Competencies:
Travel health nursing: career and competence development
Acknowledgements

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Lorna Boyne
Nurse Consultant Travel and International Health, Travel and International Health Team, Health Protection Scotland

Jane Chiodini
Travel Health Specialist Nurse. Dean Elect, Faculty of Travel Medicine, Royal College of Physicians and Surgeons of Glasgow

Sandra Grieve
Travel Health Specialist Nurse, Lead Nurse Travel Health for the RCN

Alexandra Stillwell
Specialist Nurse (Travel Health), National Travel Health Network and Centre (NaTHNaC)

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The following bodies have endorsed this document
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This is a RCN competence knowledge and skills framework to support personal development and career progression.

Description
This framework defines the standards of care expected for a competent registered nurse, experienced/proficient nurse and a senior practitioner/expert nurse delivering travel health services.

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Travel health is an expanding specialist field of practice which is becoming more challenging. In the UK, travel health services are mainly delivered by nurses, mostly in a primary care setting. Pharmacists are increasingly providing advice for travellers. There is no “one size fits all”, travellers include people of all ages and ethnic backgrounds going abroad for a variety of reasons. Their needs vary and are increasingly complex.

Despite natural disasters, disease outbreaks and terrorism threats, the number of travellers from the UK continues to rise. Mass migration across Europe by displaced people from war-torn countries has affected tourism in countries previously frequented by visitors from Britain. Travellers are now more likely to research options and choose destinations deemed to be “safer”. Cruising, travelling solo and seeking adventure and new experiences in exotic and remote destinations remain popular. The UK is a multicultural society with many settled migrants returning to their country of origin to visit friends and relatives (VFRs). They may not present for pre-travel advice but as the rate of imported disease can be higher in this group, it’s important to reach out to them.

There is now more directional guidance and increasing resources available to both practitioners and the public. Practitioners are reminded to refer to the national websites TRAVAX and NaTHNaC for current evidence-based information. Technology and social media use has changed the way advice is delivered. Nurses can access training through e-learning portals and with internet connections and instant communication increasingly available in remote locations travellers can stay informed when abroad. This updated publication reflects these changes.

The RCN Public Health Forum resources are available through the travel health pages on the website. These pages are regularly updated, related to all four UK countries and linked to further resources through the RCN Library.

The first published guidelines and standards in the field of travel health medicine, Competencies: an integrated career and competency framework for nurses working in travel health medicine (RCN 2007), were published in 2007, followed in 2012 by an expanded version, Travel health Nursing: career and competence development, RCN guidance (RCN 2012). This edition has been updated in response to an audit and evaluation; Perceptions and expectations of the RCN Travel Health Competencies Document (Currie, et al., 2017). The survey demonstrated that the document remains useful to practitioners who used it, but awareness of the resource should be increased. In this revised edition we have retained the elements that nurses find most useful, such as the information on the pre-travel risk assessment and management which underpin the travel health consultation. A detailed description of the concept was included in the previous edition but to reflect the changing nature of travel health issues further relevant items have been added. As Agenda for Change (AfC) information was seen as least useful, especially for nurses working in travel health outwith the NHS, this has been removed. The information on travel medicine services in the UK has been updated to reflect recent changes and also to signpost changes that are likely to come.

Undertaking the delivery of travel health services requires competence, 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). As the competency framework tables are useful for nurses to identify what level they are currently working at, and how they may progress to the level that they aspire to reach, these have been retained. As individuals progress through each level of competence they build on the previous set of skills and knowledge, therefore an expert nurse would be able to function across the entire range of descriptors of practice.

Information on current guidelines and standards for the care of travellers by appropriately registered practitioners has been revised and updated. The focus remains on the work of a registered nurse and defines the standards that would be expected for:

• competent nurse (level 5)
• experienced/proficient nurse (level 6)
• senior practitioner/expert nurse (level 7).

The information is equally applicable to other qualified practitioners providing travel health services, including doctors and pharmacists. We recognise that there are now nurses working in
travel health at nurse consultant level, but as these roles are rare, they have not been captured within this framework beyond the described competency descriptors.

A number of political and professional issues and initiatives are addressed, including:

- need for leadership in specialist nursing
- need for development of standards relevant to all four UK countries
- increased focus on work-based and lifelong learning and supervision
- changing focus towards professional rather than academic accreditation.

Nurses continue to contribute to the travel health agenda through several national and international bodies. Formal training and qualifications in travel medicine have been available in the UK since 1995. The Faculty of Travel Medicine (FTM) at the Royal College of Physicians and Surgeons of Glasgow (RCPSG), was established in 2006. The FTM publication *Recommendations for the Practice of Travel Medicine* (Chiodini, et al, 2012) is complementary and can be used in conjunction with this document to support nurses, doctors and pharmacists delivering travel health services to achieve optimum safe practice for travellers. The Membership Diploma in Travel Medicine is conducted by the RCPSG. It is anticipated that expert nurses, as described in this document, should have the qualifications and experience sufficient to aspire to be admitted to the Faculty.

With the process of revalidation now in place, this updated integrated career and competency framework remains important for travel health practitioners. We hope that this document continues to support and meet the needs of practitioners delivering travel health services in this dynamic area of practice.

**Jason Warriner**

*Chair, RCN Public Health Forum*

**Sandra Grieve**

*Travel health committee member, RCN Public Health Forum*

See References and Appendix 2 for further details on the papers mentioned here.
1. How to use the Competency Framework

Nurses working 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, armed services, universities 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. The descriptors and levels do however provide an indication of the expected ability to function at that level.

Producing evidence — revalidation

Health care professionals are responsible for producing their own portfolios of evidence of competence. Revalidation came into effect in April 2016 and is the new process that nurses and midwives in the UK need to follow in order to maintain their professional registration with the Nursing and Midwifery Council (NMC) (NMC, 2017).

Every three years, in order to renew NMC registration, nurses must produce or maintain a revalidation portfolio that demonstrates:

- 450 practice hours, or 900 if renewing as both a nurse and midwife
- 35 hours of CPD including 20 hours of participatory learning
- five pieces of practice-related feedback
- five written reflective accounts
- reflective discussion
- health and character declaration
- professional indemnity arrangement.

On completion, a confirmation declaration is signed and submitted online to the NMC.

For more information on revalidation:

http://revalidation.nmc.org.uk/
2. Travel medicine services in the UK

Introduction

While travel advice is mostly given in primary care settings, it is increasingly taking place in private travel clinics, the occupational health sector, military settings, universities and schools. Recently large pharmacy chain outlets have also become involved, offering out-of-hours provision that is more acceptable to an increasingly demand-led service.

In 2017, international tourist arrivals grew to 1,322 million, the highest in seven years, with continued growth expected. Led by Mediterranean destinations, Europe recorded 671 million arrivals (+8%) and Africa 62 million (+8%). Both North Africa and Sub-Saharan Africa arrivals increased. Asia and the Pacific recorded 324 million arrivals (+6%). South Asia, South-East Asia, Oceania and North-East Asia all saw growth. In the Americas there were 207 million arrivals (+3%) with growth in South America, Central America and the Caribbean and North America. The Middle East received 58 million international tourist arrivals (+5%) (UNWTO, 2018).

People travel abroad for a variety of reasons, including business trips, holidays and visits to friends and relatives. During the first decade of the new millennium the number of visits overseas made by UK residents peaked at nearly 70 million. There were 70.8 million visits overseas by UK residents in 2016, an increase of 8% compared with 2015. This is a record figure, and the first time that visits have surpassed the 2006 figure of 69.5 million. Overall 75% of visits were to EU countries, mainly Spain, France and Italy. Poland entered the top 10 most visited countries, many visits made by Polish nationals living in the UK (ONS, 2016).

The common reason for travelling abroad was for holidays, with visiting friends and relatives (VFRs) as the second most popular reason. The underlying trend for business and miscellaneous purposes for travel is fairly flat but numbers are increasing for holidays and VFR travel. For example, there were 26.8 million holiday visits and 5.5 million VFR visits in 1996 compared with 45.0 million and 16.6 million respectively in 2016 (ONS, 2017).

The UN World Tourism Organization forecasts that international tourist arrivals will increase to 1.8 billion by 2030 (UNWTO, 2011).

The International Air Transport Association (IATA) expects 7.2 billion passengers to travel in 2035, a near doubling of the 3.8 billion air travellers in 2016 (IATA Press Release, October 2016).

Travel for holidays, recreation and other forms of leisure accounted for just over half of all international tourist arrivals in 2016 (53% or 657 million). Some 13% of all international tourists reported travelling for business and professional purposes, and another 27% travelled for other reasons such as visiting friends and relatives, religious reasons and pilgrimages, health treatment, etc. The purpose of visit for the remaining 7% of arrivals was not specified (UNWTO, 2017). According to UNWTO forecasts, trends will remain largely stable into 2030, when it is projected that leisure, recreation and holidays will represent 54%, business and professional travel 15%, and VFR, health, religion and other purposes 31% of all international arrivals (UNWTO, 2011).

While some travellers seek travel health advice before they leave the UK, surveys indicate that a significant number still do not see a health care professional before departure, with figures as high as 60% in some studies (LaRocque et al., 2010; Schlagenhauf et al., 2015).

Education and professional support – a historic overview to current day practice

Formal education in travel medicine commenced in 1995 when Dr Cameron Lockie, a GP from Stratford-upon-Avon, researched the concept of a training course which was then developed by the Public Health Department of the University of Glasgow with support from a team at the Scottish Centre for Infection and Environmental Health (now Health Protection Scotland). Shortly after the development of the Diploma a shorter Foundation course was developed and an MSc was also established through the University of Glasgow.

In 2003, Health Protection Scotland (HPS) took full managerial and administrative control of
the courses from the University of Glasgow, in conjunction with the Royal College of Physicians and Surgeons of Glasgow (RCPSG) which conducted exams and awarded the Diploma. During this period other courses were developed through other academic institutes, but these have not continued. The MSc also discontinued after a number of years as the number of students wishing to study travel medicine at this level diminished and the course was no longer viable.

In 2011 RCPSG took over the responsibility for providing the Foundation and Diploma courses which continued to be popular. Other short courses became quite widely available around the UK (see National Travel Health Network and Centre (NaTHNaC), TRAVAX and the RCN Travel Health pages for the most up to date information), but the Diploma course remained the only registered qualification throughout this time.

In 2006 the Faculty of Travel Medicine (FTM) was formed in RCPSG. The aim of the Faculty is to lead the way in raising standards of practice and achieving uniformity in provision of travel medicine services to protect the health of travellers. This was the first time that nurses and pharmacists were eligible to become Associates, Members and Fellows of the RCPSG through the FTM, depending on qualifications and experience. The Membership of Faculty of Travel Medicine examination (MFTM) was developed by FTM so that practitioners could take the membership examination (with or without undertaking the Diploma course) and successful candidates were eligible to join the Faculty as members.

During 2016 the FTM took the decision to completely redevelop the Diploma in Travel Medicine course to bring it in line with modern education delivery, to incorporate some RCPSG membership benefits and culminating with the MFTM examination. The result is the Royal College Membership Diploma in Travel Medicine (MDTM), the first of its kind in the world. During 2017, the Foundation course was also redeveloped to incorporate modern, blended eLearning delivery in line with the MDTM.

**Nurse specific contribution to UK travel health**

Nurses have been at the forefront of travel health care in the UK since the early 1990s and the RCN was amongst the first bodies to recognise travel health nursing as a specialist area of practice. In 1994, the RCN Travel Health Group – which subsequently became a special interest group and then a forum from 2000, began to produce newsletters and hold conferences for nurses working in the field. Membership of the group exceeded over 5,000 at its height, and was highly active in the support of education and standards for nurses working in the field. In 2010 the Travel Health Forum was merged into the RCN’s Public Health Forum.

**Travel medicine service factors**

**Financial provision**

Funding of travel vaccinations both on the NHS and as a private provision has been a complex issue for many years and description of such has been included in the previous version of this document. This detail has now been removed but could be obtained by contacting one of the authors via NaTHNaC or TRAVAX or reviewing the information [here](#).

At the time of review of this publication the way that immunisation services as a whole are delivered in Scotland is undergoing significant review. Scottish Government (SG) conducted a comprehensive consultation with representatives from general practice and the regional health-boards across Scotland and this showed that general practice no longer wanted to be responsible for delivery of the National Immunisation Programme (NIP). In response to this, SG agreed to carry out a Vaccination Transformation Programme, whereby each of the individual health-boards could determine how the National Immunisation programme should be delivered in accordance to local needs. (Scottish Government, 2017) The Vaccine Transformation Programme will commence in 2018 and is expected to take three years.

In July 2017, NHS England launched an action plan to drive out wasteful and ineffective drug prescriptions, saving the NHS over £190 million a year. A consultation document was subsequently published detailing a list of items considered unnecessary to be routinely prescribed in primary care. The outcome of this consultation was that the following vaccines should not be prescribed on the NHS exclusively for the purposes of travel (in England):
• Hepatitis B
• Japanese encephalitis
• Meningitis ACWY
• Yellow Fever
• Tick-borne encephalitis
• Rabies
• BCG.

These vaccines should continue to be recommended for travel but the individual traveller will need to bear the cost of the vaccination. (NHS England 2017). A patient leaflet has been produced providing the current provision of travel vaccines – see www.prescqipp.info/component/jdownloads/send/414-items-which-should-not-routinely-be-prescribed-in-primary-care-patient-leaflets/3790-patient-information-changes-to-travel-vaccines-prescribing.

At the same time, NHS England asked Public Health England to conduct a review of travel vaccines currently available on the NHS to assess their appropriateness for future NHS prescribing – these are cholera, diphtheria/tetanus/polio, hepatitis A and typhoid. This evaluation is currently being undertaken but at the time of publication no outcome is known. However, when the information becomes available, the electronic version of this guidance will be updated accordingly.

**Governance within travel health settings**

• In England GP surgeries and private travel clinics must be registered under the Care Quality Commission (CQC) www.cqc.org.uk, however pharmacy led private travel clinics are currently registered under the General Pharmaceutical Council (GPhC) www.pharmacyregulation.org/registration

• The situation is similar in Scotland where private clinics are registered with Healthcare Improvement Scotland (HIS) www.healthcareimprovementscotland.org

• In Wales private clinics are registered with the Healthcare Inspectorate Wales (HIW) as private health care providers. www.hiw.org.uk

• The Regulation and Quality Improvement Authority (RQIA) is the regulator for private clinics in Northern Ireland although they currently appear to have no private travel clinics registered. www.rqia.org.uk

• Under the International Health Regulations (IHRs) the state party for England, Wales and Northern Ireland (EWNI) is the National Travel Health Network and Centre (NaTHNaC) which has responsibility for administering Yellow Fever Vaccination Centres (YFVCs) https://nathnacyfzone.org.uk/managing-your-vfvc

• Under the International Health Regulations (IHRs) the state party for Scotland, Health Protection Scotland (HPS) is responsible for administering YFVCs http://www.hps.scot.nhs.uk/yellowfever/index.aspx

In the rationale of the NaTHNaC training for YFVCs it is expected that their efforts to improve yellow fever vaccine administration will lead to an improvement in the overall practice of travel medicine. (NaTHNaC, 2017a) This theme has been voiced in an editorial: “There is no linkage of licensure with providing a higher quality of travel medicine care, but there ought to be... Having a YF vaccination license must carry with it the weight of a higher standard of care, a higher level of training, and the responsibility to protect the traveller from other health threats” (Spira, 2005). Whilst the undertaking of YF training is not mandatory for all individuals administering the vaccine, NaTHNaC and HPS yellow fever training (either online or classroom) is required of at least one health professional, working at the YFVC or multiple YFVCs, every two years. However, they recommend (i.e. this is preferred but optional) all those responsible for administering the vaccine to complete training for their own accountability and good practice (HPS, 2018; NaTHNaC, 2017b).

In a position paper of the Faculty of Travel Medicine (RCPSG, 2014), published by the Royal College of Physicians and Surgeons of Glasgow in 2014, the authors acknowledged that Travel Medicine is not currently a recognised medical specialty in the UK or the Republic of Ireland and that within the UK and Ireland there is a lack of structure and delivery of travel medicine services, absence of a formal training pathway to a recognised professional standard, and lack of assurance of practice against defined standards.

They recommended the following:

• the standards of medical care given to travellers before, during and after travel should be as high as those practised in every other field of medicine
• standards of best practice should be outlined and national guidelines adopted where appropriate
• formal training by a suitably accredited provider should be mandatory for all health professionals offering medical advice to travellers
• the governance of travel medicine should be provided by the Faculty of Travel Medicine by means of its continuing professional development programme
• assurance of the competence of travel medicine providers should be reviewed by national authorities, with consideration given to the financial remuneration arrangements and licensing
• the travelling public should be educated to recognise the standard of service that should be expected of providers, and how this is delivered.

Much work is still needed to achieve these recommendations but this RCN document has been a forerunner in outlining best practice for travel medicine practice and awareness of its existence should be promoted as fully as possible.

Prescribing travel vaccines
The prescribing of travel vaccines is an area of great confusion. The following information provides a basic outline, but further reading is recommended (see Resources section of this document).

• In an NHS setting travel vaccines can be prescribed either under a Patient Group Direction (PGD) for the NHS travel vaccines or a Patient Specific Direction (PSD), or prescribed by a doctor, nurse independent-supplementary prescriber (NMC, 2006) or pharmacist independent prescriber (GPhC, 2006).
• In the Human Medicines Regulations 2012 an exemption was made for the provision of prescribing within private practice. A GP practice can now, in law, develop their own PGDs for use in their private practice (non NHS work), for example for the administration of travel vaccines (such as yellow fever, rabies, tick borne encephalitis and Japanese encephalitis) (Chiodini J, 2015). If they choose not to do so, then these vaccines can be administered under a PSD or prescribed by a medical or non-medical prescriber.
• Private travel clinics can operate under Patient Group Directions for all vaccines. Alternatively if the health care professional is a prescriber as previously described, then he/she can operate independently.

• Travel vaccines given within Occupational Health Schemes (OHS) are exempt from this regulation but must operate under their own Written Instruction (BMA, 2017). https://www.bma.org.uk/advice/employment/occupational-health/the-occupational-physician Nice Guidance Patient Group Directions (PGD) 2013 recommends that PGDs are not used when exemptions in legislation allow medicine supply and/or administration without the need for a PGD. The scope of this exemption in legislation is much broader than the use of PGDs (NHS Specialist Pharmacy Services – England) https://www.sps.nhs.uk/wp-content/uploads/2017/11/To-PGD-v9.5-Jan-2018.pdf The BMA guidance for OH physicians provides an example template for a “Specimen operating policy/written instruction” Also see: https://www.rcn.org.uk/clinical-topics/public-health/specialist-areas/occupational-health/occupational-health-nursing-skills-and-role-development

Administration of travel vaccines
Registered nurses who are fully trained and competent can administer travel vaccines.

They should be familiar with the Public Health England National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners (PHE, 2018). The aim of the national standards is to describe the training that should be given to all practitioners engaging in any aspect of immunisation so that they are able to confidently, competently and effectively promote and administer vaccinations.

National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers (HCSWs) was published by the PHE for the administration of influenza and pneumococcal vaccines. It is not current practice for HCSWs to administer childhood, travel or other vaccines in the UK (PHE, 2015).
3. Pre-travel risk assessment and risk management

Introduction

This section introduces the concept of pre-travel risk assessment, its importance in the task of evaluating and managing the advice required to minimise the traveller’s risk, the structure and reasons for performing assessments, and the practical aspects of essential documentation.

National online websites should always be consulted for the latest information on the country specific risks – to help inform recommended vaccines and additional information, for example disease outbreaks. There are two main resources in the UK: TRAVAX produced and maintained by Health Protection Scotland (www.travax.nhs.uk) and TravelHealthPro from NaTHNaC (https://travelhealthpro.org.uk). Both resources are reliable and up to date and produced by National Centres of excellence. All practitioners should also have access to the latest online versions of Immunisation against infectious disease, also known as The Green Book (PHE, 2013) and Guidelines for malaria prevention in travellers from the UK (Chiodini et al., 2017)

The learning objectives of this section are:

• understand what pre-travel risk 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 risk management 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
• understand the importance of using the latest versions of national guidance, online websites, the Green Book and the UK Malaria Guidelines (see resources in Appendix 2)
• have the ability to evaluate the sources of travel information and use other appropriate up-to-date resources in the travel health consultation.

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 sample pre-travel risk assessment and pre risk travel management forms in Appendix 1 that you can adapt as necessary. Both these forms will also be available to download as separate documents online (see Resources section).

Information about the traveller:

• age and sex
• medical history – past and present
• relevant family history
• current health status
• for women only, pregnancy status, actual or planned, has FGM been performed
• disability
• mental health status
• any other special needs
• medication
• any known allergies
• previous vaccine history
• previous experience travelling
• current knowledge and interest in health risks.

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 then manage that risk by selecting appropriate health advice, vaccinations, malaria prevention measures and advice. The following section looks at some examples of what you should consider in a pre-travel risk assessment. Please note, resources for many links to the topics below are included in Appendix 2.

In addition, many links will be found on specific subject topics on the recommended websites e.g. TRAVAX and TravelHealthPro and the latest edition of Public Health England Guidelines for malaria prevention in travellers from the UK. For this reason the following section has not been overly referenced.

Age and sex

Young travellers:
(This relates particularly to children under five years old, but includes other age groups)

- road traffic accidents and drowning incidents are the leading causes of death in child travellers (WHO, 2015; WHO, 2012)
- 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
- children are more vulnerable than adults to the exposure of rabies (Warrell, 2012)
- increased risk of other hazards such as sunburn and heat exposure; careful supervision is needed
- restrictions on some choices for travel vaccines and malaria chemoprophylaxis
- risk of being subjected to female genital mutilation (FGM) for young female travellers.
- risk of being taken abroad for the purpose of forced marriage.

Older travellers:

- immune systems reduced, at greater risk of infection and serious sequelae
- immune response to immunisation may diminish with advancing age
- senses reduced, at greater risk of accidents
- pre-existing medical conditions such as diabetes, coronary heart disease often lead to complications
- primary immunisation may not have been administered if born prior to implementation of national programmes
- evidence of increasing risk of sexually transmitted diseases in the over 50-year-old age group (DH, 2015)
- increased risk of serious adverse events following a first dose of yellow fever vaccine in those over 60 years (Gershman MD and Staples JE, 2018)
- in travellers from the UK, mortality from malaria increases with age. Elderly travellers need to be targeted for pre-travel advice (Checkley, et al., 2012).

Female travellers:

- security risk possibly increased if travelling alone
- need to be culturally sensitive in personal dress
- sexual health issues should be considered
- if of child bearing age, need to determine that there is no possibility of being pregnant at time of travel and establish if currently trying to conceive
- consideration of issues when administering travel vaccines in pregnancy
- appropriate Zika prevention advice if travelling when pregnant or planning to conceive
- problems associated with contraception; travelling while managing menstruation (FSRH, 2012)
- risk of being subjected to female genital mutilation (FGM)
- risk of being taken abroad for the purpose of forced marriage.
Male travellers:

- risk of accidents higher in males 20 to 29 years old. From a young age, males are more likely to be involved in road traffic crashes than females. About three quarters (73%) of all road traffic deaths occur among young males under the age of 25 years who are almost 3 times as likely to be killed in a road traffic crash as young females. (WHO, 2017)
- sexual health issues should be considered
- appropriate Zika prevention advice if travelling when partner is pregnant or the couple have plans to conceive.

Lesbian, gay, bisexual and transgender (LGBT) travellers:

- attitudes towards LGBT travellers varies greatly around the world; in seven countries homosexuality is punishable by death and a further seventy countries imprison people because of their sexual orientation (Foreign and Commonwealth Office. Lesbian, gay, bisexual and transgender foreign travel advice)
- LGBT travellers are advised to carefully research acceptance of LGBT in the culture/country to be visited
- see resources for links to more information.

Medical history

Past and present medical history and current health status:

- previous medical history may have impact on choice of trip; for example, a person who has had their spleen removed would be at increased risk of severe illness if travelling to a destination where malaria, particularly \textit{P. falciparum}, is endemic
- those with ongoing medical problems may require specialist advice; for example, those with severe renal or liver disease would need advice regarding malaria chemoprophylaxis. For people who are immuno-suppressed; some live vaccines may be contra-indicated and other vaccines may be less effective (PHE, 2013a)
- people with pre-existing conditions such as diabetes and coronary heart disease may have higher risk if illness occurs at destination, increasing their risk of needing medical attention that may be of variable quality. People with epilepsy have reduced choice of chemoprophylaxis for malaria endemic regions
- 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
- recent surgery or long term medical problem such as respiratory disease may impact on travel and a fitness to fly examination may be required (CAA, 2017)
- 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 (\textit{The Global Database}); 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. Practitioners should be aware of the British HIV Association (BHIVA) guidelines on the use of vaccines in HIV positive adults (BHIVA, 2015)
- psychiatric history and state of mental health may have impact on long-term travel or expatriate lifestyle (Patel, 2011); and for example, mefloquine for malaria chemoprophylaxis is contraindicated for certain psychiatric or mental health conditions
- pregnancy increases risk from malaria; if complications occur in the pregnancy medical intervention may be required but reliable medical care may not be available at the destination; Venous thromboembolism (VTE) (deep vein thrombosis or pulmonary embolism) following a long haul flight is a greater risk in pregnancy; the early scan should be performed ideally before travel; antenatal records should always be taken on the trip; tour operators will set individual restrictions on a pregnant woman flying in the third trimester of the pregnancy (CAA, 2017)
- breastfeeding presents some restrictions on choice of malaria chemoprophylaxis, some precautions regarding administration of live vaccines need to be assessed
- 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
- a woman on the oral contraceptive pill could lose contraceptive efficacy if she suffers travellers’ diarrhoea
- specialist advice is required for those on medication such as insulin
- safe storage of drugs in transit, particularly for drugs that need refrigeration
- generally taking sufficient supplies of medication for an entire trip is recommended due to problems of counterfeit medicines found abroad. It is advisable to take medication in its original pharmacy packaging.
- problems can occur when taking drugs into other countries, the legal status of some drugs in other countries may be different to the UK and restrictions are in place regarding controlled drugs; correct paperwork, including a doctor’s letter or prescription and any relevant licence can be helpful at the point of entry to a country [https://www.gov.uk/travelling-controlled-drugs](https://www.gov.uk/travelling-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
- be aware of restrictions for carrying medication and medical equipment through airport security, on aircraft and at immigration (such as fluids over 100mls, needles etc.) see information [www.gov.uk/hand-luggage-restrictions/essential-medicines-and-medical-equipment](http://www.gov.uk/hand-luggage-restrictions/essential-medicines-and-medical-equipment)

Allergies to drugs or food/reaction to vaccination:

- establish if there was a true anaphylactic reaction to vaccines previously administered to avoid similar event – it should be noted that anaphylactic reaction to vaccines is extremely rare (PHE, 2013b)
- allergy to foods, any specific drugs or latex; 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
- to establish a history of, or the possibility of fainting, enquire before administering vaccines. Fainting is more common than anaphylaxis and practitioners need 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
- 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
- consider traveller’s attitude – for example, a risk taker or risk averse
- 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):

- VFR travellers have a different risk profile to other types of travellers – tending to travel for longer, live as part of the local community, may not seek advice prior to travel, underestimate their health risks
- data suggests that VFR travellers are less likely than other travellers visiting Africa to take antimalarial 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
• those VFRs in countries with endemic malaria make up the majority of cases of falciparum malaria in the UK, but the risks of this group dying from malaria are much smaller than for other travellers, with most deaths occurring in tourists (Checkley, et al., 2012)

• 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 when travelling to areas where malaria is endemic.

FGM and Forced Marriage:
• migrants from countries with high rates of female genital mutilation (FGM) may return to visit friends and relatives intending their children to undergo FGM; it is illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country (DH 2017a). Many useful resources are available on this subject from the Department of Health (DH 2017b) Travel health practitioners should be aware of the potential for a girl to be taken to another country for this purpose, be prepared to ask the question directly, and where appropriate initiate safeguarding procedures or refer for further care (RCN, 2016a) The RCN has published specific guidance for travel health services (RCN, 2016b)

• forced marriage is an abuse of human rights, a form of violence against women and men, where it affects children, child abuse and where it affects those with disabilities abuse of vulnerable people. (FCO & Home Office 2013). Guidance Forced Marriage: Survivors Handbook, published by the Foreign and Commonwealth Office is an invaluable resource to be aware of. Such activity needs to be considered in a travel consultation setting.

Previous vaccination history:
• having accurate information of previous vaccine history status will ensure previous vaccination is not duplicated unnecessarily 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 GPs and private travel clinics. Apps are now available to record data on a mobile device.

Additional 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 additional needs, such as travellers with a disability.

Destinations:
• establish the exact destination location to determine the disease risks; for example, yellow fever virus is endemic in tropical areas of Africa and Central and South America. (WHO, 2018)

• establish a specific location in a country; for example, malaria is rarely present in Nairobi in Kenya, but it is a high risk in other parts of the country, for example Mombasa

• record stopovers in case the destination may have impact on the risk assessment regarding immigration requirements

• rural areas may be of greater risk than urban, particularly for diseases such as malaria and Japanese encephalitis; in an emergency situation, especially in more remote areas, it may be difficult to reach medical help e.g. in the event of a potentially rabid wound

• location may also impact on other risks such as road accidents; developing 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 (see the Foreign & Commonwealth Office) https://www.gov.uk/foreign-travel-advice
• areas at high altitude may have unknown unpredictable effects on travellers, for example acute mountain sickness.

**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. Examples of diseases with seasonal risk in some parts of the world include JE, influenza and malaria
• travellers who attend a travel advice consultation very late may not have time to receive optimum pre-travel advice or protection; however, it is never too late to commence some vaccine protection or provide malaria chemoprophylaxis and receive appropriate advice to take additional precautions – for example, food, water and personal hygiene advice.

**Length of stay:**
• generally, the longer the duration of stay, the greater the likelihood of exposure to travel related health hazards
• 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.

**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 VTE should be considered for travellers who have any pre-disposing factors
• 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, respiratory or cardiovascular disorders, psychiatric illness, pregnancy and gastro-intestinal surgery. (IATA Medical Manual, 2018). Individual airlines may vary on required intervals. Further information is also available from the Civil Aviation Authority (CAA) at [https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/](https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/)
• cruise ship travel is increasingly popular, particularly with older people; issues for consideration could include: risk of yellow fever and/or the requirement for a certificate under IHR for entry into some countries; risk of disease outbreaks such as influenza and norovirus; and physical problems such as sea sickness.

**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 could be available for consumption (SHAPP, 2014)
• 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 such as camping in areas where malaria is a high risk, and where other mosquito-borne diseases are transmitted in the daytime such as yellow fever, dengue and Zika; 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
• those travelling for the purpose of a pilgrimage, for example – Umrah and Hajj, are at greater risk of diseases resulting from close association such as respiratory disease and meningococcal meningitis; proof of vaccination for ACW135Y will be required by these pilgrims to obtain a country entry visa [www.hajinformation.com/main/p10.htm](http://www.hajinformation.com/main/p10.htm) Travellers should be made aware of the

- 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 diseases of close association and blood borne infections
- 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 (Patel, 2011)
- expatriate travellers can also have similar experiences; they miss family, have difficulties with language barriers and suffer psychological stress (Patel, 2011)
- people travelling to visit friends and relatives are at greatest risk from diseases such as malaria because they may not fully understand the risks; they could have incorrect, pre-conceived ideas that they have natural protection against the disease, and may stay longer at hazardous locations such as rural areas
- travellers are more adventurous today and advice must emphasise and focus on, for example, risk of accidents, environmental hazards
- the risk of sexually transmitted infections and sexual health in general needs to be considered for all travellers but there is also a recognition that some travellers may be at particular risk if travelling with the purpose of sexual encounters
- social media has significant impact on traveller activity today. The Department of Education together with the Home Office have published guidance concerning the use of social media for online radicalisation (GOV. UK, 2015) Individuals need to be aware of the increased risk and danger when meeting people through actions such as dating apps (NCA, 2016). Travellers using dating apps could potentially be very vulnerable when using them in another country where strange surroundings, cultures, customs and communication issues add to the risk.

Medical tourism
A growth area in recent years, with people travelling for many types of surgery including dental treatment, cosmetic surgery, elective surgery and infertility treatment; the most common problems travellers experience when travelling abroad for treatment result from undertaking limited initial research, booking treatment without a proper consultation, aftercare, travel risks (for example, VTE), lack of insurance, and poor communication and language difficulties (NHS, 2015); guidance is available from NHS Choices.

Quality of accommodation:
- good quality air-conditioned hotels can 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 in an area with malaria, but travellers should be advised about other personal protection and bite prevention measures for night-time and daytime
- camping and living 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 potentially poor (or risky) 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 which includes medical repatriation before travelling, and always carry details of policy documents with them or be able to access these electronically; 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**

Travel risk assessment is an essential process for the healthcare professional advising their traveller. A main consideration is to allocate sufficient time to perform the risk assessment and deliver appropriate travel risk management advice.

**Appointment guidance:**

- it would be unsafe to allow only 10 or 15 minutes for a new travel appointment. A minimum of a 20-minute consultation appointment per person should be allowed to exercise best practice
- travellers with more complex needs – such as backpackers, or individuals requiring malaria prevention advice relevant to their destination – may need a longer consultation time
- when groups of travellers attend e.g. a family, then sensible timing needs to be applied and consideration given as to how large a group is acceptable within the travel health setting
- when children attend, it would be easier if they were not taken into the initial consultation so that the parent(s) can focus on the information provided
- small children are easier to vaccinate if taken into the clinical area one by one
- those needing to return for subsequent vaccines in a course could be accommodated in a shorter appointment time if all travel health management issues were covered in the initial appointment.

The Nursing and Midwifery Council ‘The Code’ is about being professional, about being accountable and about being able to justify your decisions; employers need to respect the complexity of a travel consultation and appreciate that sufficient time must be allowed for a nurse to abide by The Code.

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 (Genton and Behrens, 1994). However it is recognised that many practitioners today do undertake an initial assessment and then invite travellers to attend a consultation for final review, advice and administration of the vaccines. Every effort must be taken to ensure the telephone consultation is conducted protecting confidentiality when contacting patients by phone. In particular, it is important to confirm the identity of the person answering the phone and ensure appropriate safeguards are in place.

**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.

Some suggestions for completing this task are provided below.

1. 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. Some practitioners like to go through the questionnaire with the travellers over the phone
in advance as mentioned above. This may save time in a consultation, and identify availability of vaccines which may require ordering in advance or preparation of a patient specific direction. However, within the consultation the nurse still needs to review the completed form to ensure 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 and helps to make the nurse feel more prepared. 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.

2. 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.

3. A risk assessment could be performed by following a checklist to ensure all information is collected and the detail is fully documented on the traveller record. However this method is less reliable or efficient, is very time consuming, and great care needs to be taken to ensure all the information is documented.

4. Recent concerns have been raised of a growing trend of reports (in England) that some travel health providers are not performing a risk assessment, but instead sending the traveller to a private service or instructing the traveller to identify their vaccine needs online. Following this, the original provider then administers the vaccines identified as being “recommended”. This practice is considered unsafe. Those who ‘just give vaccines’ according to information the traveller has obtained or identified, puts the individual health care practitioner at significant risk. Moreover, as a GP surgery who makes such a request is already paid for providing travel and risk assessment services, advice is an integral part of this service. Nurses practising in the UK are reminded of their personal accountability and compliance with The Code when advising travellers.

Steps to follow after a risk assessment

Once a risk assessment has been undertaken and in conjunction with reference to an online national travel health website (plus other resources outlined in Appendix 2) 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
• identification of any contra-indications to vaccination and the relevant information to be given to the traveller about the vaccines including efficacy, length of protection, schedule, side-effects and cost implications; details of clinical information can be obtained from the Summary of Product Characteristics (SmPC) in the electronic Medicines Compendium (eMC)
• which vaccines should be offered and which schedules are most appropriate
• when malaria prevention advice is appropriate; offer information to enable the traveller to make as informed a choice as possible. This would include details about different tablet options, efficacy, side-effects and cost. Details of clinical information can be obtained from the SmPC in the electronic Medicines Compendium. Malaria chemoprophylaxis can be obtained in a number of ways today (e.g. on a private prescription from a GP surgery, provided in a private travel clinic or pharmacy by a resident prescriber or via a patient group direction and drugs are also available online following a specific risk assessment (note this provision must be registered with the MHRA https://medicine-seller-register.mhra.gov.uk). Some chemoprophylactic drugs are now available as a Pharmacy only (P) medicine and most recently one form of atovaquone/proguanil was made available as a P drug – www.gov.uk/government/news/mal-off-protect-antimalarial-tablets-to-be-available-to-buy-from-pharmacies). In addition to the advice and provision of the chemoprophylaxis – general advice on awareness of risk of malaria, mosquito bite avoidance and information about awareness
and action on symptoms of the disease of malaria to facilitate rapid diagnosis and treatment are essential and should always be provided within the risk assessment consultation

- the most appropriate general travel health advice that should be given
- the necessary additional travel health advice that should be given, tailored to the traveller’s individual needs; for example, if the traveller has diabetes; certain travellers might 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 drug resistant *Plasmodium falciparum* malaria
- 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 their health risk review occurred prior to the travel health consultation (see ‘Useful travel health sites for the general public’ in Appendix 2).

**Documentation to accompany the travel consultation:**

- the NMC’s *Standards for medicines management* (NMC, 2007) should be followed at all times in addition to working within the boundaries of *The Code* (NMC, 2015)
- the nurse is responsible for undertaking and evaluating the risk assessment, and thoroughly documenting it in a professional manner and keeping records secure
- a risk management form is provided in Appendix 1 to highlight the information that could be documented during the travel health consultation; while it may be considered necessary to adapt this content to suit your individual workplace, please note items included are indicative of best practice
- when a medicine is administered via a PGD it is good practice to provide the patient information leaflet to the patient at the time of administration, although this is not a legal requirement. Please study the information on the risk management form carefully.
  
  www.medicines.org.uk/emc could be given as a resource to the traveller
- information about vaccine administration should be documented in full and records held for 10 years for an adult and 25 years for a child or eight years following a child’s death (NHS Digital, 2016). Records should include the manufacturer’s name, batch number, expiry date, site of administration and name of the administrator. According to information from NaTHNaC, Yellow Fever Vaccination Centres should be aware that, due to lifelong validity, duplicate certificates can now be requested many years after vaccination but can only be issued where a satisfactory record exists. The NaTHNaC factsheet states: when replacing a genuinely lost, mislaid or badly damaged International Certificate of Vaccination or Prophylaxis (ICVP), it is acceptable to write the term of validity as valid for the ‘life of the person vaccinated’ whatever the date of original issue. [https://nathnacyfzone.org.uk/factsheet/5/international-certificate-of-vaccination-or-prophylaxis-icvp](https://nathnacyfzone.org.uk/factsheet/5/international-certificate-of-vaccination-or-prophylaxis-icvp). Where the person to be vaccinated at the YFVC is a registered patient of that centre, a record of YF risk assessment and vaccine administration should be made in the patient’s medical record. Persons attending the centre who are not registered patients at that centre should have a personal record constructed that should be retained by the centre. For more detail see TravelHealthPro and TRAVAX
- provide a written record of vaccinations administered, and advise the traveller to keep the documentation safe and take to any future travel health consultations; these records will help travel health advisers and aid future decisions on vaccine requirements. Apps are now available to help document records
- it may be useful to write a protocol documenting the process of a travel consultation setting out items such as aims and objectives, key resources to be used, roles of staff involved, description of the process of booking appointments, the travel consultation, planned audit, and so forth.

**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 prevention advice that is offered. This takes time to perform correctly, and for best practice practitioners should leave sufficient time as described.
4. The competency framework for travel health nurses

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

<table>
<thead>
<tr>
<th>Competent nurse (level 5)</th>
<th>Experienced/proficient nurse (level 6)</th>
<th>Senior practitioner/expert nurse (level 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fulfil points at this level</strong></td>
<td><strong>Fulfil points at this level</strong></td>
<td><strong>Fulfil points at this level</strong></td>
</tr>
<tr>
<td>1. Acts in accordance with the NMC Code as a registered nurse.</td>
<td>4. Revises and updates established protocols</td>
<td>4. Oversees effective implementation of protocols and make recommendations.</td>
</tr>
<tr>
<td>2. Keeps up-to-date and is aware of relevant nursing issues.</td>
<td>5. Makes clinical decisions in more complex scenarios. For example, patient over 60 years-of-age travelling to a country endemic for yellow fever.</td>
<td>5. Works independently to make clinical judgements and decisions.</td>
</tr>
<tr>
<td>3. Applies evidence-based research to clinical practice.</td>
<td></td>
<td>9. Refers to more specialist services in unusual circumstances.</td>
</tr>
<tr>
<td>4. Works to established protocols.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Works with access to supervision to make clinical judgements for routine travel health scenarios.</td>
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<td></td>
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<tr>
<td>6. Works effectively as a team member.</td>
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<tr>
<td>7. Maintains authentic records of advice and procedures.</td>
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<td>8. Provides accurate and consistent advice to travellers.</td>
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<tr>
<td>9. Knows where and how to access information and seek further advice.</td>
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<tr>
<td>10. Recognises and acts on any inability to cope or lack of knowledge or skills.</td>
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<td></td>
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<tr>
<td>11. Refers to a more specialist service as and when appropriate, using appropriate mechanisms.</td>
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<td></td>
</tr>
<tr>
<td>12. Works with the patient group directions (PGDs) patient specific directions (PSDs) prescription from a medical or non-medical prescriber or standing orders (in the occupational health setting).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Contributes to service provision planning ensuring it is suitable to meet the practice population needs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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. Participates in the revision and updating of established PGDs/PSDs or standing orders.

12. Oversees effective implementation of the PGDs/PSDs standing orders.

13. Contributes to service provision planning ensuring it is suitable to meet the practice population needs.

13. With other senior members of staff, drives service provision planning, ensuring it is suitable to meet the practice population needs.
Core competency 2: Travel health consultations

<table>
<thead>
<tr>
<th>Competent nurse (level 5)</th>
<th>Experienced/proficient nurse (level 6)</th>
<th>Senior practitioner/expert nurse (level 7)</th>
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<tbody>
<tr>
<td>Fulfil points at this level</td>
<td>Fulfil points at level 5 as well</td>
<td>Fulfil points at levels 5 and 6 as well</td>
</tr>
</tbody>
</table>

1. Demonstrates good geographical knowledge and knows how to access further information regarding global destinations including use of up-to-date maps and accessing the Internet for such resources.
2. Performs a comprehensive risk assessment and knows how to carry out a 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 by knowing how to access information if childhood schedule was undertaken in another country and knowing where to find information on incomplete vaccine schedules.
6. Demonstrates knowledge of the common travel related illnesses for example, travellers’ diarrhoea, hepatitis A, hepatitis B, typhoid, malaria and dengue fever (consider MMR, flu and pneumococcal disease in relation to travel) and other travel-related hazards.
7. Provides individual advice to the traveller regarding:
   - 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
   - be aware if new and emerging infections risks and their implications e.g. Zika virus.
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.

2. Supports and educates other team members in the process of risk assessment.
3. Selects or develops appropriate risk assessment tools.
4a. Provides support and advice to inexperienced colleagues in complex problems.
4b. Interprets risk assessment where advice is not straightforward.
4c. Manages some more complex issues independently but refers when necessary. For example, travellers with serious underlying medical conditions.
5. 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, Wales and Northern Ireland 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 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.
10. Demonstrates an excellent vaccine administration technique.
11. Completes patient and administrative records after vaccination.
12. Provides advice on more complex issues at a national/board/strategic level.
### Core competency 3: Professional responsibilities for nurses working in travel health

<table>
<thead>
<tr>
<th>Competent nurse (level 5)</th>
<th>Experienced/proficient nurse (level 6)</th>
<th>Senior practitioner/expert nurse (level 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fulfil points at this level</strong></td>
<td><strong>Fulfil points at level 5 as well</strong></td>
<td><strong>Fulfil points at levels 5 and 6 as well</strong></td>
</tr>
<tr>
<td>1. Is educated in immunisation in accordance with PHE National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners and equivalent in Scotland.</td>
<td></td>
<td>5a. Uses expert knowledge to inform protocol development and guide others in this process.</td>
</tr>
<tr>
<td>2. Attends annual update on anaphylaxis and CPR training.</td>
<td></td>
<td>5b. Audits documentation to ensure appropriate standards and guidance is maintained.</td>
</tr>
<tr>
<td>3. Understands the issues of informed consent and acts accordingly.</td>
<td>5c. Appraises standards and progress as required.</td>
<td>6a. Educates nurses working in the field of travel health.</td>
</tr>
<tr>
<td>4. Ensures that travel health knowledge is always up-to-date.</td>
<td></td>
<td>6b. Speaks/presents research at travel medicine educational events at a national level/international level.</td>
</tr>
<tr>
<td>5. Evaluates own care practices against accepted standards and guidance.</td>
<td>5. Evaluates own care and acts as a resource to other nurses in ensuring their care is evaluated against accepted standards and guidelines.</td>
<td>7. Uses international websites to ensure awareness of global issues in travel health.</td>
</tr>
<tr>
<td>6. Attends an annual travel health update study session/conference at a local, national or international event. If such is not available, seek out online education and/or undertakes self-directed learning by means of following online websites news alerts, Vaccine Update, reading published travel health information etc. Undertake a reflective narrative of the learning to provide evidence of keeping up to date in line with current revalidation requirements.</td>
<td>8. Demonstrates awareness of and uses a variety of other recognised travel health resources online (see Appendix 2).</td>
<td>9. Enrols in various travel medicine related courses and seminars to enhance knowledge and skills.</td>
</tr>
<tr>
<td>7. Uses recognised online websites 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.</td>
<td>9. Considers joining the International Society of Travel Medicine (ISTM), and/or Associate Membership of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow or the British Global Travel and Health Association.</td>
<td>9. Is involved at national and international level in travel health, including committee membership of relevant forums. Aspires to becoming a Member or Fellow of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow.</td>
</tr>
<tr>
<td>8. Demonstrates awareness of and uses a variety of other recognised travel health resources online.</td>
<td>10. Demonstrates highly developed specialist knowledge of the whole range of topics in travel medicine.</td>
<td>10a. Demonstrates highly developed specialist knowledge of the whole range of topics in travel medicine.</td>
</tr>
<tr>
<td>9. Joins an organisation that provides regular travel health information and contact for example, the RCN Public Health Forum, Affiliate membership of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow or the British Global and Travel Health Association.</td>
<td>10b. Acts as a mentor to competent nurse Level 5.</td>
<td>10b. Acts as a mentor to competent nurse Level 5 and Experienced/proficient nurse level 6.</td>
</tr>
<tr>
<td>10. Demonstrates evidence of learning to apply skills and knowledge in the field of travel medicine. For example, minimum of 15 hours of relevant learning plus mentorship in clinical skills before undertaking a travel consultation alone. Demonstrates evidence of CPD in line with current revalidation requirements.</td>
<td>11. Negotiates the provision of travel health to be managed in a clinic setting but with the availability of some additional appointments as well.</td>
<td>10c. Contributes to the evidence base for travel health nursing practice to support and promote travel health nurses.</td>
</tr>
<tr>
<td>11. Insists on adequate time to perform the travel consultation and negotiating sufficient time if this has not been permitted.</td>
<td>11d. Assists in the collation and development of audit in travel health clinical practice.</td>
<td>10d. Identifies areas for further research.</td>
</tr>
<tr>
<td>12. Demonstrates adherence to the principles of vaccine storage, administration and related theory.</td>
<td>12. Takes responsibility for deciding which vaccines are to be used.</td>
<td></td>
</tr>
<tr>
<td>13. Ensures adequate vaccine stock control, ordering or delegating this process to ensure sufficient stock is available at all times as per local protocols.</td>
<td>13. Manages non-clinical staff in a clinic setting.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>14. Takes responsibility for deciding which vaccines are to be used.</td>
<td></td>
</tr>
<tr>
<td>15. Works effectively with non-clinical staff who are involved in the travel consultation process.</td>
<td>15. Manages non-clinical staff in a clinic setting.</td>
<td></td>
</tr>
<tr>
<td>16. Complies with audit procedures and policy changes.</td>
<td>16. Undertakes clinical audit in travel health practice and acts on findings to develop and improve standards of care.</td>
<td></td>
</tr>
</tbody>
</table>
5. References


Civil Aviation Authority (CAA) (2017) *Am I fit to fly? Information for passengers and health professionals*. Available from: http://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly


Gershman MD and Staples JE (2018) CH3


The Global Database on HIV-Specific Travel and Residence Restrictions (online resource). Available from: www.hivrestrictions.org

Healthcare Inspectorate Wales (HIW) Available from: www.hiw.org.uk

Healthcare Improvement Scotland (HIS) Available from: www.healthcareimprovementscotland.org


National Travel Health Network and Centre (NaTHNaC) (2017a) Becoming a Yellow Fever Vaccination Centre (YFVC) in England, Wales and Northern Ireland (EWN); Rationale for the NaTHNaC Initiative. Available from: https://nathnacyfzone.org.uk/become-a-yfvc

National Travel Health Network and Centre (NaTHNaC) (2017b) Staff working within Yellow Fever Vaccinations Centres (YFVCs). Available from: https://nathnacyfzone.org.uk/managing-your-yfvc#Staff_working_within_YFVCs


The Regulation and Quality Improvement Authority, Northern Ireland. See www.rqia.org.uk


Royal College of Nursing (2012) *Travel health nursing: career and competence development RCN guidance,* London: RCN.


6. Appendices

Appendix 1: Sample travel risk assessment form

TRAVEL RISK ASSESSMENT FORM – ideally to be completed by traveller prior to appointment.

Name: [ ]
Date of birth: [ ]
Male □ Female □

E mail: [ ]
Telephone number: [ ]
Mobile number: [ ]

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW

Date of departure: [ ]
Total length of trip: [ ]

COUNTRY TO BE VISITED EXACT LOCATION OR REGION CITY OR RURAL LENGTH OF STAY
1. [ ]
2. [ ]
3. [ ]

Have you taken out travel insurance for this trip?
Do you plan to travel abroad again in the future?

TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY

□ Holiday □ Staying in hotel □ Backpacking □ Additional information
□ Business trip □ Cruise ship trip □ Camping/hostels
□ Expatriate □ Safari □ Adventure
□ Volunteer work □ Pilgrimage □ Diving
□ Healthcare worker □ Medical tourism □ Visiting friends/family

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

Are you fit and well today [ ]
Any allergies including food, latex, medication [ ]
Severe reaction to a vaccine before [ ]
Tendency to faint with injections [ ]
Any surgical operations in the past, including e.g. your spleen or thymus gland removed [ ]
Recent chemotherapy/radiotherapy/organ transplant [ ]
Anaemia [ ]
Bleeding /clotting disorders (including history of DVT) [ ]
Heart disease (e.g. angina, high blood pressure) [ ]
Diabetes [ ]
Disability [ ]
Epilepsy/seizures [ ]
Gastrointestinal (stomach) complaints [ ]
Liver and or kidney problems [ ]
HIV/AIDS [ ]
Immune system condition [ ]

Form devised and created by Jane Chiodini © Updated 2017
<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health issues (including anxiety, depression)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological (nervous system) illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory (lung) disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatology (joint) conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spleen problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other conditions?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Women only**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you pregnant?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you breast feeding?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you planning pregnancy while away?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you undergone FGM / been cut / circumcised</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>YES</th>
<th>NO</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus/polio/diphtheria</td>
<td>MMR</td>
<td></td>
<td>Influenza</td>
</tr>
<tr>
<td>Typhoid</td>
<td>Hepatitis A</td>
<td></td>
<td>Pneumococcal</td>
</tr>
<tr>
<td>Cholera</td>
<td>Hepatitis B</td>
<td></td>
<td>Meningitis</td>
</tr>
<tr>
<td>Rabies</td>
<td>Japanese encephalitis</td>
<td></td>
<td>Tick borne encephalitis</td>
</tr>
<tr>
<td>Yellow fever</td>
<td>BCG</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Malaria Tablets</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Any additional information**

---

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.


Form devised and created by Jane Chiodini © updated 2017
## Appendix 1: Sample travel risk management form

### TRAVEL RISK MANAGEMENT FORM

<table>
<thead>
<tr>
<th>FOR HEALTH PROFESSIONAL USE ONLY IN CONJUNCTION with TRAVEL RISK ASSESSMENT FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name:</td>
</tr>
<tr>
<td>Childhood immunisation history checked:</td>
</tr>
<tr>
<td>Additional information:</td>
</tr>
<tr>
<td><strong>National database consulted</strong> for travel vaccines recommended for this trip and malaria chemoprophylaxis (if required):</td>
</tr>
<tr>
<td>Disease protection advised</td>
</tr>
<tr>
<td>BCG/Mantoux</td>
</tr>
<tr>
<td>Cholera</td>
</tr>
<tr>
<td>Dip/tetanus/polio</td>
</tr>
<tr>
<td>Hepatitis A</td>
</tr>
<tr>
<td>Hepatitis B</td>
</tr>
<tr>
<td>Hepatitis A+B</td>
</tr>
<tr>
<td>Hepatitis A + Typhoid</td>
</tr>
<tr>
<td>Japanese encephalitis</td>
</tr>
</tbody>
</table>

**Vaccine and General Travel Advice required/provided**

- Potential side effects of vaccines discussed
- Patient Information Leaflet (PIL) from packaging or from [www.medicines.org.uk/emc/](http://www.medicines.org.uk/emc/) given

| Patient consent for vaccination obtained: | verbal ☐ | written ☐ |
| Post vaccination advice given: | verbal ☐ | written ☐ |

**General travel advice** leaflet given (all topics below in the surgery/clinic advice leaflet) and patient asked to read entire leaflet due to insufficient time to advise verbally on every topic: **Yes / No**

**Items ticked below indicate topics discussed specifically within the consultation:**

- Prevention of accidents
- Personal safety and security
- Food and water borne risks
- Travellers’ diarrhoea advice
- Sexual health & blood borne virus risk
- Rabies specific advice
- Mosquito bite prevention
- Malaria prevention advice
- Medical preparation
- Sun and heat advice
- Journey/transport advice
- Insurance advice

**Other specific specialised advice / information given on:**

e.g. smoking advice for a long haul flight; altitude advice; prevention of schistosomiasis etc.

| Source of advice used for further information: | NaTHNaC | TRAVAX | Other |
| OR no additional specialised advice given | ☐ | | |
### Additional patient management or advice taken following risk assessment – for example

- Vaccine(s) patient declined following recommendation, and reason why
- Telephoned NaTHNaC or TRAVAX for advice or used Malaria Reference Laboratory fax service
- Contacted hospital consultant for specific information in respect of a complex medical condition
- Given appropriate advice in relation to pregnancy and planned conception if travelling to Zika risk area
- Identified specific nature/purpose of VFR travel

### Authorisation for a Patient Specific Direction (PSD)

Following the completion of a travel risk assessment, the below named vaccines may be administered under this PSD to:

**Name:**

**dob:**

<table>
<thead>
<tr>
<th>Name, form &amp; strength of medicine (generic/brand name as appropriate)</th>
<th>Dose, schedule and route of administration</th>
<th>Start and finish dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature of Prescriber**

**Date**

**Post Vaccination administration**

- Vaccine details recorded on patient computer record (vaccine name, batch no., stage, site, etc.) Y / N
- SMS vaccines reminder or post card reminder service set up Y / N
- Travel record card supplied or updated: Y / N

**Travel risk management consultation performed by:** (sign name and date)
Appendix 2: Summary of travel health-related information sources

Essential guidance documents for travel health practitioners

**Atlas**

All practitioners providing a travel health service should use an up-to-date atlas, either hard copy or online (for example, [https://maps.google.co.uk/](https://maps.google.co.uk/)).

**The ‘Green Book’**


**The UK Malaria prevention guidelines**


**National Online Travel Health Websites**

- TRAVAX (from Health Protection Scotland) [http://www.travax.nhs.uk](http://www.travax.nhs.uk)
- TravelHealthPro (NaTHNaC from Public Health England) [https://travelhealthpro.org.uk](https://travelhealthpro.org.uk)

Travel Risk Assessment and Travel Risk Management forms (as described in Appendix 1)

To download go to: the RCN’s travel health web page:


**Telephone/Fax advice lines for health professionals**

**Malaria Reference Laboratory Fax Service**

- Complete and return by fax to 020 7637 0248
- Receive a faxed reply within three working days

**National Travel Health Network and Centre (NaTHNaC)**

- Telephone advice line 0845 602 6712
- Mornings: available from 09.00 – 11.00 Mondays to Fridays
- Afternoons: Mondays and Fridays 13.00 – 14.00; Tuesdays, Wednesdays and Thursdays 13.00 – 15.30
- For further details see [https://travelhealthpro.org.uk/page.php?pid=8f14e45fcee1a67a5a36dedd4bea2543](https://travelhealthpro.org.uk/page.php?pid=8f14e45fcee1a67a5a36dedd4bea2543)

**TRAVAX**

- Telephone advice line 0141 300 1130
- Monday 14.00 – 16.00
- Wednesday 14.00 – 16.00
- Friday 09.30 – 11.30
- For further details see [www.travax.nhs.uk/contact-us](www.travax.nhs.uk/contact-us)
Other related useful resources

General Immunisation Information from the RCN

For a comprehensive and current list of sites relating to immunisation including the following topics

- Current issues
- Administration of vaccines
- Immunisation training
- Storage and the Cold Chain
- Keeping up to date.

www.rcn.org.uk/clinical-topics/public-health/specialist-areas/immunisation

Further travel health resources from the RCN

- Malaria including the World Malaria Report and other malaria information links
- Female Genital Mutilation Lesbian, Gay, Bisexual and Transgender travel advice
- Disease information e.g. Zika virus, Yellow fever
- The Foreign & Commonwealth Office
- Courses, conferences and study days.

www.rcn.org.uk/clinical-topics/public-health/specialist-areas/travel-health

Vaccine and malaria chemoprophylaxis drug information

- electronic Medicines Compendium (eMC) www.medicines.org.uk/emc

Prescribing

- Information about PGDs and PSDs from the RCN https://www.rcn.org.uk/clinical-topics/medicines-optimisation
- Prescribing for Travel Vaccines FAQs www.janechiodini.co.uk/help/faqs/faq-1-prescribing-travel

Useful travel health sites for the general public

- Fit for Travel www.fitfortravel.nhs.uk
- TravelHealthPro https://travelhealthpro.org.uk/
- Foreign and Commonwealth Office (FCO) www.gov.uk/foreign-travel-advice and the FCO Travel Aware campaign https://travelaware.campaign.gov.uk
- NHS Choices www.nhs.uk/Livewell/TravelHealth/Pages/Travelhealthhome.aspx

Travel-related organisations

- British Global and Travel Health Association (BGTHA) www.bgtha.org
- Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow (RCPSG) https://rcpsg.ac.uk/travel-medicine/home
- International Society of Travel Medicine (ISTM) www.istm.org
- Royal College of Nursing Public Health Forum (RCN) www.rcn.org.uk/get-involved/forums/public-health-forum

Education and training in travel health

- Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow provides a selection of education, including the Membership Diploma in Travel Medicine leading to a formal qualification. See https://rcpsg.ac.uk/travel-medicine/education for more details
- TRAVAX see http://www.travax.nhs.uk/resources
• TravelHealthPro see https://travelhealthpro.org.uk/factsheet/24/educational-events

• There are numerous other providers of travel health education in the UK. Care should be taken when booking an independent course to ensure the trainer is trained to a higher level of travel health, shows a recognisable qualification in the subject and, is ideally also in clinical practice.

• International Society of Travel Medicine http://www.istm.org/educationalactivities

International travel related resources

• Centers for Disease Control and Prevention, USA (CDC) www.cdc.gov/travel


• World Health Organization home page: http://www.who.int/en

• World Health Organization Travel and International Health information: http://www.who.int/ith/en
The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

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London
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