



TORONTO ACADEMIC HEALTH SCIENCE NETWORK

200 Front St. W., Suite 2501, Toronto, Ontario M5V 3L1 Telephone 416-205-1583 Fax 416-205-1344 www.tahsn.ca

October 30, 2014

Re: Healthcare Worker Influenza Vaccination Policy - Vaccine Required Date and Vaccine Required Period

Dear TAHSN Members:

We are writing to advise you that the **Vaccine Required Date** determined by our group of scientific experts from TAHSN hospitals in consultation with Toronto Public Health for application of the Vaccinate or Mask Policy in the 2014-15 influenza season is **December 1st, 2014**. This date was determined based on a review of relevant historic patterns and current influenza prevalence data. All persons covered by the policy in participating hospitals are required to be vaccinated against influenza or wear a mask during influenza season in areas where patients are present and patient care is provided, in accordance with the policy, from December 1st onwards.

A review of data from prior influenza seasons suggests that the **Vaccine Required Date is likely to extend until April 13th**, but data will be monitored throughout the influenza season and the end date for the **Vaccine Required Period** will be tailored, as appropriate, using a similar process.

Thank you for your cooperation in this matter and please do not hesitate to contact us if you have any questions or concerns.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Patti Cochrane'.

Patti Cochrane
Vice President, Patient Care Services
Trillium Health Partners

A handwritten signature in blue ink, appearing to read 'Maureen Shandling'.

Maureen Shandling
Vice President, Medical Affairs
Mount Sinai Hospital

Co-Chairs, TAHSN Influenza Immunization Implementation Steering Committee

C.c. Influenza Immunization Implementation Steering Committee

September 23, 2014



Memorandum

To: Students in the Lawrence S. Bloomberg Faculty of Nursing

From: Ann Tourangeau, Associate Dean Academic

Re: Influenza Vaccination-or-Mask policy

Please be advised that the following member hospitals of the Toronto Academic Health Sciences Network (TAHSN) have decided to introduce an Influenza Vaccination-or-Mask policy for the 2014-15 influenza season as part of comprehensive infection control efforts to improve patient safety and promote wellness among healthcare workers:

- Baycrest Centre for Geriatric Care
- Centre for Addiction and Mental Health (CAMH)
- Holland Bloorview Kids Rehabilitation Hospital
- Mount Sinai Hospital
- North York General Hospital
- The Hospital for Sick Children
- St. Joseph's Health Centre
- St. Michael's Hospital
- Sunnybrook Health Sciences Centre
- Toronto East General Hospital
- Women's College Hospital
- Trillium Health Partners (two-year implementation schedule)

These policies will apply to all staff and employees of these hospitals, including students in the patient care environment. Each of the hospitals will have further information, vaccination programs in place and programs to monitor adherence to policies. Please note that students choosing vaccination will require ***proof of vaccination***.

Students vaccinated at the hospitals listed above will be provided with a TAHSN vaccination card to carry with them as proof of vaccination. Students vaccinated elsewhere are asked to obtain proof of vaccination that can be exchanged for the TAHSN vaccination card at the hospitals listed above.

Here in the Faculty of Nursing, students must complete the 'Flu Vaccine Reporting Form'.

Students return the completed form to:

Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 153 - 155 College St. Toronto, ON, M5T 1P8
Email: graduateplacements.nursing@utoronto.ca (graduate) or kong.ng@utoronto.ca (undergraduate students)



FLU VACCINE REPORTING FORM

Annual vaccination is strongly recommended for seasonal influenza. For more information on the flu vaccine, visit <http://www.fightflu.ca>.

Many organizations have or will soon adopt a vaccinate-or-mask policy requiring employees and volunteers to be vaccinated against influenza or wear a procedural mask (and perhaps additional protective equipment). The Lawrence S. Bloomberg Faculty of Nursing keeps records of our students who have or have not received the vaccine for seasonal influenza annually because organizations will ask to receive confirmation of which students have or have not received the flu vaccine each year. For students who have not returned this form to the Faculty of Nursing, it will be reported as the student has not received the flu vaccine. Please complete one of the following two sections of this form (vaccination information or declaration declining vaccination).

Name of Student (print) _____

Student ID _____ Nursing Program BScN MN Clinical NP MN Admin/HSLA

VACCINATION INFORMATION – This section is to be completed by a healthcare provider administering the flu vaccine. Prior to vaccination, please verify with the healthcare provider that he/she will sign this document to confirm you have received the influenza vaccination. Do not proceed with the vaccination if a signature cannot be obtained.

Name of healthcare provider (print) _____ Location/Agency _____

Signature of healthcare provider _____ Date ____/____/____
DD MM YYYY

If you have received a TAHSN vaccination card for this year’s flu season, the above vaccination information need not be completed as you can simply attach a photocopy of the TAHSN vaccination card to this form. It is preferable that students in Greater Toronto Area be vaccinated at one of the TAHSN hospitals where they can obtain a TAHSN vaccination card (see list on attached memo). If you receive the flu vaccine elsewhere and you have a placement at a TAHSN hospital, you will need to present a photocopy of this form to the hospital to subsequently obtain a TAHSN vaccination card.

or

DECLARATION DECLINING VACCINATION – This section is to be completed by Lawrence S. Bloomberg Faculty of Nursing students if you do not receive the flu vaccine each year while being a student at the University of Toronto Lawrence S. Bloomberg Faculty of Nursing. You will need to follow hospital / healthcare agency policy related to precautions to be undertaken while engaged in patient care during flu season.

I decline a flu vaccine and I will adhere to the policies of the healthcare organization where I have my practicum placement.

Signature of Student _____ Date ____/____/____
DD MM YYYY

Student returns the completed form to:

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