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To: All Operations Staff

From: Leo Tsang
A/Deputy Chief, Operations

Subject: **2021-2022 INFLUENZA IMMUNIZATION**

Toronto Paramedic Services encourages all Paramedics, as health care professionals, to consider the medical benefits of influenza immunization for themselves, their families and their patients.

Under the Influenza Control Standard contained in the Regulations of the Ambulance Act, all Paramedics must sign the form on the reverse of this page, to indicate you have complied with one of the following three options:

- 1) You have been immunized against influenza with the 2021-2022 vaccine, and have provided supporting documentation;
- 2) You are submitting a doctor's note verifying that immunization is contraindicated for you; or
- 3) You have not received the influenza immunization and understand that you are responsible for wearing the appropriate PPE in the event of an influenza outbreak affecting an area, or specific health care, or residential facility.

Influenza immunization compliance is tracked by Toronto Public Health and the Ministry of Health. 100 percent compliance in submitting the attached form is required for Toronto Paramedic Services.

Health care professionals who have not been immunized for influenza, either because they refused, have not yet been immunized or because it is contraindicated, must agree to take universal precautions when coming in contact with high-risk patients, including the elderly, young children and immune compromised.

We hope that all of our Paramedics recognize the benefits of receiving an influenza immunization. Thank you for your cooperation.

(Original signed by)
Leo Tsang

c: P. Raftis, Deputy Chiefs, Operations Commanders, Multimedia, Communications Review

TORONTO PARAMEDIC SERVICES INFLUENZA IMMUNIZATION DOCUMENTATION 2021-2022

In accordance with the provisions of the regulations to the Ambulance Act, all Toronto Paramedic Services (TPS) Paramedics must complete, date, and sign this form. In signing this form you acknowledge that you will also review the Ministry of Health (MOH) Influenza Training Bulletin when it is released. This bulletin will be made available electronically on tenseducation.com and station computers.

Please check the appropriate box and attach documentation if selecting options 1 or 2:

- 1) I have or will review and understand the MOH Influenza Training Bulletin and have been immunized against influenza with the 2021-2022 vaccine. I have attached a valid certificate signed by a physician or delegate indicating that I have been vaccinated against influenza.

NOTE: Only select Option 1 if the supporting documentation is attached. If documentation is not available or delayed, select option 3. Forms will be updated upon receipt of documentation by TPS Education & Development.

- 2) I have or will review and understand the MOH Influenza Training Bulletin. Influenza immunization has been contraindicated for me by a physician, therefore I have not had the flu shot and have attached the doctor's note to that affect. I understand that I am responsible for wearing the appropriate PPE in the event of an influenza outbreak affecting an area or specific health care or residential facility. Furthermore, I understand that if the supporting documentation has not been submitted to TPS Education & Development by December 17, 2021 that my selection will automatically convert to option 3.

- 3) I have or will review and understand the MOH Influenza Training Bulletin. I have not received the influenza vaccine **or do not have documentation** to demonstrate such and understand that I am responsible for wearing the appropriate PPE in the event of an influenza outbreak affecting an area or specific health care or residential facility.

NOTE: If you have not received the influenza vaccine, or do not have supporting documentation to submit, select Option 3. Should you decide to be immunized against influenza or have documentation to submit, please forward the doctor's note or a copy of the immunization card to TPS Education & Development by December 17, 2021; your selection will be updated to Option 1 or 2, whichever is appropriate.

Supporting Documentation Attached (required for #1 or #2): Yes No

Today's Date: _____

Name of Paramedic (please print): _____

Employee #: _____ Current District/shift assignment: _____

I acknowledge that I have reviewed or will review the MOH Influenza Training Bulletin once it is made available.

Signature of Paramedic: _____