**NHS Highland Community Pharmacy Travel Health Service Specification v7**

**April 2023**

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| Version | date | Summary of changes |
| 7 | April 2023 | Addition of Level 4 service pathway  Inclusion of reference to proficiency document  Addition of CHI and time to Patient record form |

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Appendix A: Service Agreement Form

Appendix B: Community Pharmacy Check List

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#### Key steps for contractors:

* Ensure you have read and understood the content of this service specification.
* Ensure your standard operating procedure (SOP) is up to date and accurately describes your service model.
* Ensure training of all appropriate Healthcare Professionals providing vaccinations on behalf of the pharmacy is up to date, and support staff are aware of the service and able to refer to appropriate person.
* Ensure that all those providing vaccinations on behalf of the pharmacy have signed and submitted copies of the NHS Highland/North of Scotland(NoS) Patient Group Directions (PGDs) to [nhsh.cpsoffice@nhs.scot](mailto:nhsh.cpsoffice@nhs.scot)nhsh.cpsoffice@nhs.scot .
* Ensure updated versions of the PGDs are implemented when received.
* Ensure you are aware of arrangements for supply and storage of vaccines including cold chain maintenance requirements, appropriate record keeping and an SOP will be in place to ensure compliance.
* Ensure you are familiar with the recording requirements used for obtaining patient consent, patient details and vaccination details.
* Ensure availability of consent forms and any other relevant paperwork that is not being completed electronically.

# Service description and background

* 1. This Service Level Agreement (SLA) acts as a contract between NHS Highland and the Pharmacy Contractor. The Pharmacy Contractor will provide the services as defined by and using documents provided in the Patient Group Directions for the Administration of NHS Travel Vaccinations (Hepatitis A, Typhoid, Hepatitis A/Typhoid, Cholera and Revaxis® (polio / diphtheria / tetanus). The most up to date versions of these PGDs must be read in conjunction with this Service Level Agreement. Services will be provided within the legal and ethical framework of the Pharmacy Contractor as a whole.
  2. The objective of the NHS Highland Travel Health Service is to provide a “one-stop” patient-centred, comprehensive, consistent and accessible travel advice and vaccination service for patients.
  3. The five NHS vaccinations included in this service offering are Revaxis, Hepatitis A, Typhoid, Hepatitis A/Typhoid and Cholera.
  4. Travel risk assessments, advice and vaccinations (if required) are provided to reduce the risk of transmission of diseases amongst patients travelling to countries where these diseases are still prevalent, to contribute to the protection of individuals who may have a suboptimal response to their own immunisations, or to avoid disruption to services that provide their care.
  5. The NHS Highland Travel Health Service is targeted at all travellers who require advice and /or vaccinations for travelling to a destination considered at risk of tropical disease. This service includes provision of vaccination to children.
  6. A private Travel Health Service has been offered from several Community Pharmacies in Highland for several years. Under the Vaccination Transformation Programme (VTP), the vaccinations specified in the Scottish Statement of Financial Entitlements (SFE) must be provided as free to the traveller as part of NHS provision, Hepatitis A, Typhoid, Hepatitis A/Typhoid Cholera and Revaxis.
  7. Vaccination or oral medication not listed in the SFE, but otherwise indicated as appropriate in the provision of travel health prophylaxis, will be charged to the patient under privately provided arrangements.

# Aims and intended service outcomes

* 1. The aims of this service are to provide a patient centred, accessible, consistent and comprehensive travel service for patients requiring travel assessment, vaccination, medicines and advice.
  2. To increase access to NHS travel advice and vaccination for all patient groups in order to protect patients while travelling to high risk destinations.
  3. To be able to provide accurate and up to date information about travel health risks and vaccine(s) to patients.

# Service Outline and Standard

* 1. This SLA is effective from 1st June 2022 to 1st April 2024.
  2. The notice period for changes to the provision of services under this SLA shall be 3 months in writing by either party OR immediately if in breach of regulations pertaining to the Agreement.
  3. The Contractor providing this service must be signed up to this SLA.
  4. Every Healthcare Professional involved in the delivery of the service must have read this SLA, signed and agreed to act in accordance with the relevant PGDs, completed annual adult and paediatric anaphylaxis and basic life support training and be professionally competent to deliver the service.
  5. The pharmacy contractor is required to assess patient eligibility for the NHS Highland Travel Health Service in accordance with national and local guidance ensuring vaccinations offered under this service are provided in line with Immunisation against infectious disease (The Green Book) ([link](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)) and the NoS PGDs, which outlines all relevant details on the background, dosage, timings and administration of the vaccination, and disposal of clinical waste.
  6. The Contractor will be responsible for the provision of immunisation advice (both written and verbal) to the patient and/or parent/guardian if a child.
  7. NHS Travel Vaccinations will be available, as required, to eligible patients under the terms of the NHS Highland/NoS PGDs for Hepatitis A, Typhoid, Hepatitis A/Typhoid, Cholera and Revaxis.
  8. Treatment offered should not be restricted to that available on the NHS, but should include that which would incur a fee payable by the traveller, e.g., for malaria, rabies, tick-born encephalitis and, where the pharmacy is registered to do so, yellow fever. The aim is to provide a complete travel advice service that incorporates those elements available on the NHS along with the opportunity for the individual to access and pay for those not available through the NHS.
  9. The Contractor will be responsible for referring eligible patients who are excluded from treatment under the PGDs to the level 4 specialist service provider (see Patient Journey Appendix C)
  10. The Contractor will maintain accurate patient clinical records of the episodes of care (see Appendix D). For adults aged 18 yrs and over: retain for 8 yrs.

For a child: retain until the 25th birthday or 26th birthday if the patient was 17 yrs when treatment finished.

* 1. The Contractor will be responsible for the provision of a user-friendly, client-centred, safe, non-judgemental, and confidential service.
  2. The Contractor will ensure that the premises used for immunisation meets the standards agreed with NHS Highland (see Section 4).
  3. Each patient will be required to confirm consent before being administered a vaccine. When available, Pharmacy Contractors must use the consent statements set out in the Vaccination Management Tool (VMT) ([link](https://learn.nes.nhs.scot/42708/turas-vaccination-management-tool)) to obtain the patient’s consent. The consent covers the administration of the vaccine. The patient must be notified that details of the vaccination will be shared with the GP Practice, NHS Highland and third party data handlers (National Services Scotland, Public Health Scotland). This notifies the patient of the information flows that may take place as necessary for the appropriate recording in the patient’s GP practice record and for the purpose of post payment verification by NHS Highland.
  4. Until the VMT is available use of the TURAS VMT standard offline form ([link](https://learn.nes.nhs.scot/44703/turas-vaccination-management-tool/offline-forms)) should be completed and stored securely. The information must then be transferred to the VMT as soon as available by a member of the Pharmacy team.
  5. Once VMT functionality is in place and if VMT is temporarily not available to be used at the time of vaccination, the VMT standard offline form ([link](https://learn.nes.nhs.scot/44703/turas-vaccination-management-tool/offline-forms)) should be completed. The information must then be transferred to the VMT as soon as available by a member of the Pharmacy team.
  6. The Contractor will display material within the premises advertising the service.
  7. The Contractor will be responsible, where appropriate, for counselling the patient on other related travel health and first aid messages, including but not limited to personal safety and environmental risk. Written information or signposting to appropriate verified online sites should also be available on these topics.
  8. The pharmacy contractor must have a standard operating procedure (SOP) in place for this service, which includes procedures to ensure cold chain integrity. All vaccines are to be stored in accordance with the manufacturer’s instructions and all refrigerators in which vaccines are stored are required to have a maximum / minimum thermometer. Maximum / minimum and actual temperature readings are to be taken and recorded from the thermometer on all working days. The Health Protection Scotland (HPS) Guidance for Vaccine Storage and Handling must be followed ([link](https://www.hps.scot.nhs.uk/web-resources-container/guidance-on-vaccine-storage-and-handling/)). The vaccines must not be used after the expiry date shown on the product.
  9. Pharmacy contractors must ensure adequate staff provision to ensure day to day services are not compromised due to this service and have in place appropriate administrative support to manage appointments and assist patients.
  10. Pharmacy contractors must ensure indemnity cover is in place for all staff involved in delivery of the service.
  11. Facilities must be available to ensure appropriate hygiene levels are maintained throughout service delivery including the use of recommended PPE.
  12. Each patient being administered a vaccine should be given a copy of the manufacturer’s patient information leaflet about the vaccine.
  13. The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and post payment verification. Section 7 details the required records that must be kept as part of provision of the service.
  14. Where a patient presents with an adverse drug reaction following the initial vaccination and the Vaccinator believes this is of clinical significance, such that the patient’s GP practice should be informed, this information should be recorded and shared with the GP practice as soon as possible by contacting the practice directly. Adverse events should be reported to the Commission on Human Medicines via the yellow card scheme.
  15. Contractors are required to record and report any patient safety incidents. Any incidents should be reported to [nhsh.cpsoffice@nhs.scot](mailto:nhsh.cpsoffice@nhs.scot)
  16. Contractors are required to comply with arrangements that will be in place for the removal and safe disposal of any clinical waste generated in the provision of this service.
  17. Any questions or comments regarding any aspect of the service from contractors can be sent to [nhsh.cpsoffice@nhs.scot](mailto:nhsh.cpsoffice@nhs.scot) . Any patient comments/ complaints should be directed to the Patient Relations Team [nhshighland.feedback@nhs.scot](mailto:nhshighland.feedback@nhs.scot) .

# Training and premises requirements

* 1. Community pharmacies providing an NHS Highland immunisation service must have a private, enclosed clinical area suitable for vaccine administration within the community pharmacy, external to the dispensary area, which complies with GPhC standards.

Key requirements are:

* Access to a Clinical wash hand basin.
* Washable floors.
* Clinical workbench sufficient to prepare vaccine and layout ancillaries.
* Access to a refrigerator appropriate for storing vaccines.
* Chair(s).
* Minimum floor area as specified by national/local criteria for clinical treatment room (sufficient to lay patient down in the event of an adverse event).
* Adequate seating in waiting area appropriately distanced from other patients and staff.
  1. Safe storage of documentation
  2. Vaccinations under this service must only be carried out on the pharmacy premises.
  3. Contractors must ensure that those providing the service are competent to do so. Healthcare Professionals (HcP) providing the service must be able to demonstrate to the contractor that they have the necessary knowledge and skills to provide the service. The NHS for Scotland Proficiency Document should be used as a tool to assess competence([Link](https://learn.nes.nhs.scot/66676)). By signing and returning the authorisation sheet for the NHS Highland and NoS PGDs the HcP will be declaring their competence to provide the service. Signing the PGD whilst not meeting the required competence may constitute or be treated as a GPhC Fitness to Practice issue. Contractors must retain copies of each PGD completed by the HcPs that they employ/engage to deliver the service on their premises.
  4. All Healthcare Professionals (authorised in PGD) delivering vaccination must undertake immunisation training including anaphylaxis management and paediatric vaccination. The contractor must ensure that HcPs providing the service are aware of the National Minimum Standards within the Public Health Scotland Self appraisal tool ([link](https://learn.nes.nhs.scot/12751/immunisation)) in relation to vaccination training and are compliant with the training requirements within those Standards that apply while providing the service. HcPs providing the service can if required undertake face to face training for injection technique and basic life support (including administration of adrenaline for anaphylaxis). Adrenaline injection for the management of anaphylaxis must be available.
  5. The HPS Guidance for Vaccine Storage and Handling must be followed ([link](https://www.hps.scot.nhs.uk/web-resources-container/guidance-on-vaccine-storage-and-handling/)). If a vaccine or cold chain incident occurs the Health Protection Scotland Vaccine Incident Guidance should be followed [vaccine-incident-guidance-responding-to-vaccine-errors](https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors) and advice maybe sought from the Quality Assurance Team at Raigmore team by calling 01463 704013.
  6. All staff involved in the service must adhere to the Health Protection Scotland guidance on personal protective equipment (PPE) and environmental cleaning procedures. [web-resources-container/covid-19-guidance-for-primary-care/](https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/)
  7. The pharmacy contractor should ensure that they have reviewed the Service Specification and other associated documents.
  8. The pharmacy contractor must ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks.

* 1. A needle stick injury SOP must be in place.
  2. The pharmacy contractor must ensure that staff involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated. Vaccination for Hepatitis B can be provided through the NHS Highland Occupational Health Teams.
  3. Vaccine clinical waste process must be included in an SOP and all relevant staff must be aware. Vaccine clinical waste from the service should be placed in sharps containers and can be uplifted by NHS Highland. These containers must be fully sealed and the information on the front of the container must be completed before they can be uplifted.
  4. A service checklist is available at Appendix B

# General IT Provision

* 1. When a new Community Pharmacy team member undertaking Vaccinations requires access to the required IT systems, the Pharmacy Manager/Business lead is responsible for providing access to SWAN networked PCs, VMT and Care Portal for data recording and reporting and the Community Pharmacy Patient Management System for all staff involved in Travel Vaccination in the Pharmacy. The majority of Community Pharmacies IT is managed by themselves or a third party and have their own network on the SWAN network so users will have to be configured for access to IT systems at each Pharmacy.
  2. Access to clinical systems. The Community Pharmacy is responsible for requesting user accounts and passwords in the systems 1,2,3,5,6 listed below. Some are under the direct control of the Pharmacy Manager, some will require the Pharmacy Manager to complete a CPAR1 Form to authorise NHS Highland Access Management to link the professional role to the registered Pharmacy and apply the appropriate security groups. The CPAR1 Form is the Pharmacy Manager authorisation process to add the professional to the correct Pharmacy security group within NHS Highland IT system, ensuring that the Pharmacy maintain the governance for system access.

Mandatory:

|  |  |  |
| --- | --- | --- |
|  | **IT system** | **Additional Costs** |
| 1 | NHS SWAN NETWORK: Access request via CP AR1 | X NHSH Funded |
| 2 | NHS Highland EMAIL system: Access request for 365 account (essential for access to the National Vaccination system (VMT via the national TURAS system – CPAR1 | X NHSH Funded |
| 3 | NATIONAL VACCINATION MANAGEMENT RECORD: National VMT system account new Community Pharmacy Vaccinators joiner/leavers via [nhsh.covid19devolvedadmin@nhs.scot](mailto:nhsh.covid19devolvedadmin@nhs.scot)  - WHEN AVAILABLE | X ScotGov Funded |
| 4 | COMMERCIAL COMMUNITY PHARMACY RECORD system (Proscript Connect/Pharmacy Manager/ Analyst/Columbus/RX Web/LS Pharmacy/Compass/PSA) – local system access in Pharmacy | X Pharmacy Funded |
| 5 | NATIONAL EMERGENCY CARE SUMMARY (ECS): Form CPAR1 to Access Management authorised by CP Services | X NHSH Funded |
| 6 | NORTH OF SCOTLAND CARE PORTAL: Access to view patient past vaccination history, hospital letters, GP medication and allergy summary and National Emergency Care Record – Form CPAR1 to Access Management authorised by CP Services – WHEN AVAILABLE | X NHSH Funded |
| 7 | NATIONAL TURAS SYSTEM: Access gateway to the National Vaccination Management recording system (VMT no. 3 above) | X NHSH Funded |

* 1. Access to Community Pharmacy IT Equipment (existing)

The Pharmacy Manager is responsible for providing access to a SWAN connected computer system (desktop PC/, monitor, keyboard, mouse/laptop) within the Community Pharmacy. This will likely be within the existing consultation room at the Pharmacy.

* 1. IT Systems Training

The Pharmacy Manager is responsible for ensuring the roles involved in the Community Pharmacy Travel Health Service have received appropriate VMT and Care Portal training when available. Training and training materials, including videos and help guides can be provided by the eHealth Facilitator Team prior to commencing travel vaccination work. VMT training is currently provided remotely via MS Teams and Turas. Care Portal training will also be provided in a similar model.

* 1. Computer User Management Business As Usual

The Pharmacy Manager is responsible for notifying NHS Highland Access Management for every change of staff with IT access and attached to the Community Pharmacy Location. Specifically for vaccination governance the Pharmacy Manager should follow the recommended service levels:

* JOINERS SOP: New staff/vaccinators joining the Manager to submit CPAR1 min 14 days prior to start date
* LEAVERS SOP: Leavers and movers staff/vaccinators the Manager to submit CPAR1 min 1 day prior to leave date

# Service availability

* 1. The pharmacy contractor should seek to ensure that the service is available to be booked throughout the pharmacy’s contracted opening hours as far as possible.
  2. The pharmacy contractor should ensure that locums or relief pharmacists are adequately trained, to ensure continuity of service provision as far as possible offering a variety of appointment options.
  3. If the pharmacy cannot offer the service at any given time the pharmacy staff should signpost patients appropriately to either a different time/ date to re-present or to an alternative participating nearby contractor.
  4. The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status.
  5. Off site provision of this vaccination service is out with the scope of this service and is not covered by this SLA.

# Data collection and reporting requirements

* 1. Until such times as the Vaccination Management Tool is available to record Travel Health Service consultations and vaccination administration it is a requirement that appropriate patient care records are recorded by the contractor. This is to enable verification for service provision and to provide information to NHS Highland for internal and external audit and evaluation.
  2. Until the VMT is available submission of the TURAS VMT standard offline form ([link](https://learn.nes.nhs.scot/44703/turas-vaccination-management-tool/offline-forms)) should be sent via nhsmail to [nhsh.cpsoffice@nhs.scot](mailto:nhsh.cpsoffice@nhs.scot) on completion of a patient’s travel consultation(s). When completing the paper form please ensure the name of the vaccinator is included before submitting. A copy should be stored securely in the Community Pharmacy for retrospective data entry by the pharmacy team once VMT functionality becomes available.
  3. When available, the Vaccination Management Tool must be used to collect data, the VMT offline paper form should be used only where VMT is not available ([link](https://learn.nes.nhs.scot/44703/turas-vaccination-management-tool/offline-forms)). From that period data from paper forms should be transferred by pharmacy staff to the VMT as soon as it is available. Paper offline forms should be retained for an appropriate period, but for the purposes of post-payment verification, the forms should be kept for a minimum of three years after the vaccination takes place. As pharmacy contractors are operating as the data controller, it is for each contractor to determine what the appropriate length of time is, beyond three years. Decisions on this matter must be documented and should be in line with national and local policies ([link](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/controllers-and-processors/)).

# Payment arrangements

* 1. Prior to provision of the service, the pharmacy contractor must ensure that both their premises and all vaccinators administering vaccinations meet the requirements outlined in this service specification.
  2. A contractor participation fee of £250 will be paid on receipt of a signed service agreement (appendix A).
  3. Claims should be made on submission of the offline VMT form via nhsmail to [nhsh.cpsoffice@nhs.scot](mailto:nhsh.cpsoffice@nhs.scot) each month. This is following the initial payment of the setup fee on submission of the Service Agreement form.
  4. When available, claims for payments for this service will be verified by data submitted via the Vaccination Management Tool.
  5. Payment will be £25 for risk assessment and consultation. £8.75 will be paid per administered dose of vaccine or at the same level as any nationally agreed fee for the service.
  6. The vaccine(s) used are expected to be those recommended by NHS Scotland. Additional costs related to use of alternative vaccines will not be paid. Supplies of vaccine are accessed as per usual contractor procurement arrangements. Reimbursement for vaccine used will be via submission on a Universal Claim Form using the “Health board local services” tab.
  7. Payments will be made monthly as per usual contractor locally negotiated services.
  8. Claims by the pharmacy contractor to be reimbursed/remunerated for vaccines administered to patients outside of the eligibility criteria for this service will not be paid.

## Appendix A: Service Agreement Form

Service Agreement

Community Pharmacy Travel Health Service

I have read and understood the NHS Highland Travel Health Service Specification and agree to provide the service in accordance with the terms set out

* I confirm that this Contractor is ready to provide NHS Travel Health Service
* The premises meet the required standards outlined in section 4 of the NHS Highland Community Pharmacy Travel Health Service Specification

The trained vaccinator(s) working at this site are competent to deliver this service and have provided evidence of completion of the training requirements below:

* Adult and Paediatric vaccination training (NES Turas or equivalent)
* Adult and Paediatric Travel Health and Vaccination training (TREC, Turas or equivalent)
* Annual adult and paediatric BLS / anaphylaxis training (NES Turas or equivalent)
* Competent to deliver the service assessed using the Proficiency Document ([Link](https://learn.nes.nhs.scot/66676))
* Signed and agreed to act in accordance with relevant PGDs
* Covered by indemnity arrangements to provide travel vaccinations

|  |  |  |
| --- | --- | --- |
| Contractor Representative | Signature | Name (block capitals) |
| Trading name of pharmacy |  | |
| Contractor Code |  | |
| Date |  | |

**Return by e-mail (using contractor generic mailbox) to:**  [nhsh.cpsoffice@nhs.scot](mailto:nhsh.cpsoffice@nhs.scot)

## Appendix B: Community Pharmacy Checklist

Pharmacy Checklist

* Vaccinator

competent to deliver immunisation

has read and signed the PGDs

has completed adult and paediatric immunisation training

has had required training in adult and paediatric BLS and anaphylaxis within the last 12 months

has been offered appropriate occupational immunisations

is competent with standard hand hygiene procedures

has read the SPC for the products

NHS login/email address (To access TURAS)

has access to Emergency Care Summary (ECS) for accessing allergy status - completed training

has VMT account and completed VMT training

* Product

Product is fit for use

Recommended vaccines available



* Resources

Copies of the PGDs and relevant SOPs are available

Copies of standard reference texts are available

A telephone is available

PPE is available

Vaccine supplies and sharps bins are available

Standard operating procedures for cold chain/ fridge monitoring and vaccine incident management

Adrenaline / Epinephrine is available

* Premises

A private clinical area is available

A pharmaceutical grade refrigerator is used to store vaccine

Hand cleaning facilities are available

The cleanliness of the clinical area is maintained

Appropriate PPE is available

## Appendix C: Patient Journey

**Pre-Consultation:**

**Consultation:**

**Post-Consultation:**

Appendix D: Patient **Clinical Record\***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TRAVEL HEALTH**  **Pre-travel clinical record** | | | | | | | | | | |
| **Patient details(incl CHI)** | | **GP details** | | | | | | **Date/Time of clinic visit** | | |
| **Medical history** | | | | | | | | **Drug history** | | |
| **Drug allergies** | | **Food/other allergies**  Is patient egg allergic? Y N  Is patient nut allergic Y N  Is patient latex allergic? Y N | | | | | | **Previous vaccine reactions** | | |
| **Current health problems** | | | | | | **Is the patient pregnant?**  Yes  No  No of weeks | | | | |
| **TRAVEL DETAILS** (first to last) **Date of departure Total duration** | | | | | | | | | | |
| **Destination(s)**  **(record number of weeks)** |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
| **Type of trip** (please tick all that apply)  **Accommodation Areas to be visited/conditions** | | | | | | | | | | |
| * Package holiday * Migration * Visiting family & friends * Cruise * Organised adventure holiday * Voluntary/charity work * Self-organised holiday * Aid worker * Backpacking * Business: □ < 3months □ > 3months * Pilgrimage | | | | | | | | **Urban **  **Rural **  **Altitude >3000m **  **Beach ** | | **Good **  **Basic **  **Poor **  **Not known ** |
| **Activities and occupation during travel:** | | | | **Items for travel suitcase:**  **Altitude sickness**  **Bite avoidance **  **Blood borne virus **  **Food/water hygiene**  **Insurance/accidents**  **Rabies**  **Schistosomiasis**  **Medical kit/Sun protection**  **Other (specify):** | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VACCINE RECORD/SCHEDULING** | | | | | | | | | | | | |
| **VACCINE** | | **Dates of previous dose** | | **Planned dates for vaccine schedule** | | | | | | | | |
| **B.C.G** | |  | |  | |  | |  | |  | |  |
| **Cholera** | |  | |  | |  | |  | |  | |  |
| **Diphtheria/Tetanus/Inactivated Polio** | |  | |  | |  | |  | |  | |  |
| **Hepatitis A** | |  | |  | |  | |  | |  | |  |
| **Hepatitis B** | |  | |  | |  | |  | |  | |  |
| **Hepatitis A & Typhoid combined** | |  | |  | |  | |  | |  | |  |
| **Hepatitis A & B combined** | |  | |  | |  | |  | |  | |  |
| **Japanese encephalitis** | |  | |  | |  | |  | |  | |  |
| **Mantoux** | |  | |  | |  | |  | |  | |  |
| **Meningococcal** | |  | |  | |  | |  | |  | |  |
| **MMR** | |  | |  | |  | |  | |  | |  |
| **Rabies** | |  | |  | |  | |  | |  | |  |
| **Tick borne encephalitis** | |  | |  | |  | |  | |  | |  |
| **Typhoid** | |  | |  | |  | |  | |  | |  |
| **Yellow fever** | |  | |  | |  | |  | |  | |  |
| **Other (specify)** | |  | |  | |  | |  | |  | |  |
| **PAYMENT DUE** | |  | |  | |  | |  | |  | |  |
| **MALARIA PROPHYLAXIS ADVISED** | | | | | | | | | | | | |
| Atovaquone/Proguanil  | Chloroquine  | | Doxycycline  | | Mefloquine  | | Proguanil  | | | | Not required  | |
| **Notes** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **NAME** | **SIGNATURE** | | | **DESIGNATION** | | | | | **DATE** | | | |

\*Retain; adults aged 18+ yrs :8yrs. For child: until 25th birthday or 26th birthday if 17yrs when treatment finished

|  |  |
| --- | --- |
| **TRAVEL HEALTH**  **Continuation Notes** | |
| **Patient details** | **GP details** |
| **Date of Visit**  **Name Signature Designation** | |
| **Date of Visit**  **Name Signature Designation** | |
| **Date of Visit**  **Name Signature Designation** | |

Appendix E : Level 4 Service Pathway

