WESTERN CONNECTICUT HOME CARE

DANBURY HOSPITAL • NEW MILFORD HOSPITAL

Guidelines for Hosting a Successful Flu Clinic

1. Complete the WCHC Clinic Request Form (below) and return it by fax or email.
   Be sure to include:
   a. On-site and alternate contacts for the day of your clinic.
   b. The method of scheduling participants you plan to use, as follows:
      - WCHC's on-line appointment scheduler: participants book an appointment time via a designated web link created just for your site,
      - Schedule appointments or take sign-ups yourself, or
      - Allow participants to walk-in anytime during the clinic hours and wait.
   c. Instructions for WCHC staff regarding parking and entry into your facility.

2. Reserve an appropriate space that will provide good patient flow.
   - It is best if the clinic area has separate entrance and exit pathways to eliminate congestion.
   - Choose an area that allows for some privacy; or with a restroom in close proximity, to be used when disrobing may be required.

3. Once the schedule is finalized, WCHC will contact you to confirm your clinic date and time, and provide you with vaccine information, consent forms and flyers.

4. Confirmation: if you do not hear from WCHC by September 6, 2013, call us.

5. Promote your Clinic and Get the Word out.
   - Flu vaccine resources are available online at the Office of the State Comptroller website, www.osc.ct.gov.
   - Send announcements via e-mail, payroll, newsletter, social media, or whatever communication methods used by the State.
   - Post flyers in your cafeteria, lunch/break room, lobby or anywhere employees gather.
   - E-mail Consent Forms to employees so they may be completed prior to the clinic to save time. WCHC will have forms available at your clinic for those that need one. (Please Note: The Consent Forms contain confidential patient health information that will become the property of WCHC. The Health Insurance Portability and Accountability Act (HIPAA) prohibits WCHC from sharing that information with employers.)
   - Send Vaccine information statements and other information regarding flu for staff to read.
   - Encourage employees to wear loose fitting clothing or short sleeves!
   - Explain appointment procedure and remind all to bring Insurance cards with them to the clinic.
     WCHC is not authorized to accept cash payment.
   - Send out reminders about your clinic each week, then daily for several days before your clinic.

6. Concerns: call WCHC with any concerns you have prior to the clinic.

7. On the Clinic Day: make sure the designated person from your company/agency is available to meet WCHC staff upon arrival at your organization and to be available throughout the clinic to address any situations that may occur.

How to contact Western Connecticut Home Care		
Judy Becker, *Flu Program Manager* Ph. 203.730.5209 Fax 203.739.1810 Judy.becker@wchn.org	Kathie Rocco, *Flu Program Coordinator* Ph. 203.730.5524 Fax 203.739.8438 Kathleen.rocco@wchn.org	Western Connecticut Home Care 203.792.4120 Flu.clinic@wchn.og

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4 Liberty Street
Danbury, CT 06810
203-792-4120

FLU CLINIC REQUEST – CT State Agency

Agency Name: _____

Agency Address: _____

Contact Name: _____ Contact Title: _____

Contact Phone: _____ Email: _____

Phone number where you can be reached up to 45 minutes before the start of your clinic: _____

Name and phone number of someone who will act as a liaison to the WCHC staff on the day of the clinic if other than yourself:

Liaison Name: _____ Ph: _____ Alt. Ph.: _____

Estimated number of employees at your location: _____

Please list other agencies located in your building: _____

Below please list the days of the week and times that are convenient to schedule a flu clinic for your agency.

Please note clinics will be scheduled beginning the week of September 23, 2013.

☐ Mondays: ☐ morning ☐ afternoon ☐ specific time: _____ to _____

☐ Tuesdays: ☐ morning ☐ afternoon ☐ specific time: _____ to _____

☐ Wednesdays: ☐ morning ☐ afternoon ☐ specific time: _____ to _____

☐ Thursdays: ☐ morning ☐ afternoon ☐ specific time: _____ to _____

☐ Fridays: ☐ morning ☐ afternoon ☐ specific time: _____ to _____

Specific Requests:

☐ We would like to hold our clinic the week(s) of: _____

☐ The following dates are not convenient: _____

☐ Other notes./requests: _____

Appointment Scheduling Method:

☐ WCHC on-line scheduler* ☐ I will schedule our staff ☐ Walk-in only

**A link to your clinic will be provided for your employees to schedule an appointment. Best for clinic s of 75 or more participants.*

Parking & Security – check all that apply. *(Please keep in mind that there may be several WCHC staff members.)*

☐ Company parking lot available located: _____

☐ Designated parking spaces available located: _____

☐ Metered/Restricted street parking available

☐ Need names of the WCHC staff prior to the clinic

☐ WCHC staff must report to security located _____

☐ Two forms of I.D. required for entry in the building

☐ Other instructions: _____

_____

Please return the completed form to Judy Becker, Flu Program Manager
Email: Judy.becker@wchn.org or Fax: 203-739-1810