

# **Aims and Intentions**

- This presentation is intended to be a detailed resource for future use
- Available online following this meeting
- Where possible, weblinks are hyperlinked providing 'easy access' for any resource available electronically. All weblinks were working on completion of presentation on 11.03.13 but cannot be guaranteed if viewed after this date! I hope most do.
- To obtain, press 'Ctrl' key and hold down, then click on the link and if online, this should take you directly to the resource



















# **Education and Training**

(page 22)

- 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
- Ensures travel health knowledge is always up to date
- Attends an annual travel health update study session/conference at a local, national or international event

Chiodini J, Boyne L, Stillwell A, Grieve S. Travel health nursing: career and competence development, RCN guidance. RCN:London 2012 http://www.rcn.org.uk/\_\_data/assets/pdf\_file/0006/78747/003146.pdf



The main consideration is to allocate sufficient time to perform the risk assessment. It would be

> unsafe to only allow 10 minutes for a new travel appointment.

A 20-minute consultation appointment per person should be allowed to exercise best practice. Travellers with more complex needs such as backpackers or individuals requiring malaria prevention advice relevant to their destination - may need even longer consultation time. The Nursing and Midwifery Council '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 nurses to abide by the Code.

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### A key document for all those undertaking travel medicine



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### Core competence for the <u>Competent</u> <u>Nurse</u> in a travel health consultation

- Demonstrates good geographical knowledge
- Able to perform risk assessment effectively and understands how to interpret potential risk within a trip
- Knows where to 'go' for recommendations for travel advice, immunisations, malaria chemoprophylaxis
- Recognises limit of knowledge and knows when to refer appropriately
- Has good knowledge of common travel related illnesses e.g. TD, hepatitis, typhoid, malaria

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### Core competence for the <u>Competent</u> <u>Nurse</u> in a travel health consultation

- · Able to provide individual advice to the traveller
  - Accident prevention
  - ✓ Safe food, water and personal hygiene
  - $\checkmark$  Prevention of blood-borne infections and sexually transmitted
    - diseases
  - General insect bit prevention
  - ✓ Prevention of animal bites, particularly rabies including wound management
  - Prevention of sun and heat complications
  - Personal safely and security
  - ✓ Malaria awareness, ABCD advice

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# Core competence for the <u>Competent</u> <u>Nurse</u> in a travel health consultation

- Communicates information effectively
- Prioritises in a situation when traveller is on a limited budget
- Assesses anxieties and acts appropriately
- Demonstrates an excellent vaccine administration technique

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 Completes patient and administrative records after vaccination

### Core competence for the <u>Experienced/Proficient Nurse</u> in a travel health consultation

- Interprets risk assessment when advice is not straight forward
- Manages some more complex issues independently but refers when necessary. For example, travellers with serious underlying medical conditions
- Disseminates their knowledge of travel-related diseases such as rabies, Japanese encephalitis, tick borne encephalitis, yellow fever, schistosomiasis, West Nile virus, tuberculosis
- 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

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### Core competence for the <u>Senior Practitioner/Expert Nurse</u> in a travel health consultation

- Interprets risk assessment in unusual or special circumstances
- Provides advice on more complex issues at a national/board/strategic level

### From the introduction of the document

 'It is anticipated that expert nurses as described in this document, should have the qualifications and experience sufficient to aspire to be admitted into the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow' = minimum of the post graduate Diploma in Travel Medicine = AFTM RCPS(Glasg)

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### Training in travel medicine information

- RCPSG
  - Travel medicine foundation 6 month distance learning (NITME course now running – Norway, Sweden & Finland)
  - Diploma in Travel Medicine 1 year full academic course, distance learning with 2 x one week residential component which leads to recognised qualification - AFTM RCPS(Glasg) and exemption from part one of the MFTM Exam
  - MFTM RCPS(Glasg) part one written exam, part 2 OSCE

### • ISTM

 CTH exam (Certificate of Travel Health) written exam held usually prior to ISTM International Conferences every two years. CTH qualification will allow exclusion from part one of MFTM

http://www.rcpsg.ac.uk/travel-medicine/about-ftm.aspx & www.istm.org







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# Process and documentation considerations Protocol for the service – the who, what, why and when – The process and level of the service roles and responsibilities of the staff + training Where specialist advice is sought, which resources are used Forms for documentation and advice Equipment require Protocol for vaccines storage Yellow Fever – formal registration as a centre Management of emergencies, regular training in CPR, anaphylaxis etc. Sale of travel health goods to customers Data storage and the long term









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# **Evidence of vaccine management**

- The travel health professional is responsible for careful documentation of all aspects of the pre-travel health consultation, including vaccine records.
- These must be kept for a minimum of 10 years for an adult and 25 years for a child (or 8 years following a child's death).
- Each traveller should also be provided with a written record of any vaccinations given and, if applicable, a note of when future doses are due

Field VK, Ford L, Hill DR, eds. Health Information for Overseas Travel. National Travel Health Network and Centre, London, UK, 2010 page 15

# **Evidence of malaria management**

The HPA Advisory Committee for Malaria Prevention suggests that a hand-held record of the malaria prevention measures advised is given to the traveller so that they may pass it on to their GP



Chiodini P, Hill D, Lalloo D et al. Guidelines for malaria prevention in travellers from the United Kingdom London, Health Protection Agency, 2007























































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