



Competencies:

an integrated career and
competency framework for
nurses in travel health medicine





Royal College
of Nursing

Acknowledgements

We would like to thank all those who have supported the development of the competency document, in particular, the authors of this work, the travel health nurse specialist members of the RCN Travel Health Forum:

Jane Chiodini
Lorna Boyne
Sandra Grieve
Alexandra Jordan

Other RCN Travel Health Forum members also played a role in preparatory work for the document:

Annie Bradley
Carolyn Driver
Joyce Skeet

We would also like to thank RCN staff for their support:

Nikki Hale (Senior Fellow - Competence Development)
Lyn Garbarino (Senior Fellow - Competence Development)
Sue Wiseman RCN Adviser to the RCN Travel Health Forum 2004 - 2006

We are also grateful to the following colleagues for their review, helpful comments and support for the document:

- ◆ Professor Peter Chiodini, Director, Health Protection Agency Malaria Reference Laboratory
- ◆ Fiona Genasi, Nurse Consultant, Health Protection Scotland (Travel Unit)
- ◆ Dr Alex Grieve, Head of Group HSE, GKN plc
- ◆ Professor David Hill, Director, National Travel Health Network and Centre, London
- ◆ Dr George Kassianos, General Practitioner, on behalf of the Royal College of General Practitioners (as Immunisation spokesperson) and also the British Travel Health Association (as Honorary Secretary)
- ◆ Sqn Ldr Tania M Thomas, Defence Medical Services, Ministry of Defence, London
- ◆ Dr Eric Walker, Dean, Faculty of Travel Medicine, Royal College of Physicians and Surgeons of Glasgow
- ◆ Adrienne Wilcox, Senior Lifelong Learning Fellow, Royal College of Nursing
- ◆ Dr Jane Zuckerman, Academic Centre for Travel Medicine & Vaccines, Royal Free Travel Health Centre, Royal Free and University College Medical School and WHO Collaborating Centre for Travel Medicine.

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Approved by the RCN Accreditation Unit until December 2007

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Foreword

Travel health is a relatively new but fast growing field of medicine. The aim of travel health advisers is to protect the health of British travellers.

However, trends are changing in the UK with increasing numbers of people travelling to exotic and remote destinations looking for adventure and experience. Travellers cross all boundaries, including age and ethnic background, which makes this field of practice increasingly more complex. Government organisations and agencies are improving directional guidance and advice to travellers. This is a welcome move and sets a standard for the care of travellers.

This publication is the ideal opportunity to outline for the first time a set of guidelines and standards for the care of travellers by health care professionals. This competency document aims to define the standard that would be expected for a competent nurse, experienced/proficient nurse and a senior practitioner/expert nurse.

In the UK, nurses provide the majority of travel health advice to travellers. Indeed so prominent has our position been over the past ten years, that in 2006, a Faculty of Travel Medicine was established at the Royal College of Physicians and Surgeons of Glasgow to which nurses were admitted on their own merits as Founder Associates, Members and Fellows. It is anticipated that expert nurses as described in this document should have the qualifications and experience sufficient to aspire to be admitted to this Royal College Faculty.

Pre-travel risk assessment underpins the travel health consultation. For this reason, we felt it both essential and useful to describe the concept of travel risk assessment to create a wider understanding for the thousands of health care professionals who now provide travel health advice.

We hope that this document is not only informative, but also serves as a useful aid to your practice in the exciting field of travel medicine.

Jane Chiodini

Former Chair RCN Travel Health Forum

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Introduction

Competence can be defined as: “The state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibilities” (Roach, 1992).

This integrated career and competency framework for travel health is an important step forward for travel health nursing. It addresses a number of political and professional issues and initiatives, including:

- ◆ Agenda for Change (DH 1999)
- ◆ need for leadership in specialist nursing
- ◆ need for development of standards
- ◆ NHS Plan (DH 2000) and its equivalent in Scotland, Wales and Northern Ireland
- ◆ increased focus on work-based and lifelong learning plus supervision
- ◆ changing focus towards professional rather than academic accreditation.

Agenda for Change

Agenda for Change (AfC) was implemented in the NHS, across the UK in December 2004. It was the biggest overhaul of NHS-wide pay, terms and conditions in over 50 years. It applies to all NHS organisations and therefore sets a UK framework for pay, terms and conditions of employment.

AfC and its knowledge and skills framework (KSF) means that all staff will have clear and consistent development objectives; can develop in such a way that they can apply the knowledge and skills appropriate to their level of responsibility; and are helped to identify and develop knowledge and skills that will support their career progression.

Under AfC jobs are evaluated using a bespoke NHS job evaluation scheme. This gives each job a 'weighting' that then determines where each job slots into the new pay bands. Common 'job profiles' continue to be developed and are applicable across the UK, and where a job fits a profile it is possible to place it straight onto an appropriate new pay band. For the relatively few jobs that don't automatically fit a profile, trained job evaluators drawn from management and staff side carry out the evaluation

using a Job Analysis Questionnaire (JAQ). Each pay band has a number of pay points. Staff below the maximum point can expect to progress to the next point each year.

There are two points on each pay band called gateways where staff knowledge and skills are assessed using the knowledge and skills framework. Pay progression at the gateways is linked to the demonstration of applied knowledge and skills to support continuing professional development. The presumption in the KSF is that staff will pass through these gateways unless there are reasons as to why they shouldn't.

For more comprehensive information on Agenda for Change please refer to www.rcn.org.uk/agendaforchange/. This site is your guide to the ins and outs of the pay, terms and conditions for the NHS. It will help you to understand AfC, how it was developed, what you can expect from your new pay, terms and conditions and how you can make the most of the new system, particularly the KSF. To ask questions and debate issues use the RCN's Discussion Zone on the members-only area.

1

How to use the framework

Nurses in the field of travel health practice work in a variety of settings including primary care, occupational health, NHS clinics in secondary care, private travel clinics, the armed services and schools. The scope of practice depends on a variety of factors, which vary between settings and the different requirements for the NHS or the private sector, for example. Therefore, while the broadest spectrum of practice has been included in the descriptors and levels of practice, some elements may not be covered in the actual role of the practitioner. However, the descriptors and levels do provide an indication of the expected ability to function at that level if the situation arises.

As you move from the level of competence to experienced and on to expert practice levels, you build on the previous set of skills and knowledge. So, as an expert nurse you would be able to function across the entire range of descriptors for practice. The travel health competency framework should be used in conjunction with the following publications:

- ◆ *Agenda for Change – a guide to the new pay, terms and conditions in the NHS* (RCN 2004)
- ◆ *Agenda for Change and nurses employed outside of the NHS* (RCN 2005)

Competency levels and the knowledge and skills framework

The RCN competency framework mirrors the career frameworks designed around the Core functions of the consultant nurse and the career benchmarks of the AfC and the *NHS knowledge and skills framework (NHS KSF) and the development and review process* (DH, 2004).

The AfC generic competencies expected of all health care professionals are captured by the NHS KSF.

The six Core competencies are:

1. communication
2. personal and people development
3. health, safety and security

4. service improvement
5. quality
6. equality and diversity

The 24 specific competencies are grouped into the following themes:

- ◆ health and wellbeing (HW)
- ◆ estates and facilities (EF)
- ◆ information and knowledge (IK)
- ◆ general (G).

Every competency or dimension is subdivided into four levels, each of which is given a level descriptor. Level 1 represents basic knowledge and skills through to level 4 which represents the highest level of knowledge and skills.

“Every NHS KSF post outline must include an appropriate level from each of the six Core dimensions to which will be added a number of specific dimensions. There is no limit to the number of specific dimensions which can be included, but it would be unusual for a post to need more than seven. The specific dimensions should reflect critical aspects of the post (DH 2004).”

Producing evidence

You are responsible for developing your own portfolios of evidence for each competency in order to demonstrate that you have achieved it at the identified/desirable level. Forms of evidence that you can use include case histories, self-appraisal via a reflective diary, 360-degree feedback, verification of practice and structured observation of practice.

So, when you gather evidence it is important to consider the following:

- ◆ ensure you understand what the competency statement is asking of you
- ◆ review any existing work that could be used
- ◆ identify whether the existing evidence is appropriate. For example, if you attend a study day in preparation for carrying out a particular intervention, but you have

not practised the skill in a clinical setting, your certificate of attendance is not evidence of competence. You will have to consider making arrangements for supervised practice. However, if you have undergone training and have evidence of supervised practice and use new knowledge and skills on a regular basis the evidence should be enough

- ◆ consider what else you may need to do in developing evidence such as feedback on your practice. Also if you have further development needs, are they recorded in a personal development plan?
- ◆ think about using evidence that covers several competencies. One case study may demonstrate that you have used a variety of knowledge and skills in caring for a person.

Using the framework flexibly

While the framework provides comprehensive guidance for nurses in travel health, it should be used flexibly in conjunction with the RCN publications that we have already mentioned. This will help you to determine the scope of actual posts, individual development needs, and pay banding. It should also take account of developing roles as you expand in line with the changing needs and developments in the field of travel health.

2

Pre-travel risk assessment

This section introduces the concept of pre-travel risk assessment, its importance in the task of evaluating and advising travellers, the structure and reasons for performing assessments and the practical aspects of essential documentation.

Learning objectives:

- ◆ understand what pre-travel assessment is and its importance for the care of a traveller
- ◆ understand the contents and reasoning of a pre-travel risk assessment
- ◆ be aware of the appropriate use of information collected during the assessment to decide travel advice required, including relevant travel immunisations and malaria prevention advice
- ◆ have greater insight into the practical aspects of pre-travel risk assessment, including documentation of the process
- ◆ have the ability to evaluate the sources of travel information and use appropriate up-to-date resources in the travel health consultation.

Introduction

Travel abroad continues to increase for a variety of reasons such as holidays, business trips and visits to friends and relatives. During 2005, UK residents made 66.5 million visits abroad with over eight million trips to areas outside Europe and North America (ONS, 2006; see table 1). The overall figures have more than tripled since 1981 (HPA, 2004; see table 1). While some travellers seek travel health advice before they leave the UK, surveys indicate that a significant number do not see a health care professional before departure (FCO, 2003).

Today, it is essential to make a thorough assessment of the traveller and provide appropriate advice. There is ample evidence that inadequate advice is being given to travellers by health care professionals, who are not sufficiently trained, particularly in malaria prevention advice. This is having serious consequences on the morbidity and mortality of travellers (Hill, 2004). In addition, behaviour changes are often necessary to prevent health problems when travelling abroad, together with correct administration of vaccines and malaria chemoprophylaxis. It is essential that travel consultations today centre on the health education of the individual traveller (Jong, 2001).

Travel advice is mostly given in primary care settings, but increasingly it also occurs in private travel clinics, the occupational health sector, military settings, and schools. Demands on travel health advisers' time could increase further if more travellers were aware of the need to seek advice prior to departure. Also, late deals at the travel agent and on the Internet have created a new group of travellers that may ask for last minute advice. This is a very common occurrence in primary care, and is a further burden on already overstretched practice nurses.

Disseminating the message that people need to go for advice before they travel to high risk destinations in a reasonable timescale is crucial to the efficient and effective delivery of travel health advice. A recent report published by the Health Protection Agency (HPA, 2004) indicates that far greater attention needs to be given to recording travel histories from patients who contract infectious diseases following foreign holidays and trips abroad. This data would help advisers give better advice to travellers.

Table 1: Visits abroad by UK residents (ONS, 2006)

	1981	1986	1990	1993	1997	2000	2003	2004	2005
Number of visits abroad by UK residents (millions)	19.0	24.9	31.1	36.7	46.0	56.8	61.4	63.5	66.5
Number of visits to areas not in Europe and North America (millions)	1.4	1.9	2.9	3.9	5.3	6.0	6.6	9.6	8.8

What is pre-travel risk assessment?

A pre-travel risk assessment entails collection of information regarding the traveller and the nature of the trip (see below). You will find a sample pre-travel risk assessment form in appendix 2 that you can adapt as necessary.

Information about the traveller

- ◆ age and sex
- ◆ medical history
 - past and present
 - relevant family history
 - current health status including pregnancy status, actual or planned.
- ◆ medication
- ◆ allergies to drugs or food
- ◆ previous experience travelling
- ◆ current knowledge and interest in health risks
- ◆ previous vaccine history
- ◆ any special needs.

Information about the traveller's itinerary

- ◆ destination/s
- ◆ departure date
- ◆ length of stay
- ◆ mode of transport
- ◆ purpose of trip and planned activities
- ◆ quality of accommodation
- ◆ financial budget
- ◆ health care standards at destination
- ◆ relevant comprehensive insurance provision.

Reasons for asking questions

It is essential to ask a traveller questions on the topics detailed above. Responses will influence many things, some of which are detailed below. This knowledge will help you to assess the risk factors and select appropriate vaccinations, malaria prevention and advice. The following section looks at some examples of what you should consider in a pre-travel risk assessment.

Age and sex

Young travellers

This relates particularly to children under 5 years-old:

- ◆ risk of illness such as malaria, or travellers' diarrhoea, which can be more severe
- ◆ small, mobile and inquisitive toddlers, who have limited hygiene awareness - put fingers in mouths, touch everything, which leads to increased risk of faecal orally transmitted illnesses and dehydration
- ◆ increased risk of other hazards such as sunburn and heat exposure, accidents etc. Careful supervision is needed
- ◆ restrictions on some choices for travel vaccines and malaria chemoprophylaxis.

Older travellers

- ◆ immune systems reduced, more at risk of infection
- ◆ senses reduced, more at risk of accidents
- ◆ pre-existing medical conditions such as diabetes, coronary heart disease often lead to complications
- ◆ primary immunisation may not have been administered because born prior to implementation of national programmes
- ◆ increased risk of serious adverse events following a first dose of yellow fever vaccine in those over 60 years (Khromava, Eidex, Weld et al., 2005).

Female travellers

- ◆ security risk possibly increased if travelling alone
- ◆ if of child bearing age, need to determine that there is no possibility of being pregnant at time of travel vaccination administration; problems associated with contraception; travelling while managing menstruation and so on.

Male travellers

- ◆ risk of accidents higher in males 20 to 29 years-old (McInnes, Williamson and Morrison, 2002).

Medical history

Past and present medical history and current health status

- ◆ previous medical history may have impact on choice of trip. For example, person who has had spleen removed would be at increased risk of severe illness if travelling to destination where malaria, particularly *Plasmodium falciparum*, is endemic (Bach, Baier, Pullwitt et al., 2005; Boone and Watters, 1995)
- ◆ those with ongoing medical problems may require specialist advice. For example, those with severe renal or liver disease would need advice regarding malaria chemoprophylaxis
- ◆ people who are immuno-suppressed some live vaccines may be contra-indicated and other vaccines may be less effective (DH, 2006)
- ◆ people with pre-existing conditions such as diabetes and coronary heart disease may have higher risk if illness occurs at their destination, increasing their risk of needing medical attention that may be of variable quality. The most common cause of death abroad in UK travellers is due to coronary heart disease (HPA, 2002)
- ◆ people with epilepsy or psoriasis have reduced choice of chemoprophylaxis for malarious endemic regions (Chiodini et al, 2007)
- ◆ people with a family history of relevant illness. For example, the condition of epilepsy in a first degree relative may influence the choice of the malarial chemoprophylactic drug selected (Chiodini et al, 2007)
- ◆ recent surgery or long term medical problem such as respiratory disease may impact on travel and a fitness to fly examination may be required (AMA, 2003)
- ◆ physical disability may impact on type of trip, limit activities, and have an increased need for medical care, which may be of variable quality
- ◆ HIV-infected people may be denied entry into some countries (US Department of State, 2006). If they are not denied entry, their immune status will need to be known prior to administration of some vaccines and for the purpose of tailoring advice

- ◆ psychiatric history may have impact on long term travel or expatriate lifestyle. For example, mefloquine for malaria chemoprophylaxis is contraindicated (Chiodini et al, 2007).
- ◆ pregnancy increases risk from malaria, if complications occur in the pregnancy medical intervention may be required. Tour operators will set individual restrictions on a pregnant woman flying in the third trimester of the pregnancy (AMA, 2003).
- ◆ determine wellbeing at the time of vaccination, afebrile, feeling well and fit to receive vaccinations, no possibility of pregnancy as mentioned above.

Medication

- ◆ some prescribed medication could contraindicate malaria chemoprophylaxis or live vaccines (DH, 2006; Chiodini et al, 2007)
- ◆ women on the oral contraceptive pill could lose contraceptive efficacy when they start to take doxycycline for malaria chemoprophylaxis (for the first three weeks) or if she suffers travellers' diarrhoea (HPA, ACMP 2007)
- ◆ travellers away for long periods of time need to ensure medication of same action and quality can be obtained abroad
- ◆ specialist advice is required for those on medication such as insulin
- ◆ safe storage of drugs in transit, particularly for drugs that need refrigeration
- ◆ problems can occur when taking drugs into other countries, although an official letter from health care professional detailing medication can be helpful. Restrictions are in place regarding controlled drugs
- ◆ elderly people on regular medication need to be aware of the importance of continuing regular administration despite crossing time zones, inconvenience of diuretics and resulting diuresis etc.
- ◆ Be aware of restrictions for carrying medication and medical equipment on aircraft and at immigration such as needles.

Allergies to drugs or food/reaction to vaccination

- ◆ establish true anaphylactic reaction to vaccines previously administered to avoid similar event – it should be noted that anaphylactic reaction to vaccines is extremely rare (DH, 2006)

- ◆ allergy to foods or any specific drugs. For example, establish if there is a true anaphylactic reaction to eggs in which some of the vaccines are manufactured
- ◆ provide specific advice to minimise problems to severe reactions to insect bites
- ◆ establish previous severe adverse reactions/events to malaria chemoprophylaxis
- ◆ consider arrangements for the traveller to carry with them a supply of epinephrine (adrenaline) for emergency use where there is a history of severe allergic reaction to an agent
- ◆ enquire about the possibility of fainting when being injected prior to performing vaccination in order to prevent such an occurrence (note that fainting is much more common than anaphylaxis and practitioners needed to know the difference between the two).

Previous travelling experience

- ◆ establish previous travel experience to identify any problems in the past. For example, difficulty in compliance with any malaria chemoprophylaxis, whether more prone to travellers' diarrhoea, insect bites etc
- ◆ deliver advice in an appropriate way so that it is more likely to be accepted by traveller.

Current knowledge and interest in health risks

- ◆ establish the level of knowledge and concept of health risks of the traveller so that appropriate travel health advice can be given
- ◆ establish general interest and response to advice that may be given to encourage self-learning. For example, suggest well regarded Internet sites to increase knowledge further.

Travellers visiting friends and relatives (VFRs)

- ◆ data suggests that travellers visiting friends and relatives are less likely than other travellers visiting Africa to take anti-malarial prophylaxis. This is possibly because they underestimate the risk of

acquiring malaria, and do not appreciate that natural immunity will wane after migrating to the UK. Second generation family members will have no clinically relevant immunity to malaria (HPA, 2006)

- ◆ consultation with VFRs should explore their values and beliefs and the practitioner should deliver advice accordingly. The importance of health risks should be stressed such as how essential it is to take appropriate chemoprophylaxis to areas where malaria is endemic.

Previous vaccination history

- ◆ having accurate information of previous vaccine history status will ensure duplication of vaccines does not occur and makes it possible to plan appropriate schedules within the time limit prior to departure
- ◆ gather information about primary immunisation status to ensure complete courses were given
- ◆ travellers should be advised to safely keep documentation of their own vaccination record cards, particularly if they get vaccines from different sources such as GP and private travel clinic.

Special needs

- ◆ identify any specific needs so that plans can be made to ensure travel arrangements are as smooth and convenient as possible
- ◆ identify groups and associations that will inform and protect travellers with special needs such as travellers with a disability.

Destinations

- ◆ establish the exact destination location to determine the disease risks. For example, yellow fever is restricted to Africa and South America (CDC, 2005).
- ◆ establish a specific location in a country because for example, malaria is rarely present in the major city Nairobi in Kenya, but it is of high risk in other parts of the country, for example Mombasa (Schlagenhauf, 2001).
- ◆ record stopovers in case the destination may have impact on the risk assessment
- ◆ rural areas may be of greater risk than urban, particularly for diseases such as malaria and Japanese

B encephalitis. It may be difficult to get to medical help in an emergency to areas that are more remote, for example in the event of a potentially rabid wound

- ◆ location may also impact on other risks such as road accidents. Resource poor countries may have inadequately constructed roads, limited road safety rules and poorly maintained vehicles
- ◆ accidents may be a greater risk and poor standards in health care facilities may mean an inadequate provision of care and an inability to cope with injuries
- ◆ consider the political and cultural issues at the destination, and observe any UK Foreign Office travel restrictions (FCO online travel advice)
- ◆ areas at high altitude may have unknown effects on travellers who have not been at altitude before. This is particularly a concern for people with pre-existing medical conditions. Specialist referral may be required (Auerbach, 2001; Alexander, 1995; Zafren and Honigman, 1997).

Departure date

- ◆ departure date will affect the time for giving advice and the timing of vaccine schedules
- ◆ seasonality of certain diseases will affect advice to travellers. For example, Japanese B encephalitis has a seasonal risk from May to October in northern areas of SE Asia, and influenza may be endemic in the southern hemisphere during UK summer months
- ◆ travellers who attend a travel advice consultation very late may not have time to receive adequate pre-travel advice or protection.

Length of stay

- ◆ generally the longer the duration of stay, the greater the travel health risks (Hill, 2000).
- ◆ longer stays may run into seasons where risk is either higher or lower for certain diseases
- ◆ travellers are sometimes less cautious on a long stay, and this may increase the personal health risk. For example, relaxing adherence to malaria chemoprophylaxis
- ◆ advice on the use of malaria chemoprophylaxis is different for long-stay travellers and the practitioner may need specialist knowledge (Chiodini et al, 2007).

Transport mode

- ◆ long haul travel is most commonly by air, but travel by sea and overland journeys should also be taken into account when assessing individual risk
- ◆ risk of travel-associated complications due to prolonged periods of immobility while travelling, such as deep vein thrombosis, are not clearly defined but should be considered for travellers who have any pre-disposing factors (Geerts, Pineo, Heit et al., 2004)
- ◆ any pre-existing medical condition or situation may raise concerns about fitness to travel, and an examination prior to the trip may be necessary. For example, travel is not advised for at least two weeks after a myocardial infarction, (AMA, 2003), although individual airlines may vary on interval restrictions
- ◆ cruise ship travel is increasingly popular, particularly with older people. Issues for consideration could include: yellow fever vaccination for entry into some countries; risk of disease outbreaks such as influenza and norovirus; and physical problems such as sea sickness (Smith, 2002).

Purpose of trip and planned activities

- ◆ people travel for many reasons and it is important to establish the reason because this impacts on the risks and type of pre-travel health advice given
- ◆ holiday makers may take risks that they would not at home because they are relaxed and want to enjoy the experience without always considering the risks involved. Package tours generally provide a reasonable amount of security, and that can lead to excessive complacency or over indulgence. This is particularly true for all inclusive holidays that are aimed at younger age groups where limitless alcohol is available for consumption (Fairhurst, 2002)
- ◆ backpackers and people undertaking more adventurous travel or expeditions may travel for longer periods of time and venture to areas where tourism is less well-developed. They may undertake risky activities. This could include camping in areas where malaria is a high risk, and where other mosquito-borne diseases are transmitted in the daytime such as yellow fever and dengue fever. They also often take part in activities that can be hazardous such as scuba diving, water sports like white water rafting, bungee jumping,

and trekking. Facilities may not be designed to the same standards as those in the UK, and the quality of equipment and supervision may not be adequate (Fairhurst, 2002)

- ◆ people working abroad face special risks depending on their type of work. For example, medical personnel working in disaster areas, or security workers going to war zones will be at greater risk of disease of close association and the blood borne infections (CDC, 2005; Gamble, Lovell, Lankester and Keystone, 2001)
- ◆ business travellers under great pressure, making frequent short term and/or long haul trips can experience loneliness, isolation, and a cultural divide. This group of travellers can be at risk from excessive alcohol use and casual sex (Piacentino, 2004)
- ◆ expatriate travellers can also have similar experiences. They miss family, have difficulties with language barriers and suffer psychological stress (Snashall, 2002)
- ◆ people travelling to visit friends and relations are at greatest risk from diseases such as malaria because they don't fully understand the risks. They have incorrect, pre-conceived ideas that they have natural protection against the disease, and may stay longer at hazardous locations such as rural areas (HPA, 2005; Behrens, 2004)
- ◆ travellers are more adventurous today and advice must emphasise and focus on, for example, risk of accidents, environmental hazards and sexually transmitted infections.

Quality of accommodation

- ◆ good quality air conditioned hotels will reduce some health risks, but travellers should be advised not to be complacent about hygiene standards especially for food preparation
- ◆ screened accommodation gives better protection than none in an area with malaria, but travellers should be advised about other personal protection bite-prevention measures for night-time and daytime
- ◆ camping and living fairly rough will increase travel health risks.

Financial budget

- ◆ budget often dictates the quality of eating places, but food hygiene is not always guaranteed in an expensive venue

- ◆ generally, travellers should be advised not to eat food from street vendors because of hygiene standards and the quality and storage of the food used. However, sometimes the reverse is true if it is possible to observe the thorough cooking of fresh food at high temperatures
- ◆ backpackers often have to manage their trip within a tight budget and need to be aware of the increased risk of using cheaper forms of transport, living in poorer accommodation, and having less money for medical help
- ◆ all travellers should make it a priority to buy comprehensive travel insurance before travelling, and always carry details of policy documents with them. Special attention should be given to the pregnant traveller's insurance including cover of the foetus for situations such as premature delivery and subsequent care of the baby
- ◆ practitioners need to be flexible and provide sufficient information to help the traveller to prioritise in situations where limited time or finances mean that the optimum recommendations cannot be followed.

Health care standards at destination

- ◆ where health care standards are in any way in doubt at a destination, it is essential not only to take out travel health insurance but cover for medical repatriation as well
- ◆ people with a pre-existing medical condition, particularly if it is serious, should consider the suitability of destinations where standards of health care are poor and sparse. Check that travel insurance will cover in such situations, and, if possible, check medical facilities in advance
- ◆ people travelling to an area where facilities may be inadequate should consider travelling with a first aid kit and sterile needle pack.

Performing risk assessments

Performing risk assessments are dependant on the individual practitioner, their facilities and how comprehensive the service is. The main consideration is to allocate sufficient time to perform the risk assessment. It would be unsafe to only allow 10 minutes for a new travel

appointment. A 20-minute consultation appointment per person should be allowed to exercise best practice. Travellers with more complex needs such as backpackers, may need even longer consultation time than this (RCN, 2005).

Face-to-face contact with the traveller is the preferable way to undertake a travel risk assessment and provide advice. In general, providing advice via a telephone or e-mail is controversial, time-consuming and may make practitioners vulnerable to litigation (Hill, Ericsson, Pearson et al., 2006).

How to conduct a risk assessment

It is better to carry out a risk assessment using one of the methods below rather than trying to recall the necessary questions from memory. With practice, risk assessment information collection can be carried out effectively without taking excessive time. Interpretation of the information and applying advice and recommendations appropriate to the individual risk assessment is the time consuming part of the consultation.

- ◆ ask the traveller to complete a form prior to the consultation that can then be reviewed by the travel health adviser before the appointment and used to identify any potential problems. This may save time in a consultation, but ensure that the traveller has understood the questions asked and confirm the information provided by the traveller is accurate, which will include reviewing the medical records if available. This may not be as time saving as originally thought, but it does give the traveller some idea of the depth of information required about the trip. Information can be collected on paper for scanning into the computer system, or within an online form on a website accessible to the general public, for example, a general practice surgery website
- ◆ complete the risk assessment form with the traveller at the consultation, identifying any foreseeable problems and issues which may require further questioning. The travel health adviser will be assessing the risk with no prior knowledge of the trip details, which can be more time consuming. It is therefore helpful to collect information about the traveller's destination, date of departure and duration of stay when the appointment is initially booked to support this method. Again, the risk assessment can be done on paper and subsequently scanned into the computer system, although designing a computer template for the process may be more helpful and ultimately time efficient
- ◆ a risk assessment could be performed by following a checklist to ensure all information is collected and then detail fully documented on the traveller record but this method is less reliable, or efficient and very time consuming

Steps to follow after a risk assessment

Once a risk assessment has been undertaken it is possible to ascertain:

- ◆ the disease risks that may be a potential threat to the traveller
- ◆ the non-disease related risks the traveller may be exposed to, such as accidents
- ◆ which vaccine-preventable diseases the traveller may need protection against
- ◆ which vaccines should be given and which schedules are most appropriate
- ◆ identification of any contra-indications to vaccination and the relevant information to be given to the traveller about the vaccines, efficacy, length of protection, schedule, side-effects and cost implications. Details of clinical information can be obtained from the Summary of Product Characteristics (SPC) (Online medicine guides from www.medicines.org.uk)
- ◆ if malaria prevention advice is required. If it is and if chemoprophylaxis is recommended then the appropriate information about the available choices, efficacy, side-effects and cost need to be incorporated into the advice given. Details of clinical information can be obtained from the Summary of Product Characteristics (SPC) (Online medicine guides from www.medicines.org.uk)
- ◆ the most appropriate general travel health advice that should be given
- ◆ the necessary special travel health advice that should be given, tailored to the travellers' individual needs. For example, if the traveller has diabetes
- ◆ if certain travellers should be advised against travelling to a destination because of extreme health risk. For example, pregnant women, infants and young children travelling to a destination with a high risk of malaria and where there is chloroquine drug resistance to *P. falciparum* malaria
- ◆ the additional information sources which could be given to the traveller to aid self-directed learning. Travellers should take on a degree of responsibility for self-education, and it would be ideal if some of the

health risk review occurred prior to the travel health consultation (Hill, Ericsson, Pearson et al., 2006, WHO, 2007)

- ◆ if the traveller understands the information given to obtain informed consent to vaccination (DH 2006)

Documentation to accompany the risk assessment

- ◆ the nurse is responsible for undertaking and evaluating the risk assessment, and thoroughly documenting it in a professional manner and keeping records secure
- ◆ information about vaccine administration should be well documented in full and records held for a considerable length of time. Records should include the name of the drug, batch number, expiry date, site of administration and name of the administrator. In the case of a child the records should be kept for 25 years, and for a yellow fever vaccination the required minimum time is 10 years. Records on patient notes at a GP surgery are routinely kept for life
- ◆ give written advice to the traveller as well as verbally together with any additional leaflets appropriate. For free information resources to give to travellers use for example, the Department of Health and the Foreign and Commonwealth Office. There are also specialist information sources such as the Blood Care Foundation and Diabetes UK
- ◆ provide a written record of vaccinations administered, and advise the traveller to keep the documentation safely and take to any future travel health consultations. These records will help travel health advisers and aid future decisions on vaccine requirements.

Conclusion

No travel health consultation should take place without conducting a travel risk assessment and documenting the information. The assessment forms the basis of all subsequent decisions, advice given, vaccines administered and the malaria prophylaxis advice that is offered. This takes time to perform correctly, and for best practice practitioners should leave sufficient time.

3

The competency framework for travel health nurses

Core competency 1: General standards expected of all nurses working in travel health

Competent nurse (level 5)	Experienced/proficient nurse (level 6)	Senior practitioner/expert nurse (level 7)
Fulfil points at this level	Fulfil points at level 5 as well	Fulfil points at levels 5 and 6 as well
<ol style="list-style-type: none"> 1. acts in accordance with the NMC Code of professional conduct 2. keeps up-to date and is aware of relevant nursing issues 3. applies evidence-based research to clinical practice 4. works to established protocols 5. works with access to supervision to make clinical judgements for routine travel health scenarios 6. works effectively as a team member 7. maintains authentic records of advice and procedures 8. provides accurate and consistent advice to travellers 9. knows where and how to access information and seek further advice 10. recognises and acts on any inability to cope or lack of knowledge or skills 11. refers to a more specialist service as and when appropriate, using appropriate mechanisms 12. works with patient group directions (PGDs) or standing orders (in the occupational health setting) unless a nurse prescriber or the vaccine has been prescribed by a doctor before administration. 	<ol style="list-style-type: none"> 4. revises and updates established protocols 5. makes clinical decisions in more complex scenarios. For example, patient over 60 years-of-age travelling to a country endemic for yellow fever 12. participates in the revision and updating of established PGDs or standing orders. 	<ol style="list-style-type: none"> 4. oversees effective implementation of protocols and make recommendations 5. works independently to make clinical judgements and decisions 9. refers to more specialist services in unusual circumstances 12. oversees effective implementation of the PGDs/standing orders.
Applicable KSF dimensions	Applicable KSF dimensions	Applicable KSF dimensions
<ol style="list-style-type: none"> 1 Core 1, Core 5 2 Core 2 3 Core 5 4 Core 5 5 Core 5, HWB2, HWB6, HWB7 6 Core 5 7 Core 1, Core 5 8 Core 1, Core 5, Core 6, HWB1, HWB4 9 Core 5, IK3 10 Core 2 11 Core 5, HWB2, HWB6 12 Core 3, Core 5, HWB2, HWB5 	<ol style="list-style-type: none"> 4 Core 4, Core 5 5 HWB1, HWB2, HWB4, HWB7 12 Core 4, Core 5, IK3 	<ol style="list-style-type: none"> 4 Core 4, Core 5 5 HWB1, HWB2, HWB4, HWB7, IK2 9 Core 1, Core 5, HWB2, HWB6 12 Core 3, Core 4, Core 5

Core competency 2: Travel health consultations

Competent nurse (level 5)	Experienced/proficient nurse (level 6)	Senior practitioner /expert nurse (level 7)
Fulfil points at this level	Fulfil points at level 5 as well	Fulfil points at levels 5 and 6 as well
<ol style="list-style-type: none"> 1. demonstrates good geographical knowledge and knows how to access further information regarding global destinations including use of an up-to-date atlas and accessing the Internet for such resources 2. performs a comprehensive risk assessment and knows how to carry out risk assessment effectively 3. interprets the risk assessment and accesses the latest recommendations for travel health advice, immunisations required and malaria chemoprophylaxis appropriate to the risk assessment for the journey 4. recognises complex issues beyond personal scope and knows who to contact for further information, support and advice 5. checks if UK childhood immunisation schedules are up-to-date and acts appropriately if not 6. demonstrates knowledge of the common travel related illnesses for example, travellers' diarrhoea, hepatitis A, hepatitis B, typhoid, malaria and dengue fever (consider flu and pneumococcal disease in relation to travel) and other travel-related hazards 7. provides individual advice to the traveller regarding: <ul style="list-style-type: none"> • accident prevention and the importance of adequate travel insurance • safe food, water and personal hygiene protective measures • prevention of blood-borne and sexually transmitted diseases • general insect bite prevention • prevention of animal bites particularly rabies including wound management • prevention of sun and heat complications • personal safety and security • malaria - awareness, bite prevention, appropriate chemoprophylaxis and the importance of compliance and symptoms of malaria to quickly diagnose and treat a traveller with the disease 8. communicates information effectively to explain the disease and other travel-related risks, vaccine recommendations and malaria prevention advice appropriate to the risk assessment 9. prioritises appropriately in situations where a patient's time or financial situation does not allow the optimum recommendations 10. assesses anxieties, especially to vaccination, and acts appropriately 11. demonstrates an excellent vaccine administration technique 12. completes patient and administrative records after vaccination. 	<ol style="list-style-type: none"> 2. supports and educates other team members in the process of risk assessment 3. selects or develops appropriate risk assessment tools <ol style="list-style-type: none"> 4a. provides support and advice to inexperienced colleagues in complex problems 4b. interprets risk assessment where advice is not straight-forward 4c. manages some more complex issues independently but refers when necessary. For example, travellers with serious underlying medical conditions 6. disseminates their knowledge of travel-related diseases such as rabies, Japanese encephalitis, tick borne encephalitis, yellow fever, schistosomiasis, West Nile virus, tuberculosis 7a. advises travellers with complex travel and special needs. For example, the pregnant traveller, the traveller with diabetes, immunosuppression, cardiac or respiratory disease, those who have experienced previous severe adverse reactions to a vaccine 7b. advises travellers on more complex health issues. For example emergency standby malaria medication, post-exposure prophylaxis following blood-borne virus exposure such as medical electives, management of altitude sickness 7c. meets the standards required for administration of yellow fever vaccine and complies with national regulations as a Yellow Fever Vaccination Centre, which is under the administration of National Travel Health Network and Centre (NaTHNaC) in England, Northern Ireland and Wales and Health Protection Scotland (HPS) in Scotland 8. provides specialist advice to travellers with more complex itineraries that may also require the prescription, provision and administration of more unusual vaccines such as Japanese B encephalitis, rabies, tick borne encephalitis and BCG 9. demonstrates involvement in the financial governance of travel including vaccine administration, which vaccines are provided privately and their cost, and which vaccines are reimbursable under the NHS. This would also include the provision of malaria chemoprophylaxis, medication in anticipation of illness abroad and travel health products such as mosquito nets 11. administers intradermal vaccinations if required. 	<ol style="list-style-type: none"> 2. develops protocols encompassing risk assessment. For example, for travel health consultations, malaria prevention advice, vaccine storage 3. interprets risk assessment in unusual or special circumstances 4. accepts referrals for more complex issues 7. writes appropriate travel-related advice sheets on all topics of travel health advice, where advice sheets are not readily available 8. provides advice on more complex issues at a national/board/strategic level.

Applicable KSF dimensions	Applicable KSF dimensions	Applicable KSF dimensions
<ul style="list-style-type: none"> 1 Core 2, Core 5, IK3 2 Core 2, Core 3, HWB2, HWB6 3 Core 3, Core 5, HWB3, IK2 4 Core 2, IK3 5 Core 3, Core 5, HWB2, HWB5, HWB6, HWB7, IK2 6 Core 2, Core 5, IK2 7 Core 2, Core 5, IK2 8 Core 1, Core 2 9 Core 3, Core 5, HWB1, HWB2, HWB3, 10 Core 6, HWB1, HWB2, HWB4 11 Core 3, Core 5, HWB5 12 Core 1 	<ul style="list-style-type: none"> 2 Core 2 3 Core 3, Core 4 4a Core 1, Core 2 4b IK2 4c Core 3, Core 5 6 Core 2 7a Core 1, Core 3, Core 5, HWB1, HWB4 7b Core 1, Core 3, Core 5, HWB1, HWB4 7c Core 2, Core 5 8 Core 1, Core 3, Core 5, HWB1, HWB2, HWB3, HWB4, HWB5, HWB7, IK2 9 Core 4, Core 5, Core 6 11 HWB5 	<ul style="list-style-type: none"> 2 Core 4, Core 5, HWB1 3 Core 3, IK2 4 Core 1, Core 4, Core 5 7 Core 1, Core 5, HWB1, HWB4, IK3 8 Core 4

Core competency 3: Professional responsibilities for nurses working in travel health

Competent nurse (level 5)	Experienced/proficient nurse (level 6)	Senior practitioner /expert nurse (level 7)
Fulfils points at this level	Fulfils points at level 5 as well	Fulfils points at levels 5 and 6 as well
<ol style="list-style-type: none"> 1. attends annual training session on immunisation as specified in the Health Protection Agency national curriculum programme 2. attends annual update on anaphylaxis and CPR training 3. understands the issues of informed consent and acts accordingly 4. ensures that travel health knowledge is always up-to-date 5. evaluates own care practices against accepted standards and guidance 6. attends an annual travel health update study session/conference at a local, national or international event 7. uses recognised online databases on a frequent and regular basis to ensure the latest national recommendations are always followed and read the update information to ensure awareness of issues such as disease outbreaks 8. demonstrates awareness of and uses a variety of other recognised travel health resources online (for information sources see Appendix 3) 9. joins an organisation that provides regular travel health information and contact for example, the RCN Travel Health Forum or British Travel Health Association 10. demonstrates evidence of learning to apply skills and knowledge in the field of travel medicine. For example, minimum of 12 hours of relevant learning 11. insists on adequate time to perform the travel consultation and negotiating sufficient time if this has not been permitted 12. demonstrate adherence to the principles of vaccine storage, administration and related theory 13. ensures adequate vaccine stock control, ordering or delegating this process to ensure sufficient stock is available at all times as per local protocols 14. is involved in the choice of vaccine products used in relation to clinical evidence and best practice and does not necessarily accept the decision of non-clinicians ordering products based on cost and profit margins alone 15. works effectively with non-clinical staff who are involved in the travel consultation process 16. complies with audit procedures and policy changes. 	<ol style="list-style-type: none"> 5. evaluates own care and acts as a resource to other nurses in ensuring their care is evaluated against accepted standards and guidelines 9. considers joining the International Society of Travel Medicine (ISTM) 10. considers formal travel medicine training at post graduate level 11. negotiates the provision of travel to be managed in a clinic setting but with the availability of some additional appointments as well 14. takes responsibility for deciding which vaccines are to be used 15. manages non-clinical staff in a clinic setting 16. assists in the collation and development of audit in travel health clinical practice. 	<ol style="list-style-type: none"> 5a. uses expert knowledge to inform protocol development and guide others in this process 5b. audits documentation to ensure appropriate standards and guidance is maintained 5c. appraises individuals on progress as required 6a. educates nurses working in the field of travel health 6b. speaks/presents research at travel medicine educational events at a national level/international level 7. uses international databases to ensure awareness of global issues in travel health 9. is involved at national and international level in travel health, including committee membership of relevant forums 10a. demonstrates highly developed specialist knowledge of the whole range of topics in travel medicine 10b. contributes to the evidence base for travel health nursing practice to support and promote travel health nurses 10c. identifies areas for further research 16. undertakes clinical audit in travel health practice and acts on findings to develop and improve standards of care.
<p>Applicable KSF dimensions</p> <ol style="list-style-type: none"> 1 Core 2, Core 5 2 Core 2, Core 5 3 Core 5 4 Core 2, Core 5, IK2 5 Core 2, Core 5 6 Core 2, Core 5 7 Core 2, Core 5, IK3 8 Core 2, Core 5, IK3 9 Core 2, Core 5 10 Core 2, Core 5 11 Core 3, Core 4, Core 5 12 Core 2, Core 3, Core 5 13 Core 5, G3(3) 14 Core 5, IK2, G3(3) 15 Core 1, Core 5 16 Core 4, Core 5 	<p>Applicable KSF dimensions</p> <ol style="list-style-type: none"> 5 Core 2, Core 4, Core 5 9 Core 2, Core 5 10 Core 2, Core 5 11 Core 1, Core 4, Core 5, G5 14 Core 3, Core 5, G3(3) 15 Core 1, Core 2, Core 4, Core 5, G5, G6 16 Core 4, Core 5 	<p>Applicable KSF dimensions</p> <ol style="list-style-type: none"> 5a Core 2, Core 4, Core 5 5b Core 5 5c Core 1, Core 2, Core 4, Core 5, G6 6a Core 2 6b Core 1, Core 2, Core 4 7 Core 2, Core 4, Core 5, IK2, IK3 9 Core 1, Core 2, Core 4 10a Core 1, Core 2, Core 3, Core 4, Core 5, HWB1, HWB2, HWB3, HWB4, HWB5, HWB6, HWB7, HWB10 10b Core 2, Core 4, Core 5 10c Core 4 16 Core 1, Core 4, Core 5, G5

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Appendices

Appendix 1: KSF dimensions compared to RCN Core competences

The NHS knowledge and skills framework dimensions compared to the RCN Core competences levels for travel health specialist competences.

NHS knowledge and skills framework dimension		Level 5 competent nurse	Level 6 experienced/ proficient nurse	Level 7 senior practitioner/ expert nurse
Core 1	Communication	3	3	4
Core 2	Personal and people development	3	3	4
Core 3	Health, safety and security	2	3	4
Core 4	Service improvement	2	2	4
				(level higher than identified in RCN Core competences)
Core 5	Quality	2	3	3
Core 6	Equality and diversity	3	3	4
Specialist dimensions				
HWB1	Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing	1	3	3
HWB2	Assessment and care planning to meet people's health and wellbeing needs	3	3	4
HWB3	Protection of health and wellbeing	1	2	3
HWB4	Ability to address health and wellbeing needs	2	3	4
HWB5	Provision of care to meet health and wellbeing needs	3	3	4
HWB6	Assessment and treatment planning	3	3	4
HWB7	Interventions and treatments	3	3	4
IK2	Information collection and analysis	2	2	3
IK3	Knowledge and information resources	2	3	4
G3	Procurement and commissioning	3	3	2
	(dimension not identified for competent nurses RCN Core competences)		(level higher than identified in RCN Core competences)	
G5	Services and project management	-	3	3
G6	People management	-	3	4
			(level higher than identified in RCN Core competences)	

Appendix 2: Travel risk assessment form

Please complete this form prior to your travel appointment and return to reception.

Personal details			
Name:			
Date of birth:		Male [] Female []	
Easiest contact telephone number:			
Email:			
Dates of trip			
Date of departure:			
Return date or overall length of trip:			
Itinerary and purpose of visit			
Country to be visited	Length of stay	Away from medical help at destination? If so, how remote?	
1			
2			
3			
Please circle the descriptions that best describe your trip			
1. Type of trip	Business	Pleasure	Other
2. Holiday type	Package Camping	Self-organised Cruise ship	Backpacking Trekking
3. Accommodation	Hotel	Relatives/family home	Other
4. Travelling	Alone	With family/friend	In a group
5. Staying in area which is	Urban	Rural	Altitude
6. Planned activities	Safari	Adventure	Other
Personal medical history			
Do you have any recent or past medical history of note? This includes diabetes, heart or lung conditions, thymus disorder.			
List any current or repeat medications.			
Do you have any allergies for example to eggs, antibiotics, nuts?			

Have you ever had a serious reaction to a vaccine given to you before?

Does having an injection make you feel faint?

Do you or any close family members have epilepsy?

Do you have any history or mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breast feeding?

Have you taken out travel insurance? If you have a medical condition, have you informed the insurance company about this?

Please give any further information that may be relevant, including any future travel plans.

Vaccination history

Have you ever had any of the following vaccinations/malaria tablets, and if so when?

Tetanus

Polio

Diphtheria

Typhoid

Hepatitis A

Hepatitis B

Meningitis

Yellow Fever

Influenza

Rabies

Jap B Enceph

Tick Borne

Other

Malaria tablets

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed:

Date:

For official use**Patient name:**Travel risk assessment performed Yes No **Travel vaccines recommended for this trip**

Disease protection	Yes	No	Further information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Other			

Travel advice and leaflets given as per travel protocolFood water and personal hygiene advice Travellers' diarrhoea Hepatitis B, C and HIV Insect bite prevention Animal bites Accidents Insurance Air travel Sun and heat protection Hajj travel Travel record card supplied Websites Other **Malaria prevention advice and malaria chemoprophylaxis**Chloroquine and proguanil Atovaquone + proguanil (Malarone) Chloroquine Mefloquine Doxycycline Malaria advice leaflet given **Futher information**

e.g. weight of child

Signed by:

Position:

Date:

Appendix 3: Summary of travel health-related information sources

Essential guidance documents

Atlas

All practitioners providing a travel health service should use an up-to-date atlas – some can now also be found online.

The Green Book

Department of Health (2006) *Immunisation against infectious disease* (3rd edition), London: DH. Updates available at www.dh.gov.uk/greenbook

The Yellow Book

Centers for Disease Control and Prevention (2005) *Health information for international travel 2005-2006*, USA: CDC.

<http://www.cdc.gov/travel/yb/>

(The publication is being updated)

Please note the Department of Health 'Yellow Book' Health information for overseas travel should be available towards the end of 2007 and can be accessed online at www.nathnac.org

The UK malaria guidelines

Health Protection Agency (2007) *Guidelines for malaria prevention in travellers from the United Kingdom*, London: HPA.

www.hpa.org.uk/publications/2006/Malaria/Malaria_guidelines.pdf

National immunisation training documents

Health Protection Agency (2005) *National minimum standards for immunisation training and Core curriculum for immunisation training*, London: HPA.

www.hpa.org.uk/infections/topics_az/vaccination/training_menu.htm

RCN travel health guidelines

Royal College of Nursing (2005) *Delivering travel health services: RCN guidance for nursing staff*, London: RCN.

www.rcn.org.uk/publications/pdf/DeliveringTravelHealthServices.pdf

World Health Organisation guidance

World Health Organisation (2007) *International travel and health*, Geneva: WHO.

www.who.int/ith

(This is published every two years and updated online in the intervening years. This book should routinely be used by Yellow Fever Vaccination Centres.)

Telephone advice lines and databases for health care professionals

MRL

(Health Protection Agency Malaria Reference Laboratory) 10am – 3pm Monday, Wednesday & Friday (times may vary)

www.malaria-reference.co.uk
020 7636 3924

NaTHNaC

(National Travel Health Network and Centre)

9am – 12noon & 2pm – 4.30pm Monday to Friday
www.nathnac.org

0845 602 6712

TRAVAX

(Health Protection Scotland for TRAVAX users only)

2pm – 4pm Monday to Friday
www.travax.nhs.uk
0141 300 1130

Travel health websites

British National Formulary
www.bnf.org

Centers for Disease Control and Prevention (travel)
www.cdc.gov/travel

Department of Health – (Green Book)
www.dh.gov.uk/greenbook

Electronic Medicines Compendium
www.emc.medicines.org.uk

Fit for Travel
www.fitfortravel.nhs.uk

Foreign and Commonwealth Office
www.fco.gov.uk

Health Protection Agency - HPA
www.hpa.org.uk

HPA Malaria Reference Laboratory - MRL
www.malaria-reference.co.uk

MASTA
www.masta.org

National Travel Health Network & Centre - NaTHNaC
www.nathnac.org

NHS Immunisation website
www.immunisation.nhs.uk

Promed (Global reporting system for outbreaks of emerging infectious diseases)
www.promedmail.org

TRAVAX
www.travax.nhs.uk

World Health Organisation (travel section)
www.who.int/ith

WHO disease outbreaks news
www.who.int/csr/don/en/

Vaccine Manufacturers' Travel Health websites

GlaxoSmithKline
www.vaccines.co.uk

Sanofi Pasteur MSD
www.spmsd.co.uk

Travel-related organisations

British Travel Health Association
www.btha.org

International Society of Travel Medicine
www.istm.org

Royal College of Nursing Travel Health Forum
www.rcn.org.uk

RCPSG – Royal College of Physicians and Surgeons of Glasgow
www.rcpsg.ac.uk

Travel health training and education

For a comprehensive up-to-date list of courses from basic to degree level courses and a variety of study days and conferences go to:

www.rcn.org.uk – search on travel health forum

Books about travel medicine

For a comprehensive up to date list of books available in the field of travel medicine go to:

www.rcn.org.uk – search on travel health forum

Details of training, education and books will also be found on many of the travel health websites aforementioned.



The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

April 2007

**Approved by the RCN Accreditation Unit
Until 30 November 2009**

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0845 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

Publication code 003 146

ISBN 978-1-904114-39-0