

As stipulated within Section C (Influenza Control) of the *Ambulance Service Patient Care and Transportation Standards*, as a Certified Land Ambulance Service Provider, the Region of Peel is required to ensure that each paramedic within its employ provides documentation of their immunization status and such status is reported to the Ministry of Health, Emergency Health Services Branch, by the annually prescribed date.

Paramedics, to continue to be considered employable, must:

- (a) provide a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza, or that such vaccination is medically contraindicated; or,
- (b) provide a written statement that he or she has not been, and does not intend to be, vaccinated against influenza.
- (c) all those who have a medical contraindication to the vaccination or have chosen not to receive the vaccination must complete the Ministry of Health, 20__/20__ Annual Influenza Educational Review, and document completion of such.

Declaration of Status – Must be submitted Upon Hire (Please check one box only):

1. I have been vaccinated during this year's Seasonal Influenza vaccination program **(physician or delegate signed confirmation of vaccination is required)*¹**
2. I have a medical contraindication to the Seasonal Influenza vaccination and have read the Training Bulletin, *Influenza Educational Review 20__/20__*. **(physician or delegate signed confirmation of medical contraindication is required)*²**
3. I have not, and do not intend to have, the Seasonal Influenza vaccination, and have read the Training Bulletin, *Influenza Educational Review 20__/20__*.^{*3}

It should be remembered, that regardless of immunization status, paramedics are to use appropriate PPE when treating and transporting any patient with a respiratory illness or during a declared respiratory illness outbreak.

*1. All Paramedics who have indicated that they will be vaccinated must provide proof of vaccination by the Ministry prescribed date. Failure to do so will change their reporting status to "unreported" and thereby not meeting the Ministry requirements for employment within an ambulance service in Ontario.

*2. All Paramedics who have indicated they have a medical contraindication to the influenza vaccine, must provide proof of such contraindication by the Ministry prescribed date. Failure to do so will change their reporting status to "unreported" and thereby not meeting the Ministry requirements for employment within an ambulance service in Ontario.

All Paramedics with a confirmed medical contraindication to the influenza vaccine will be required to wear full PPE on all respiratory illness calls and during any respiratory outbreaks as declared by the Medical Officer of Health for Peel.

- *3. All Paramedics who have elected not to have the influenza vaccine will be required to wear full PPE on all respiratory illness calls and during any respiratory outbreaks as declared by the Medical Officer of Health for Peel.

Paramedic Name _____ OASIS _____

Paramedic Signature _____ Date _____

Please have the administering physician or delegate complete the below or attach a document which clearly indicates: the vaccination has been given, who it was administered by and the date and location of administration, or the presence of a medical contraindication. (NOTE: If using a physician/clinic provided card as proof of immunization, please ensure that it clearly states the equivalent information)

Physician or delegate declaration

I have:

immunized the above named paramedic with the Seasonal Influenza vaccine;

or,

verify that the above named paramedic has a medical contraindication to the Seasonal Influenza vaccine.

The contraindication is as the result of a permanent condition.

The contraindication is as the result of a temporary condition, that only affects the paramedic for the current Influenza Season.

Date: _____

Physician Signature: _____

Physician Name and Office address and phone number:
