



COVID-19 SAFETY INFORMATION FOR OFF-SITE IMMUNIZATION CLINICS

H-E-B PHARMACY GUIDELINES FOR OFF-SITE CLINICS:

In order to protect your employees and ours, we will be implementing the following safety measures during the flu clinic:

- The Pharmacist Immunizer will be wearing PPE (such as a gown, gloves, face mask, and face shield). An acrylic table-top barrier will be used to separate the immunizer from each employee.
- We will be checking every employee's temperature prior to immunization administration via a touchless thermometer. Any employee with a temperature of 100.4 or higher will not be eligible to receive a vaccination and will be referred to their manager and/or HR representative for further instruction.
- We will provide hand sanitizer for participant use during the clinic. We will also be using viricidal, germicidal cleaning supplies to sanitize the clinic workspace.
- To ensure social distancing, appointments will be required. Walk-ins will only be allowed if there is an open appointment slot or if there is time remaining toward the end of clinic. We highly recommend the use of our appointment scheduling tool or one that you prefer in order to schedule appointments.

EMPLOYER GROUP EXPECTATIONS:

We highly encourage the following guidelines to have a safe and successful clinic:

- Employees who are not feeling well or have a temperature of 100.4 or higher should not attend the clinic. All persons should be wearing a face mask (face covering is acceptable as long as it covers the nose and mouth).
- All employees who will be receiving an immunization will need to complete the Vaccination Consent Form **prior** to the flu clinic. Employees will need to schedule an appointment time using our online tool (or your preferred) appointment tool to help with social distancing.
- A group representative **MUST** be on-site during the event to help enforce social distancing and ensure employees have completed the Vaccination Consent Form prior to entering the clinic.
- It is highly recommended for the employer group to provide an employee roster with names and insurance ID numbers to help limit contact.
- Ensure that the flu clinic location is in a large, well ventilated room.

If above criteria are not met, there will be a \$40/clinic hour set up fee charge so that H-E-B Pharmacy can provide additional support for infection control and safety.

I have read and understand the safety measures implemented by H-E-B Pharmacy for off-site clinics. Our company, _____ (company name) agrees to abide by the above expectations.

Name: _____ Signature: _____ Date: _____