



August 25, 2022

Dear Grace Manor Residents and Families,

It is once again time to plan for the upcoming **Influenza “Flu” Season**.

In seniors, Influenza (the “Flu”) can cause serious illness that may be complicated further by life-threatening pneumonia and even death. The initial and most important line of defense is the **INFLUENZA VACCINATION**. It is our intention to vaccinate all residents and staff who will accept the vaccine.

In order to prepare for this year’s Flu season, and in order to **ensure that we have current consent forms in place, we ask that you please complete and return the attached consent form to the nursing staff on the unit as soon as possible.**

At this time, we would like to remind all residents, family members and friends that **you** have the power to protect our residents. We ask that should you or any member of your family including young children, be experiencing any flu or flu-like symptoms, that you **DO NOT** visit Holland Christian Homes **until all symptoms have subsided**. Symptoms may include runny or stuffy nose, fever, headache, sore throat, general malaise, nausea, vomiting and diarrhea.

We are hoping that Holland Christian Homes (Grace or Faith Manors) will **not** experience an Influenza Outbreak this year. However, we must be prepared to deal with the situation should one occur.

You can drop off the completed form at the screening station, or mail it directly to Grace Manor, or fax to: 905-459-8489 or email to: nisha.pandey@hch.ca Should you have any questions, please feel free to contact Jenna Shaddick, Nurse Practitioner for Grace and Faith Manors at (905) 459-3333 ext. 5261.

Thank you for your cooperation in this important matter!

Dr. A. Thind
Faith Manor Medical Director

Dr. O. Elahi
Grace Manor Medical Director

BE A FLU FIGHTER! GET YOUR FLU SHOT!

For more information, please visit the following websites:

<https://www.ontario.ca/page/flu-shot-safety>

<https://www.ontario.ca/page/flu-facts>

<https://www.cdc.gov/flu/prevent/index.html>



FAITH MANOR

GRACE MANOR

ANNUAL INFLUENZA / FLU VACCINATION AND ANTIVIRAL CONSENT FORM

Resident Name: _____ Room #: _____

Please complete Part 1 and Part 2 of this consent form.

PART 1 – FLU CONSENT (Please Check only ONE box in this section)

I CONSENT to taking an ANNUAL INFLUENZA / FLU VACCINATION

Signature of Resident / Substitute Decision Maker

Date

OR

I DO NOT CONSENT to taking the Annual INFLUENZA / FLU VACCINATION

Signature of Resident / Substitute Decision Maker

Date

PART 2 – ANTIVIRAL CONSENT FORM (Please Check only ONE box below)

In the event of a Declared Outbreak by Peel Public Health:

I CONSENT to taking the prescribed course of Tamiflu or other antiviral medication as advised by the Department of Public Health in the event of an outbreak of Influenza.

Signature of Resident/Substitute Decision Maker

Date

OR

I DO NOT CONSENT to taking the prescribed course of Tamiflu as advised by the department of Public Health in the event of an outbreak of Influenza.

Signature of Resident/Substitute Decision Maker

Date