



Competition #2022-04

Paramedic (Part Time)

(Unionized Role – Unifor Local 302 Canada)

Medavie EMS Elgin Ontario is a subsidiary of Medavie Health Services responsible for the optimal operation and management of Elgin-St.Thomas EMS, an integrated, pre-hospital care organization. People are the biggest drivers of our success, and we are excited to continue to build a healthier community together. As the land ambulance service provider for the County of Elgin, we're looking for **Part Time Paramedics** who are committed to the delivery of innovative health care, safety and communications solutions through knowledgeable and caring professionals. Our belief is in a better life for the communities we serve.

Medavie Health Services is part of Medavie, a health services organization. Together with Medavie Blue Cross, we are committed to providing innovative solutions that will improve the health of all Canadians.

As a not-for-profit organization, Medavie is proud to commit an annual social dividend to the Medavie Health Foundation to support programs and initiatives aimed at addressing some of our Country's most pressing physical and mental health coverage.

Located in **St. Thomas, Ontario**, and reporting to the Operations Manager/Supervisor, paramedics are responsible for responding to requests for paramedic service and delivering medical care to patients of accident/illness, ensuring safe transportation to receiving medical facilities, and assisting with the ongoing care of the patient within the facility as may be required. Also, participates in the ongoing maintenance of ambulance vehicles, equipment and stations, and other duties as may be assigned by the Operations Manager/Supervisor.

Qualifications: The ideal candidate must be a certified Primary Care Paramedic. You must meet all employment and qualification criteria as contained in Ontario Regulation 257/00 – Part III. Additionally, you are able to perform the functional requirements of the job including performance in high stress and inherently unpredictable situations. You will also be able to perform, bending, crouching, lifting, and walking on uneven ground on a regular basis. Personal Transportation is required for reporting to stations. Additional mandatory requirements are:

- Graduate of an approved College Paramedic Program accredited by the Ministry of Colleges and Universities;
- Advanced Emergency Medical Care Assistant (A-EMCA) Certificate or Paramedic Program Graduate scheduled to write the A-EMCA examination (at the earliest opportunity in 2022);
- Valid Ontario Class "F" Driver's Licence or Equivalent recognized by the Ministry of Transportation;
- Current Certification in CPR at the Health Care Provider (HCP) level;

Conditions of Employment:

- Successful completion of a physical agility examination, OPPAT, Ability Works, Sibley (current within 6 months of the posting date);
- Vulnerable Sector Criminal Records Search (valid within 90 days prior to the posting date);
- Ministry of Transportation of Ontario Driver's Abstract (valid within 60 days prior to the posting date);
- Compliance with current communicable disease standards as mandated by the Ministry of Health;
- Successful completion of South Western Ontario Base Hospital Program certification;
- Autonomous PCP IV Therapy certification is preferred, or successful completion of the South Western Ontario Base Hospital Program PCP Autonomous IV Therapy course (at the earliest opportunity);
- Successful completion of Medavie EMS Elgin Ontario orientation program;
- Comply with laws, regulations, orders, policies and procedures as issued by applicable Ministries, Regulatory Bodies, Medavie Health Services, and Medavie EMS Elgin Ontario.

Schedule: This position requires various shift work including days, nights, weekends, and holidays at all stations throughout Elgin County. Part time staff members are expected to provide availability which meets the current collective agreement, which includes: **32 days, 13 of which shall be weekends per quarter**. Availability shall be distributed throughout the quarter. Shifts may be scheduled to a maximum of 84 hours biweekly. Hours are not guaranteed as a part-time employee.

Compensation: Wages, vacation, and in lieu of benefits are in accordance with the most current collective agreement between Medavie EMS Elgin Ontario and Unifor Local 302 Canada.

If you are interested in working with a dynamic team of professionals and possess the necessary qualifications, please send your **resume, cover letter, and completed application package with associated supporting documents** to malcolm.gilpin@memseo.com. **Please save your file with your first and last name.**

Competition closes April 14, 2022 at 1600 Hours (04:00 PM).

We would like to thank all candidates for expressing interest. Please note only those selected for interviews will be contacted. At Medavie, everything we do is to improve the wellbeing of Canadians.

Medavie Health Services is committed to the principle of equal opportunity in its employment practices and to providing an environment free from discrimination and harassment for all employees. Accommodation will be provided throughout the hiring process, as required. Applicants must make their needs known in advance, as an appendix to the application package.

Information gathered relative to this position is done in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will only be used for candidate selection. While all responses are appreciated, only applicants selected for an interview will be contacted.



Application Package

Part Time Paramedic

2022

To be considered for Paramedic Recruitment this application package must be fully completed and submitted upon selection. Some requirements may take longer to obtain so it is recommended that you start as soon as possible.



Application Package Documentation FINAL Check List

Pre-hiring requirements - to be submitted upon application. Each document submission must be legible, accurate and complete in order to be considered for employment.

Please review the checklist carefully and check each item as you prepare your submission. This checklist will assist you in ensuring all documentation is included and that your package is complete.

Consider all items as mandatory requirements unless they state optional next to them.

Name of Applicant:	Date Application Received:	
Employment	Yes	No
Resume		
Copy of Ministry of Health Ambulance Service ID Card (if applicable)		
Education and Certifications	Yes	No
Copy of Valid Ontario Driver's Licence Class 'F' or equivalent to Class 'F'		
Ministry of Transportation of Ontario Driver's Abstract (valid within 60 days prior to the posting date)		
Criminal Record & Vulnerable Sector Search (valid within 90 days prior to the posting date)		
Paramedic Program College Diploma or Expectation to Graduate Letter from the College		
A-EMCA Certificate or documentation showing it is pending or Grandfather exemption letter		
Advanced Care Paramedic College Diploma or Expectation to Graduate Letter (if applicable)		
Advanced Care Paramedic Certificate or documentation showing it is pending (if applicable)		
Defibrillation/Symptom Relief Certification Status (if applicable)		
Valid CPR Certification (Healthcare CPR Level HCP) (issuance date must be within one year of application)		
Valid Standard First Aid Certification (only required if you aren't A-EMCA certified) (should not expire prior to 2 months after the closing date of the posting)		
Physical Agility Examination Certificate OPPAT, Ability Works, Sibley (current within 6 months of the posting date)		



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Please review the checklist carefully and check each item as you prepare your submission. This checklist will assist you in ensuring all documentation is included and that your package is complete.

Consider all items as mandatory requirements unless they state optional next to them.

Name of Applicant:	Date Application Received:	
Immunizations	Yes	No
Verification and Declaration of Immunity and Communicable Disease Status as to Ambulance Service Communicable Disease Standards Version 2.1 Table 1-Part A (signed by a Health Care Provider)		
Free From Communicable Disease Self-Declaration Form		
Supporting immunization documentation/laboratory evidence required with the Verification and Declaration of Immunity and Communicable Disease Status Form:		
Tetanus/Diphtheria (proof of history of shots plus current booster) (immunization cards/Health Unit print out/doctor's note)		
Pertussis (proof of one documented dose in adulthood after the age of 18) (immunization cards/Health Unit print out/doctor's Note)		
Polio (proof of history of shots) (immunization cards/Health Unit print out/doctor's note)		
Varicella (proof of two documented shots or laboratory evidence showing immunity) (blood work results if no documented shots or immunization card/Health Unit print out/doctor's note if two shots)		
Measles (proof of two documented shots or laboratory evidence showing immunity) (blood work results if no documented shots or immunization card/Health Unit print out/doctor's note if two shots)		
Mumps (proof of two documented shots or laboratory evidence showing immunity) (blood work results if no documented shots or immunization card/Health Unit print out/doctor's note if two shots)		
Rubella (proof of one documented shot or laboratory evidence showing immunity) (blood work results if no documented shots or immunization card/Health Unit print out/doctor's note if one shot)		
Hepatitis B (proof of documented shots <u>and</u> laboratory evidence showing immunity) (blood work results and immunization card/Health Unit print out/doctor's note)		
Influenza Documentation (current documentation of shot)		
Covid 19 (proof of two shots) (booster preferred not required)		



Medavie EMS Elgin Ontario

125 Edward Street, St. Thomas, Ontario N5P 4L9
519-637-3098

Free From Communicable Disease, Self-Declaration Form Table 1 – Part B

Examples of reportable diseases which, when in an acute symptomatic state, should preclude a Paramedic from participating in the direct assessment of or provision of patient care:

Acquired Immunodeficiency Syndrome (AIDS)	Measles
Amebiasis	Meningitis, acute: bacterial, viral and other causes
Anthrax	Meningococcal disease, invasive
Botulism	Mumps
Brucellosis	Ophthalmia Neonatorum
Campylobacter enteritis	Paratyphoid Fever
Chancroid	Pertussis
Chickenpox (Varicella)	Plague
Chlamydia trachomatis infections	Pneumococcal disease (Streptococcus pneumonia), invasive
Cholera	Poliomyelitis (Acute)
Clostridium difficile associated disease (CDAD)	Psittacosis/Ornithosis
Cryptosporidiosis	Q Fever
Cyclosporiasis	Rabies
Diphtheria	Rubella and Congenital Rubella Syndrome
Encephalitis primary viral, post-infectious, vaccine-related, subacute sclerosing panencephalitis and unspecified.	Salmonellosis
Gastroenteritis	SARS (Severe Acute Respiratory Syndrome)
Giardiasis	Shigellosis
Gonorrhoea	Small pox
Group A Streptococcal Disease (Invasive) Group B Streptococcal disease, neonatal	Syphilis
Haemophilus Influenza B Disease (Invasive)	Tetanus
Hantavirus pulmonary syndrome	Transmissible Spongiform Encephalopathy (eg CJD)
Hemorrhagic Fevers, including Ebola, Marburg, and other Viral Causes	Trichinosis
Hepatitis A, B, and C	Tuberculosis
Influenza	Tularemia
Lassa Fever	Typhoid Fever
Legionellosis	Verotoxigenic-producing E. coli infection indicator conditions, including hemolytic uremic syndrome (HUS)
Leprosy	West Nile Virus
Listeriosis	Yellow Fever
Lyme Disease	Yersiniosis
Malaria	

I am free from all communicable diseases set out in Table 1 – Part B.

Paramedic's name: (please print)	Paramedic's Signature:
Date:	



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Ambulance Service Communicable Disease Standards (Version 2.1)

Patient's Surname:	First Name:
Address:	City/Town:
Postal Code:	Telephone:
Date of Birth: (DD/MM/YY)	Date of this report: (DD/MM/YY)

Immunization

Tetanus & Diphtheria Primary series (3 doses) if unimmunized Tetanus/Diphtheria (TD) booster doses every 10 years	Date	Health Care Professional Initials for each area
Dose 1		
Dose 2		
Dose 3		
Most current booster		
Pertussis 1 single dose of Tetanus/Diphtheria acellular Pertussis (TDaP) vaccine regardless of age if not previously received in adulthood (MOH deems adulthood as 18 years +)	Date	Health Care Professional Initials for each area
Dose 1 (after the age of 18 years)		
Polio 3 dose series if previously unimmunized or unknown polio immunization history	Date	Health Care Professional Initials for each area
Dose 1		
Dose 2		
Dose 3		
Varicella (Chicken Pox) 2 dose series if no laboratory evidence of immunity	Date	Health Care Professional Initials for each area
Dose 1		
Dose 2		
Serology Titre Immune not immune/indeterminate Attach serology to report		
Measles 2 dose series if no laboratory evidence of immunity (regardless of age)	Date	Health Care Professional Initials for each area
Dose 1		
Dose 2		
Serology Titre Immune not immune/indeterminate Attach serology to report		



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Mumps 2 dose series if no laboratory evidence of immunity	Date	Health Care Professional Initials for each area
Dose 1		
Dose 2		
Serology Titre Immune not immune/indeterminate Attach serology to report		
Rubella 1 single dose if no laboratory evidence of immunity	Date	Health Care Professional Initials for each area
Dose 1		
Serology Titre Immune not immune/indeterminate Attach serology to report		
Hepatitis B 2-4 age appropriate doses and serological testing within 1 to 6 months after completing the series. For paramedics who have documentation of receiving a complete HB vaccine series but does not have documentation of anti-HBs serology following the completion further information on the process can be found in the Canadian Immunization Guide, Part 4 Active Vaccines, Hepatitis B Vaccine under the Workers Section https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html#a51	Date	
Dose 1		
Dose 2		
Dose 3		
Serology Titre Immune not immune/indeterminate Attach serology to report		
Booster (if applicable)		
Serology Titre Immune not immune/indeterminate Attach serology to report		
Dose 1 (if 2 nd series required)		
Dose 2 (if 2 nd series required)		
Dose 3 (if 2 nd series required)		



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List exceptions to immunization or provide any additional comments:

This is to certify, _____ has been immunized against the
(Patient Name – Print Clearly)

listed diseases in Table 1 – Part A of the Ministry of Health and Long Term Care – Ambulance Service Communicable Disease Standards, version 2.1, or, such immunization is medically contraindicated, or, there is laboratory evidence of immunity, or, there is medically documented diagnosis or verification history.

Physician/nurse practitioner/other person authorized to administer the relevant vaccine Signature:

Health Care Provider's name: (please print)	Health Care Provider's Signature:
Street Address:	City/Town:
Date:	Telephone:

Other immunization requirements: MEMSEO also requires the applicant to provide proof of immunization against:

Influenza

Current influenza immunization

Note: Immunization cards or records from the Public Health Unit are great for demonstrating immunization history. If you were born after 1975 there should be records on file for you at the local health unit to where you grew up. They make it easier for health care providers to complete and sign off on the declaration. Serological testing is also preferred to show proof of immunity for those diseases that can be tested for.

You can request your immunization records from your local health unit. The link below can assist you in finding your local health unit. <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>.