to determine individuals who are at risk for the disease.
- 2) For children who are not complete with their immunization for designated diseases according to specific legislative requirements, the board of health shall contact the health care provider and/or parent, or student if 16 years of age or older, to request the information.
- 3) The board of health shall exclude children and staff without the required immunization information under section 22 of *the Health Protection and Promotion Act (HPPA)* where there is an outbreak or risk of an outbreak of a communicable disease, as required.²
- 4) The board of health shall facilitate access to immunization services for individuals whose immunizations are not complete, as required.
- 5) The board of health shall document any orders of exclusion in Panorama.

Glossary

Antigen: An antigen is any substance that causes your immune system to produce antibodies against it. An antigen may be a vaccine.

Assess: Involves the systematic collection and analysis of data (immunization records) in order to provide a basis for decision-making.¹¹

Designated Diseases: As per the ISPA, designated diseases means diphtheria, measles, mumps, poliomyelitis, rubella, tetanus, pertussis, meningococcal and varicella and any other disease prescribed by the Minister of Health and Long-Term Care (“maladies designees”).³

Due: The recommended age for administration of a dose of vaccine, or the recommended interval between doses, based on the recommended immunization schedule(s).

Exemptions: Medical exemptions or a statement of conscience or religious belief apply only to vaccines as designated in the ISPA.³ For a non-medical exemption (i.e., statement of conscience or religious belief) a valid Vaccine Education Certificate is required.

Licensed Child Care: “licensed child care” means child care that:

- (a) is provided at a child care centre,
- (b) is home child care, or
- (c) is in-home services.

Licensee: a person who holds a licence issued under the *Child Care and Early Years Act*, 2014.⁴

Overdue: For vaccines administered to school-age children, overdue parameters have been set for required antigens according to the schedule under the ISPA; this is the age or interval beyond which a child can be suspended from school.³ Although overdue parameters are defined for doses given to those younger or older than school age, with the exception of the child care settings, only school students may be suspended if overdue for required vaccines. For vaccines that are not required under the ISPA but are recommended by the ministry, overdue triggers a reminder system.³

Parent: As defined in the ISPA “parent” includes an individual or a corporation that has the responsibilities of a parent.³

School: As defined in the ISPA – “school” means a “private school” and a “school” as defined in the *Education Act* and includes a beginners class within the meaning of the *Education Act* (“école”).^{3,5}

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