IMMUNIZATION

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REQUIREMENTS OF THE MEDICAL OFFICER OF HEALTH FOR CHILDREN IN DAY NURSERIES AND PRIVATE HOME DAY CARE

IMMUNIZATION

Day Nursery Children

Day nursery operators and staff play an important role in the lives of children they care for, ensuring access to quality growth and development opportunities. Health is a major factor in growth and development - helping children remain healthy in their day nursery is key. Infectious diseases can easily spread from child to child, or even staff in day nurseries. Immunization is a simple and effective measure of preventing infectious diseases and limiting their spread. Operators help prevent children and staff from suffering illness, lifelong disability or even death, by ensuring immunization records are up to date at their facility.

According to the Day Nurseries Act, s. 33, the operator shall ensure that every child is immunized as recommended by the local Medical Officer of Health, except where a parent of the child objects in writing to the immunization on the grounds that the immunization conflicts with the sincerely held convictions of the parent’s religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the operator as to why the child should not be immunized.

In Durham Region, the Medical Officer of Health recommends that children are immunized against rotavirus, measles, mumps, rubella, tetanus, polio, diphtheria, pertussis (whooping cough), haemophilus influenzae b, varicella (chicken pox), invasive pneumococcal disease, and invasive meningococcal (serogroup C) disease before entry into nurseries, and receive boosters as necessary to keep their immunization status at an optimum level.

Parents can consult with their health care provider or the Health Department for more information on immunizations against the diseases listed above (see Fact Sheet section for additional information).

The Durham Region Health Department collaborates with day nursery operators to ensure all children in attendance are protected from vaccine preventable disease. This includes assessing records of children in attendance (Monthly Process) and ensuring records are maintained (Questionnaire Process). Attendance and new immunization records of preschool* children attending the day nursery are required every month and from time to time thereafter. At least once a year, questionnaires will be sent indicating incomplete immunization records as recommended by the local Medical Officer of Health.

*preschool refers to any child not attending school
Monthly Process
(All submissions should be inclusive between the 15th of each month.)

On or before the 15th of every month, day nursery operators must provide:

- **An up-to-date attendance list**
  [The list will indicate any new admissions or withdrawals and should be sorted alphabetically on the Day Nursery Monthly Attendance List form provided by the Durham Region Health Department.]

- **Immunization Information Request forms (pink form)**
  [Required for every new admission and should be filled out by the parent/guardian at/or prior to admission. All pink forms are to be submitted to the Health Department and copies should not be made.]

- **Immunization records or immunization updates**
  [Operators must keep a copy of each* child’s immunization record within the child’s health history. Records should be copied carefully before submission to ensure dates of immunizations are legible.]

Note: refer to the cover letter of the Immunization Information Request (pink form) for the recommended immunization schedule. Health Department nurses are available to assist operators to ensure immunization histories are up to date.

* each child refers only to children who are not in attendance at a school within the meaning of the Education Act. (see School Age Children)

Questionnaire Process
At least once a year, Durham Region Health Department will provide questionnaires to parents/guardians through the day nursery operator. Questionnaires will identify missing or incomplete immunization records for children in attendance as recommended by the local Medical Officer of Health and in accordance the Day Nursery Act. Specific instructions and time lines for day nursery operators are included with questionnaires packages.
School Age Children

According to the Immunization of School Pupils Act, the Health Department maintains immunization records on all children attending elementary and secondary schools. Thus, the day nursery does not need to maintain immunization records on children attending school within the meaning of the Education Act, but health histories are required.

CHILD HEALTH HISTORY

The Day Nurseries Act states that the operator shall ensure up-to-date health histories on all children are kept on the premises of the day nursery or private home day care agency.

Child Health Histories Shall Include:
1. conditions requiring medical attention
2. immunization records (except children attending school)
3. child’s history of communicable disease(s)
4. special requirements regarding diet, rest or exercise

HEALTH SUPERVISION

According to the s. 34 of the Day Nurseries Act, the operator shall ensure that each child is observed daily to detect possible symptoms of ill health or abuse; ensure that children who appear ill are separated from other children and that medical follow-up is received.
EMPLOYEE HEALTH ASSESSMENT AND IMMUNIZATION FOR DAY NURSERIES AND PRIVATE HOME DAY CARE AGENCIES

EMPLOYEE HEALTH ASSESSMENT

In accordance with Section 62 of the Day Nurseries Act,

(1) Every operator of a day nursery shall ensure that, before commencing employment, each person employed in each day nursery operated by the operator has a health assessment and immunization as recommended by the local medical officer of health.

(2) Subsection (1) does not apply where the person objects in writing to the immunization on the grounds that the immunization conflicts with the sincerely held convictions of the person based on the person’s religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the operator as to why the person should not be immunized.

(3) Every operator of a private-home day care agency shall ensure that, before any child being provided with private-home day care, each person in charge of a location where private-home day care is provided by the operator and each person ordinarily resident on the location or regularly on the premises has had a health assessment and immunization as recommended by the local medical officer of health.

(4) Subsection (3) does not apply where the person, or where the person is a child, a parent of the person, objects in writing to the immunization on the grounds that the immunization conflicts with the sincerely held convictions of the person or parent based on the person’s or parent’s religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the operator as to why the person should not be immunized.

In Durham Region, the Medical Officer of Health requires that employees of day nurseries, private-home day care providers and persons regularly on the premises provide a personal record of immunization and tuberculin skin testing prior to employment.

The Health Assessment form is to be completed by each individual and filed in their personnel file (see “Health Assessment Form”).
EMPLOYEE IMMUNIZATION

**Tetanus and Diphtheria (Td) Toxoid**
A completed primary series of Td vaccination is required. A booster of Td is needed every 10 years. All adults 19 to 64 years of age who have never received the combined tetanus, diphtheria and pertussis (Tdap) vaccine in adolescence are eligible to receive **one lifetime** (publicly funded) dose to protect against pertussis (whooping cough). This lifetime dose replaces one of the Td booster doses given every 10 years. (See Fact Sheets section: *Facts About…Adacel®, Tdap*).

**Poliomyelitis Vaccine**
A completed series of poliomyelitis vaccination is required.

**Measles, Mumps and Rubella (MMR) Vaccine**
Any adult born after 1970 should have two doses of the MMR vaccine unless he/she can prove:

1. physician documented evidence of measles, mumps, and rubella disease
   OR
2. laboratory evidence of immunity to measles, mumps, and rubella

Immunity for the above diseases is particularly important for women of childbearing age.

**Influenza Vaccine**
The influenza vaccine is available free of charge and is available each year in fall and winter.

Children are considered a significant source of community outbreaks of influenza. Staff working with children are encouraged to receive the influenza vaccine on an annual basis to protect themselves and limit the spread of the virus within the day nursery setting and to their family and friends. (see Fact Sheets section: *Facts About…Influenza & Facts About…Influenza Vaccine*).

**Chickenpox Vaccine**
Chickenpox vaccination is encouraged for staff who have not had chickenpox disease. (see Fact Sheets section: *Facts About…Chickenpox Vaccine [Varivax III® or Varilrix®]*).
**Laboratory Evidence of Immunity**

**Fifth Disease** (slapped cheek disease, parvovirus B19)
Over 50% of adults are immune to fifth disease.
Pregnant women who have been in contact with a case of fifth disease should consult with their physician. Blood work may be ordered to determine if the woman is immune to fifth disease.

For pregnant women who are not immune to fifth disease and are exposed to a case, the risk to their fetus is relatively low.

Non-immune pregnant women, after discussion with their physician, may wish to exclude themselves from the workplace, however, there is no evidence that susceptible women can reduce their risk of infection by leaving the workplace. Female employees of childbearing age may wish to discuss with their physician, the option of having blood work (parvovirus B19 titre) done prior to becoming pregnant to determine whether or not they have immunity to the virus.

**TUBERCULIN SKIN TEST (TST)**

A two-step TST is recommended to persons who have not had a previous skin test. The second skin test is completed 1-4 weeks after the first. If TST results are positive, further follow-up by a physician to rule out active disease is required. **Positive skin tests must be reported to the Health Department.**

Documentation of this should be kept in the employee’s file.

**Note:**
If the individual has documented evidence of a previous two-step tuberculin skin test with a negative result:
Documented evidence of the negative result and date that the test was performed should be kept in the employee’s file.

If the individual has documented evidence of a previous two-step tuberculin skin test with a positive result:
**Do not repeat skin test.** Evidence of follow-up by a physician to rule out active disease is required and should be kept in the employee’s file.
POST EMPLOYMENT HEALTH ASSESSMENT
Routine, annual health assessments are not required.

It is the operator’s responsibility to ensure the individual is able to carry out their work and does not have a communicable disease that would affect the well-being of others in the day nursery setting. At any time during the employment, the operator may request a medical statement signed by a physician indicating the individual is able to work without spreading disease.

It is important to ensure that immunization records are monitored to identify when the next Td booster is needed (every ten years). Immunization records must be updated when vaccines are received and kept in the individual’s file.

Tuberculin skin testing is not required on a routine basis. In the event that an active case of tuberculosis is identified in a day nursery, testing may be necessary to determine the spread of infection. The Health Department will contact the Day Nursery Operator in this case regarding the appropriate follow-up that is required.

EXCLUSION OF EMPLOYEES/OTHERS
Any employee/volunteer/co-op student/other who is in attendance at the day nursery and is ill may be excluded by the employer. The employer may request a medical statement be completed by a physician prior to the individual returning to the day nursery.

SAMPLE EMPLOYEE ASSESSMENT FORM
A sample of this form is included for your review. Please revise as needed and keep in employee file.
IMMUNIZATION INFORMATION REQUEST

TO PARENT/GUARDIAN

Under the Day Nurseries Act, R.R.O. 1990, Regulation 262, Section 33, day nurseries must ensure that any child attending the day nursery is immunized against diphtheria, pertussis (whooping cough), tetanus, polio, haemophilus influenzae b, measles, mumps, and rubella, as recommended by the local Medical Officer of Health. Immunization against measles, mumps, and rubella must have been given after the 1st birthday. Exemptions may be granted for medical reasons, or for reasons of conscience or religious belief, using the special forms available for this purpose from the Health Department.

PLEASE ATTACH A PHOTOCOPY OF YOUR CHILD’S IMMUNIZATION RECORD TO THIS FORM AND RETURN COMPLETED FORM TO THE SCHOOL OR TO THE HEALTH DEPARTMENT BY MAIL.

Please Print Clearly

STUDENT LAST NAME: ___________________________ FIRST NAME: ___________________________ OTHER LAST NAME USED: ___________________________

GENDER: ___________________________ DATE OF BIRTH: ___________________________

ONTARIO HEALTH CARD NUMBER (optional): ___________________________

Y Y / M M / D D

Name of school that child will be attending: ______________________________________

PARENT/GUARDIAN HOME ADDRESS:

FIRST NAME: ___________________________ STREET: ___________________________

LAST NAME: ___________________________ CITY: ___________________________

POSTAL CODE: ___________________________

HOME TELEPHONE NUMBER: ___________________________ BUSINESS TELEPHONE NUMBER: ___________________________

Previous School: ______________________________________

City & Province (of school): ______________________________________

SIGNATURE OF PARENT / GUARDIAN DATE FORM COMPLETED

When your child receives any vaccinations or if you have any questions, contact Durham Region Health Department, Durham Health Connection Line

Tel. 905-666-6241 or 1-800-841-2729 Fax 905-666-6216

Personal information is collected, used and disclosed under the authority of the Health Protection and Promotion Act R.S.O. 1990 c.H.7, s. 5 and the Immunization of School Pupils Act, R.S.O. 1990, s. 11(1) and its Regulations. This information is collected for the purpose of assessing, maintaining records and reporting on the immunization status of children attending schools in the province of Ontario. Questions about this collection of information should be addressed to the Manager, Health Information, Privacy and Security, Durham Region Health Department, at 605 Rossland Rd E, P.O. Box 730, Whitby, ON, L1N 0B2, (905) 668-7711.

Revised: September 2011
EMPLEYEE HEALTH ASSESSMENT FORM
(To be completed by the employee, adult resident, those regularly on premises, other)

Name: ___________________________ Date of Birth: ________________________

**IMMUNIZATION HISTORY**

Attach a copy of the yellow immunization record to this form or provide the dates of vaccinations received in the spaces below:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date (yyyy/mm/dd)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diphtheria</strong> (every 10 years)</td>
<td>Last booster:</td>
</tr>
<tr>
<td><strong>Tetanus</strong> (every 10 years)</td>
<td>Last booster:</td>
</tr>
<tr>
<td><strong>Diphtheria/Tetanus/Pertussis</strong> (Adace® or Boostrix®) (1 adult dose)</td>
<td>Given:</td>
</tr>
<tr>
<td><strong>Poliomyelitis</strong></td>
<td>Primary series completed:</td>
</tr>
<tr>
<td><strong>Measles/Mumps/Rubella</strong></td>
<td>Given:</td>
</tr>
<tr>
<td>(2 doses of MMR are recommended for adults born 1970 or later)</td>
<td>Given:</td>
</tr>
<tr>
<td><strong>Chickenpox</strong> (one adult dose recommended if no history of disease or evidence of immunity)</td>
<td>Given:</td>
</tr>
</tbody>
</table>

**Women of Child Bearing Age**

<table>
<thead>
<tr>
<th>Rubella Titre (if MMR vaccine not received)</th>
<th>Date:</th>
<th>Result:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parvovirus B19 (Fifth Disease) Titre</strong> (not mandatory – can have titre done to determine susceptibility to infection)</td>
<td>Date:</td>
<td>Result:</td>
</tr>
</tbody>
</table>

**Tuberculin Skin Test (TST)**

<table>
<thead>
<tr>
<th>Date &amp; Time Given</th>
<th>Site</th>
<th>Health Care Provider</th>
<th>Date &amp; Time Read</th>
<th>Results (mm)</th>
<th>Health Care Provider Signature</th>
</tr>
</thead>
</table>

If never been skin tested before, a two-step TST is recommended. TST must be read within 48-72 hours after test administered. All positive skin tests must be reported to the Health Department.

Signature of Employee: ___________________________ Date: ________________________

August 2011