



POLICY AND PROCEDURE	
SUBJECT/TITLE:	Travel Clinic Protocol
APPLICABILITY:	Public Health Nurses
CONTACT PERSON & DIVISION:	Amanda Morningstar, MSN, APRN, FNP-C; Nursing Division
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BOARD APPROVAL DATE:	N/A
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A. PURPOSE

The intent of this document is to detail the policies and procedures that are to be followed by all employees who provide clinical services in Canton City Public Health’s (CCPH) Travel Clinic. CCPH supports a comprehensive program of international travel vaccines with the goal of minimizing the occurrence of vaccine-preventable diseases

B. POLICY

Canton City Public Health provides clinical services to patients in our Travel Clinic based on the rationale that clients traveling outside of the United States may need updated on routine vaccinations and also may need to receive non-routine vaccinations specific to the country where they are traveling. Clients may also need medication to prevent malaria, medication to treat traveler’s diarrhea, or possibly medication to prevent altitude sickness. A great deal of health education, including education regarding various communicable illnesses prevalent to the area of travel, is also provided at each appointment.

CCPH Travel Clinic is scheduled one day per week, on Thursday, between the hours of 8:15am and 12:45pm. The clinic is appointment-based, with New Trip appointments being 90 minutes in length, and Travel Return appointments being 45 minutes in length. The clinic accepts most major insurances, Medicaid, and private pay.

CCPH utilizes the guidelines set forth by the Centers for Disease Control and Prevention (CDC) by resourcing the website <https://www.cdc.gov/travel>.

C. BACKGROUND

N/A.

D. GLOSSARY OF TERMS

N/A.

E. PROCEDURES & STANDARD OPERATING GUIDELINES

1. Travel Clinic Structure and Management

a. Accessibility

- i. CCPH is located on a main thoroughfare in downtown Canton. It is accessible by bus or private transportation. Metered on-street parking is available as well as free parking at a city lot two-and-a-half (2 ½) blocks east of the main entrance.
- ii. CCPH’s telephone number may be found in both the Community Services section and the Government section of the local telephone book. All informational brochures and

clinic schedules contain an address and phone number for these services. Information concerning our services may also be obtained via the CCPH website.

- iii. Clinic brochures, educational handouts, and Vaccine Information Statements (VIS) are available in both English and Spanish. VIS are available in many other languages as well. Interpreter services are available via phone for numerous different languages and dialects as well.
- b. Range of Services
 - i. Travel vaccinations are provided to clients by CCPH Public Health Nurses based on CDC recommendations and requirements for the specific country of travel. The Advisory Committee on Immunization Practices (ACIP) guidelines are also adhered to. Vaccinations are administered under the direction of the Advanced Practice Registered Nurse (APRN), as well as based on standing orders from the Medical Director. Nurses refer to the vaccine package inserts and/or MMWR information on use of and administration of vaccines. The following vaccines are available in the CCPH Travel Clinic:
 1. Hepatitis A
 2. Hepatitis B
 3. Twinrix (combination Hepatitis A and B)
 4. Td and Tdap
 5. MMR
 6. Varicella
 7. Polio
 8. Meningitis (Menveo)
 9. Influenza (when in season)
 10. Typhoid Fever
 11. Yellow Fever (when available)
 - ii. Medications for travel may be prescribed by the APRN when recommended by the CDC for specific areas of travel. The following prescriptions may be ordered when indicated:
 1. Malaria prophylaxis
 2. Antibiotics for traveler's diarrhea
 3. Altitude sickness prophylaxis
- c. Environment
 - i. Signs indicating that the facility is a government office are attached to the exterior of the building. The address is prominently labeled outside the front door. Signs inside the building direct patients to the Nursing Division, where all medical services are offered. All services regarding the Nursing Division are provided from a central location so patients are in our central area for many different services.
- d. Waiting Area
 - i. Nursing clinic schedules, information about immunizations, and community health announcements are available in the waiting area. All exam rooms have educational posters regarding travel health and various travel-related illnesses.
- e. Room Set-Up
 - i. Exam Rooms

1. CCPH maintains five (5) examination rooms, two (2) of which are utilized during Travel Clinic. A third room is utilized if Travel Return Clinic is scheduled. The examination rooms are separated from the waiting area by a closed door. They are sanitized by the clinician after each clinic and cleaned every evening by a hired cleaning crew. Each examination room is equipped with an exam table, a chair for patient use, a swivel chair for the clinician, a light source for exams, and a portable push cart. The clinician who works in the room is responsible for maintaining supplies needed for the room and for restocking supplies following each clinic day.
 2. Each room should contain the following items:
 - a. Polytowel to cover desk surface
 - b. Sharps container/Needle Shark grinding machine
 - c. Cotton balls and alcohol and/or alcohol pads
 - d. Band-aids
 - e. Informational handouts, VIS sheets, etc.
 - f. Adult and pediatric vaccine refusal forms
 - g. Laptop computer for documenting in electronic medical record (EMR)
- ii. Stat Lab
1. CCPH stat lab is the location where all vaccines are prepared for administration.
 2. The stat lab should contain the following items:
 - a. Polytowel to cover work surface for drawing vaccines
 - b. Sharps container/Needle Shark grinding machine
 - c. IM and SQ syringes/needles
 - d. Trays with vaccine labels on them
 - e. TIC sheet
 3. Empty vaccine vials should be thrown in the trash can and used syringes in the Needle Shark or sharps container.
- f. Patient Consideration
- i. It is the policy of this health department that health histories and examinations be performed in a confidential manner.
 1. Patient privacy is maintained during all times at each visit.
 2. In the situation where a patient requires an interpreter, permission from the patient for the interpreter to be utilized during the health history and examination must be obtained directly from the patient first by the clinician.
- g. Appointment Scheduling
- i. CCPH utilizes InSync electronic medical record (EMR) to schedule all appointments. The client will contact CCPH by telephone requesting a Travel Clinic appointment. The clerk will discuss the following with the client:
 1. Dates of Travel
 - a. Travel Clinic appointments cannot be scheduled greater than 6 weeks prior to date of departure.
 2. Country (countries) of Travel
 - a. This should include specific cities/areas of travel as well if known.

3. Advise the client to bring most recent immunization record to appointment
 4. Advise the client to bring travel itinerary to appointment
 5. Advise the client to bring current list of medications
 6. Advise the client to bring their insurance card(s) and photo identification
 7. Payment options
 8. Directions and parking
- ii. Appointments will be scheduled based on availability, date of departure, and/or minimum period of time between vaccinations (for Travel Return clients).
 - iii. The clerk will refer the client to the CPH website for questions regarding the cost of vaccines.
 - iv. Every Wednesday afternoon preceding a Travel Clinic, the appointment schedule for the following Travel Clinic is printed from InSync by the clerk. Charts are prepared and reminder telephone calls are made to the client.
- h. Medical Records
- i. InSync is used to record all medical information. Consent forms are part of the custom clinical forms maintained and electronically signed in InSync and stored in the Document Manager. Any hard copy forms completed during the visit and copies of travel itineraries, immunization records, medication lists, and any other documents are scanned into the Document Manager of the EMR by clerical staff.
- i. Quality Management Plan
- i. All records are reviewed to ensure quality assurance. The record is initially reviewed by the public health nurse providing care to the client. The APRN also reviews the chart for completeness of documentation prior to closing the medical record. After the APRN has closed the record, the medical director will randomly review a percentage of the records twice annually to assure appropriate practice is being followed.
- j. Filing System
- i. CPH maintains all files in a locked system located in the receptionist area. File cabinets are opened during the beginning of office hours and locked before office hours are concluded. Refer to the retention policy for the maintenance time frame of records. The EMR is a permanent record of the original patient visit and is maintained indefinitely. Information stored in the EMR is also appropriately protected.
- k. Clinical Manager
- i. At CPH, the APRN may assume the responsibility of clinical manager. Responsibilities regarding formation of policy and procedures, bloodborne pathogens, directives, and current updates are generally the responsibility of the clinical manager, but may be assigned to other staff personnel as needed. The Director of Nursing (DON) oversees the entire Nursing Division.
- l. Travel Immunization Coordinator
- i. The Travel/Immunization Coordinator is a Registered Nurse (RN) who is responsible for educating the CPH nursing staff on any updates or issues related to travel. This includes any travel precautions and current vaccine shortages.
 - ii. The coordinator counts vaccine inventory monthly and accountability reports are to be completed.

- iii. The coordinator ensures that clinic rooms are kept well-stocked with current educational handouts related to Travel Health.
- m. Clinical Manuals and Immunization Standing Orders
 - i. Clinic manuals are based on the guidelines established by the CDC and IAC.
 - ii. Immunization Standing Orders for children and adults are based on the same guidelines, and new standing orders are reviewed and signed by the medical director annually (and more often as new orders are published by the IAC).
- n. Medical Emergency Procedures
 - i. Emergency drills are conducted annually to ensure that all staff members are able to recognize medical emergencies; know their roles and emergency protocols; know the location and contents of the emergency medical supply kit; and can use equipment properly.
 - ii. At CCPH, emergency medical supplies are stored in the upper cabinet, immediately to the left of the refrigerator, located in the Stat Lab. The emergency medical kit contains the following:
 1. Epinephrine auto-injector 2-pack 0.3mg/pen (1:1000)
 2. Instruction sheet for dosage and use of epinephrine according to age
 3. Ammonia inhalants
 4. Alcohol swabs
 5. 3ml, 25g 1" syringes (2)
 6. Sharps container
 7. Tongue blades (2)
 8. Non-sterile latex disposable gloves
 9. Medical tape
 10. Plastic goggles
 11. Antihistamine (Diphenhydramine HCl-child and adult formulations)
 12. Gauze pads 4x4
 13. Sphygmomanometer
 14. Stethoscope
 15. Pulse oximeter
 16. Pocket mask
 17. Oral airway
 18. Sugar source (lollipops)
 - iii. All nurses at CCPH are trained and recertified every two (2) years in basic life support (BLS)/cardiopulmonary resuscitation (CPR).
- o. Universal Precautions
 - i. CCPH has an established Bloodborne Pathogen Exposure Control Plan. It can be found on the CCPH website under Employee Information → Policies and Procedures → Lab Safety Plan Policy 400-003-P → Attachment 2, and is also maintained in a binder on the Nursing Department bookshelf. It contains all materials pertinent to prevention of exposure, control of exposure and proper procedure for handling exposure or blood spills should occur.

- ii. CCPH provides Hepatitis B vaccine for all persons with risk for exposure and maintains this record as part of the employee record.
 - iii. Employees are provided with annual education concerning bloodborne pathogens and procedures. The central plan is reviewed every five years and updated as necessary.
2. Clinic Protocol for Patient Management
- a. Clinic Flow
 - i. On Arrival:
 1. When clients arrive for their appointments, they are to check in with the clerk at the window and provide them with their travel itinerary, immunization record, current list of medications, insurance card, and photo identification.
 2. If a client is more than 15 minutes late for their appointment, they may be asked to reschedule.
 3. The clerk prints off country-specific recommendations from the CDC Travel website and places them in the chart.
 4. The clerk prepares the chart and places it in the top bin.
 5. The client is marked as “checked in” by the clerk in the EMR system, which lets the clinic nurse know that the client is ready for their appointment.
 6. One of the nurses working the clinic will call the client by their first name from the waiting room and escort them to the exam room for their appointment.
 - ii. During Visit:
 1. After the patient is escorted to the exam room by the nurse, the nurse begins the patient encounter in InSync and completes the following sections: Chief Complaint/HPI, Allergies, Medications, History, Review of Systems, Vitals.
 2. The patient’s immunization record is reviewed by the nurse, and historical doses are updated in the EMR.
 3. The nurse reviews the patient’s travel itinerary to determine which vaccines are recommended/required for areas of travel.
 - a. All recommended/required vaccines are discussed with the patient, and if the patient agrees to receive the suggested vaccines, a consent form is signed.
 - b. If the patient does not agree to receive one or more of the recommended vaccines, a declination form is signed.
 4. The nurse consults with the APRN to review the travel itinerary, EMR documentation, recommended/required vaccines for areas of travel, and which vaccines the patient has consented to receive.
 5. The APRN discusses the CDC recommended/required vaccines specific to the travel itinerary with the patient.
 - a. The patient’s medical history and other information is reviewed with the patient.
 - b. A physical exam is then completed by the APRN and documented in the EMR.

- d. If patient does not know medications, enter an unknown medication and detail what medication is for in sig line.
 - e. RN should mark section as “reviewed.”
4. History
- a. The following sections must be completed at all visits:
 - i. General Notes – Document patient’s preferred pharmacy.
 - ii. Psychiatric History – **DO NOT USE.**
 - iii. Social History – Vaccine Series Completed (as appropriate); Consumption. Add Social History Notes and/or Confidential Notes if appropriate. Confidential Notes **cannot** be seen by the patient.
 - iv. Medical History – Document all medical diagnoses. If patient is on a medication, a corresponding diagnosis should be listed. If the patient does not know the name of the medication he/she is on, an explanation can be documented with the diagnosis.
 - v. Family History – **DO NOT USE.**
 - vi. Surgical History – Document any pertinent surgical information for the patient with an estimated date of occurrence.
 - vii. Gynecological History – For all females, document date of last menstrual period (LMP). In the Gynecological History Notes section, add any specific information related to gynecological history (i.e. birth control method; tubal ligation; currently breastfeeding; etc.).
 - viii. RN should mark section as “reviewed.”
5. Immunizations
- a. Document all historical doses of vaccines based on patient’s immunization record.
 - b. Document all vaccines administered on date of visit.
 - i. Document any vaccines that were recommended by clinician but refused by patient.
 - c. RN should mark section as “reviewed.”
6. Review of Systems (ROS)
- a. The following systems must be documented at all visits:
 - i. Allergy/Immunology
 - ii. Constitutional
 - iii. Neurology
 - iv. HEENT
 - v. Cardiovascular
 - vi. Respiratory System
 - vii. Hematology
 - viii. Gastroenterology
 - ix. Skin
 - b. RN should mark section as “reviewed.”

7. Vitals

- a. Blood pressure (BP) – Detail the arm the blood pressure is taken in and repeat in other arm if elevated above 140/90 or below 90/60. Include assessment of any symptoms (i.e., “denies headache, changes in vision, or chest pain”) or detail any note pertinent to abnormality (i.e., forgot to take BP medication).
 - i. BP should be taken at the discretion of the APRN for young children.
- b. Weight
- c. Height
- d. BMI
- e. RN should mark section as “reviewed.”

8. Physical Exam

- a. New Trip patients
 - i. The following sections should have pertinent information documented when indicated:
 1. General Notes – APRN should document “Physical exam completed and documented by” followed by APRN’s name.
 2. General
 3. Head & Neck
 4. Eyes
 5. Ears/Nose/Mouth/Throat
 6. Respiratory
 7. Cardiovascular
 8. Neurologic
 9. Gastrointestinal
 10. Psychiatric
 11. Skin
 12. Musculoskeletal
 - ii. **APRN should perform the assessment on New Trip patients.**
 - iii. APRN should mark section as “reviewed.”
- b. Travel Return patients
 - i. The following sections should have pertinent information documented when indicated:
 1. General
 2. Neurologic
 3. Psychiatric
 - ii. RN should perform the assessment on Travel Return patients.
 - iii. RN should mark section as “reviewed.”

9. Treatment Plan

- a. Order set should be selected as “Travel Clinic.”
- b. Decision Making – **Completed by APRN.**

- c. Patient Education – The clinician should mark all appropriate boxes pertaining to education provided at visit. The clinician who provides the education needs to sign their name and credentials in the notes section, along with when the patient was instructed to return for further doses of vaccines (if indicated).
 - i. Current VIS statements **MUST** be provided for each vaccine administered at every visit.
 - ii. The Travel Form should be completed by the clinician, listing each vaccine administered as well as when the client is to schedule an appointment for follow-up vaccines. This form lists tips for how to stay healthy when traveling and also what to do in case of reaction following vaccination.
 - d. Follow Up – **DO NOT USE.**
 - e. Referral – **DO NOT USE.**
 - f. Visit & Procedure Codes – Completed by RN and/or APRN.
 - g. APRN should mark section as “reviewed.”
10. Diagnosis – **Completed by APRN.**
- a. APRN should mark section as “reviewed.”

F. CITATIONS & REFERENCES

Centers for Disease Control and Prevention (CDC). (n.d.). *Traveler’s Health*. <https://www.cdc.gov/travel>.

G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

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H. APPENDICES & ATTACHMENTS

N/A.

I. REFERENCE FORMS

N/A.

J. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes

K. APPROVAL

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.