We appreciate your professional knowledge and skills as we seek to keep employees and their families healthy. We ask that you provide compassionate care to our clients. We look forward to a great season working together.

As you work the flu shot clinics, there may be times when you face an unexpected challenge. Please put on a smile and remember we are only a phone call away.

Corporate Wellness Director (402) 306-6505, Pharmacist (402) 393-1404 or wellness@kohls.com

Kohll’s Mission Statement: Identify needs of our customers to improve their quality of life.
Professional Conduct

• Be prompt
  – Arrive 30 to 60 minutes before start of clinic
  – Google the location so you know where you are going
  – Call (402) 306-6505 if lost or going to be late
• Bring picture ID (driver’s license)
• Do not eat during the clinic – a bottle of water is OK
  – If working an all-day clinic, bring your lunch and eat outside the vaccination area
Confidentiality

• Do not discuss other customers or clinics
• Keep paperwork from other clinics private (in the provided envelope)
• Protect individual information – turn each consent form over following immunization
• Sharing of confidential information is a HIPPA violation and could end your work with Kohll’s
Flu Immunization Clinic Attire

• Please wear business casual slacks and shirt/blouse or nursing scrubs
• No jeans
• Professional attire should be accompanied by a professional attitude.
Pre-Clinic Responsibilities

• You will receive an email, phone call or text
  – Before vaccine is shipped
  – Three (3) hours before start of clinic. . . .
    You must respond to confirm the clinic
  – If we do not hear from you, we may need
    to reassign the clinic to another nurse

• Call the clinic contact for your clinic
  **48** hours prior to the clinic
  – Warmly introduce yourself
  – Ask for any specific instructions with regard
    to location, parking, building entry, etc.
  – Remind clinic contact of your arrival 30 to 60
    minutes prior to clinic start time
Clinic Responsibilities

• Arrive 30-60 minutes prior to the start of the clinic
• Locate the designated clinic contact
  – Greet the contact warmly. Introduce yourself and thank them for using Kohll’s immunization services
• Set-up
  – The client should have table, chairs and wastebasket ready for your use.
  – Unpack your clinic supplies. Be ready promptly at the designated clinic start time
• Special instructions are on clinic sheet
• Employee pay clinic - note per shot charge
  – Cash **MAY** need to be collected
  – Make checks payable to Kohll’s Pharmacy
• Consent forms
  – 17 years of age and younger must have a signed parental consent form
Employee-Pay Clinics

Many companies will be billed directly for the clinic. **If you have a partial or full employee-pay clinic the following will apply:**

- Cash payments will be accepted
- Collect check (made payable to Kohll’s Pharmacy) prior to immunization

**If a receipt is needed for insurance reimbursement:**

- Receipts will be included in clinic paperwork
- Fill in Receipt Total (cost per shot) and sign
  - The patient can fill out the rest later
- Give receipt to patient following vaccine administration
Clinic Supplies

• Be sure you have all supplies for the clinic on hand – clinic paperwork, vaccine, syringes, needles, gloves, alcohol wipes, cotton balls, band aids, sharps container with biohazard bag, epi-pen, and trash bags

• Bring stethoscope & BP cuff (optional)
Instructions for use of Monoject Safety Needle:
• Use finger or flat surface to engage safety shield
• Shield will completely cover end of needle.
Injection Protocol

• Put on gloves
  – Gloves are optional but required if nurse has open lesion on hands. Per the client’s request, nurses may be required to wear gloves

• Using alcohol swabs, wipe skin with 3 downward strokes. Repeat 3 or 4 times to ensure site is clean.

• Administer vaccine

• Apply pressure at injection site

• Activate needle safety shield and place in sharps container

• Apply bandage
Consent Form

• Consent forms are available on-line at www.kohlls.com and should already be filled out
• Extra forms are available in the clinic folder
• All information on the consent form must be legible and correct
• The address must be the home address, not the work address
• By law, every patient must complete and sign the consent form prior to vaccine administration
Questions you MUST ALWAYS ask prior to any immunization

• Have you ever had a reaction to a flu vaccine?
• Do you have a fever or diarrhea today?
• Do you have any drug or food allergies?
Flu Immunization Form

Once vaccine is administered:

• Circle the shot location
• Add your initials
• Place flu form in a confidential secure envelope
Upon completion of clinic:

• Please fill our nurse report form and mark down any problems/concerns with your flu clinic.

• Paperwork, checks and receipts are to be placed in the envelope provided.
Return of Supplies

If returning supplies via mail return the following:

• Completed Clinic Paperwork
• Epipens
• Sharps container with biohazard bag
• Unused syringes and needles
Disposing of Used Sharps

• Snap top back onto sharps container being sure it is on tight
• Place in biohazard bag
• Return container to box for mailing
• A pre-paid postage label will be provided
Emergency Procedures

In the event of a patient reaction, anaphylactic shock or a needle stick:

• Closely monitor any adverse reaction
• Record this information on Incident reporter VAERS form found in back of clinic folder
• Return the form with all other clinic paperwork
Please review the following links:

- Allergic/Anaphylactic Reactions Protocol
- Infection Control During Immunization Process
- Hazardous Waste Disposal Policy
- Intramuscular Injection Protocol
- Needle Stick Protocol
- Pneumococcal Polysaccharide Vaccine Protocol
- Subcutaneous Injection Protocol
- Influenza Vaccine Protocol
Thank You

• The information here will be in the clinic folder and will be available at every flu shot clinic

• If you have any questions, comments or suggestions, please contact:
  
  Corporate Wellness Director (402)306-6505
  Pharmacist (402) 393-1404
  Director of Pharmacy (402) 669-2800
  Email Wellness@kohlls.com

Thank you for partnering with Kohll’s Pharmacy. We appreciate your compassionate care of our clients. It is an honor to serve with you.