



February 2024

Protocol for Vaccine Administration

Victorian Community
Pharmacist Statewide Pilot





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1. About

This protocol has been developed to provide pharmacist immunisers participating in the Community Pharmacist Statewide Pilot (the pilot) with a framework to:

- expand authority to administer vaccines against four additional diseases (hepatitis A, hepatitis B, typhoid, poliomyelitis); and
- provide vaccination and healthcare services for the purposes of travel.

It is a requirement of the [Secretary Approval: Community Pharmacist Statewide Pilot](#) that pharmacist immunisers have completed the mandatory travel healthcare training (available via the above webpage) prior to service provision, and comply with this protocol when administering Schedule 4 poisons (i.e. vaccines). This protocol must be read in conjunction with other supporting clinical guidance.

Additionally, pharmacist immunisers authorised to administer vaccines under the pilot must:

- have successfully completed the assessment of an '[Immuniser program of study](#)';
- hold a current first aid certificate (to be updated every three years) and a cardiopulmonary resuscitation (CPR) certificate (to be updated annually);
- have recency of practice and continuing professional development in immunisation (as defined from time to time by the Pharmacy Board of Australia (Board));
- operate at all times in accordance with the *Drugs, Poisons and Controlled Substances Act 1981*, the *Drugs, Poisons and Controlled Substances Regulations 2017* and all other applicable Victorian, Commonwealth and national laws;
- administer only approved vaccines, as specified in the Secretary Approval: Community Pharmacist Statewide Pilot, in accordance with the requirements of the Approval, and the edition of the
 - [Australian Immunisation Handbook](#) that is current at the time of vaccine administration;
 - [National Vaccine Storage Guidelines: Strive for 5](#) that is current at the time of vaccine administration;
- at all times act in a manner consistent with the Board's Code of Conduct and in keeping with other professional guidelines and policies as set out by the Board as applicable.

Pharmacist immunisers are also expected to exercise professional judgment in adapting treatment guidelines to presenting circumstances.

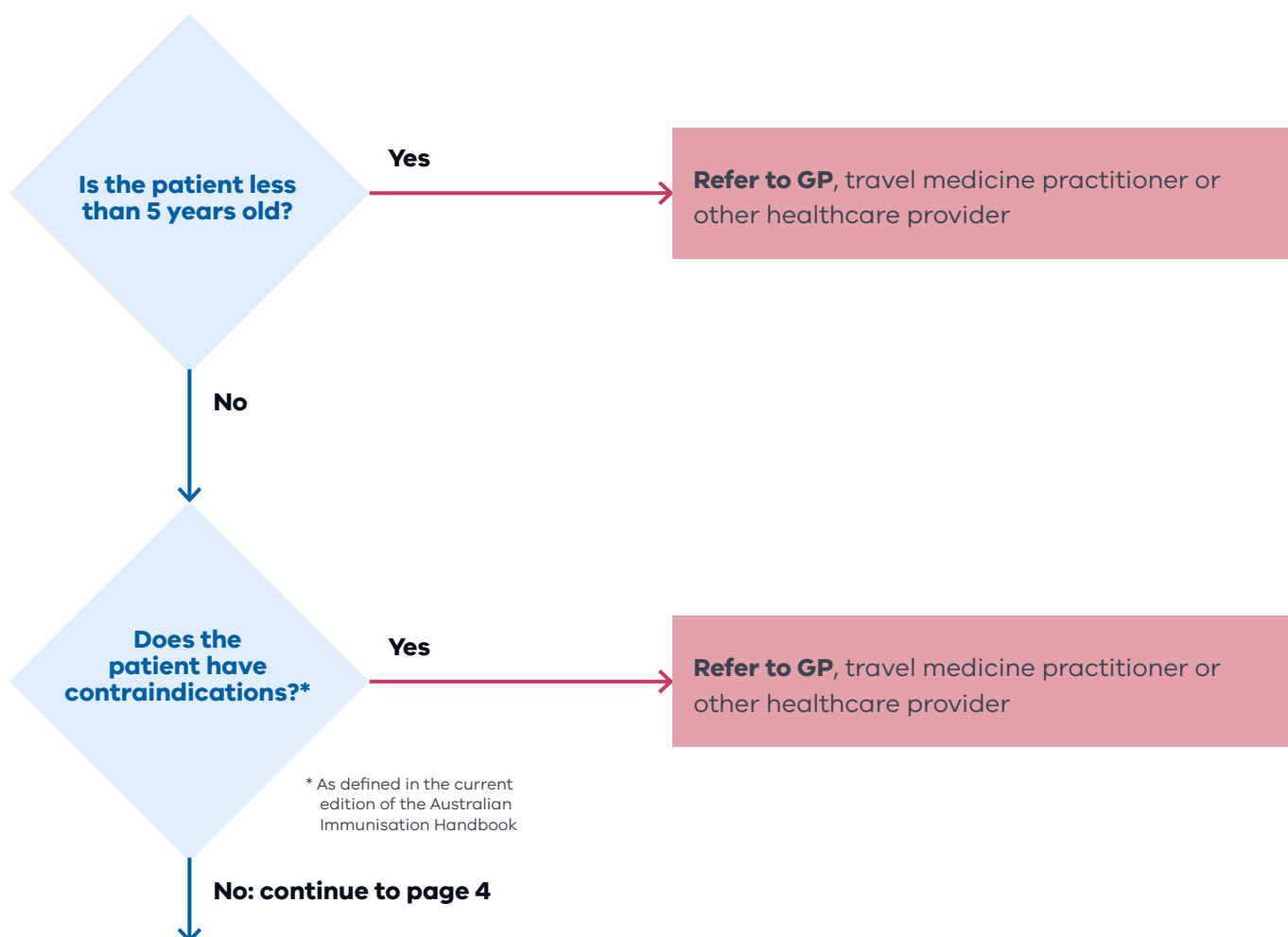
2. Protocol for Vaccine Administration

2.1. KEY TO COLOURS USED IN THIS PROTOCOL

 Preliminary enquiries	 Immediate referral	 Consider referral to GP
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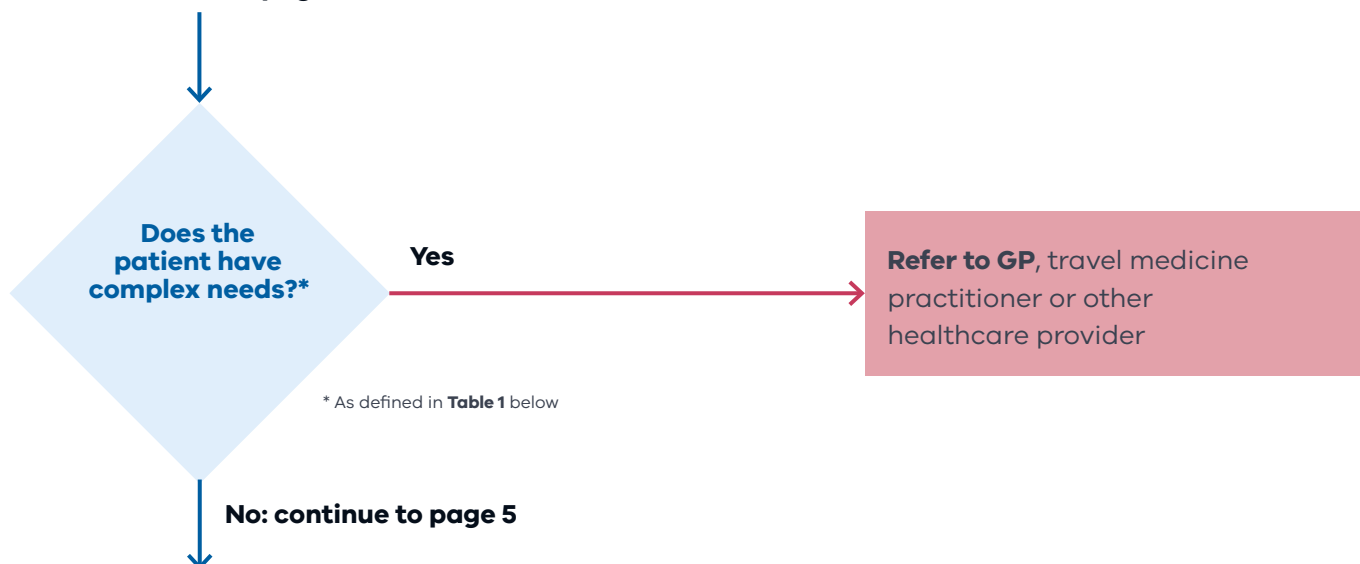
2.2. PRE-SCREENING

Pharmacist immuniser undertakes pre-screening questions to assess for patient suitability for vaccination under the pilot.



NOTE: It may be helpful to provide patients with a 'pre-travel assessment form' or a similar document to fill out either at the time of booking, or while waiting for their appointment. This can aid the pre-screening and risk assessment process and serve as a reminder to patients to bring along any relevant documentation to their appointment.

Continued from page 3



* As defined in **Table 1** below

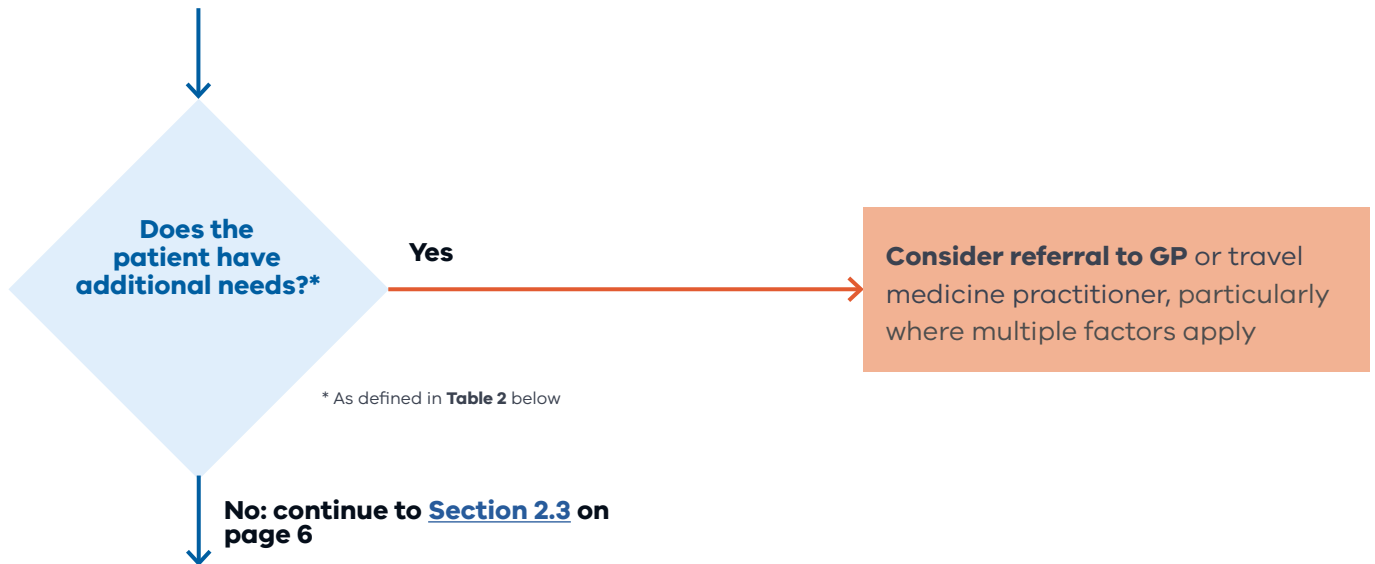
Table 1: Complex needs that require REFERRAL to a GP, travel medicine practitioner or other healthcare provider

Item	Complex needs criteria
Patient	<ul style="list-style-type: none">• People <5 years of age• Immunocompromised or immunosuppressed, e.g. history of:<ul style="list-style-type: none">– haematological or solid organ transplant– active malignancy (cancer)– HIV– immunosuppressive or immunomodulatory treatment• Complex medical history, e.g.:<ul style="list-style-type: none">– multiple medical conditions– haematological or solid organ transplant or malignancy (cancer)– untreated or poorly controlled disease (e.g. hypertension, seizures, diabetes, chronic cardiac or respiratory condition)– rapid progression/deterioration of disease– recent hospitalisation or surgery (within last 3 months)• Pregnant or planning to become pregnant during travel• History of severe needle phobia• Requiring medical clearance, 'fit to fly' certification, or other specific certification to be completed by a medical practitioner• Requiring or requesting vaccination/s outside pharmacist immuniser scope of practice (e.g. yellow fever, rabies)• Returned unwell from recent travel.
Itinerary	<ul style="list-style-type: none">• Destination(s) with risk of and/or requirement for yellow fever vaccination (refer to yellow fever vaccination centre)• Destination(s) where malaria chemoprophylaxis is likely to be recommended, e.g.:<ul style="list-style-type: none">– All travellers to sub-Saharan Africa, Papua New Guinea, or the Solomon Islands– Travellers visiting the Amazon rainforest or rural parts of Asia• Destination(s) and/or activities that pose increased risk of animal bite or delayed/poor access to post-exposure rabies prophylaxis• Travel for ≥1 month to low- and middle-income countries*

* Low- and middle-income countries listed here: <https://wellcome.org/grant-funding/guidance/low-and-middle-income-countries>

NOTE: If referring, remind patient to take any pre-prepared documentation with them to their appointment with the medical practitioner.

Continued from page 4



Patients who meet any of the criteria in **Table 2** below are likely to have additional needs and pharmacist immunisers should **Consider REFERRAL** to a GP or travel medicine practitioner for further advice and management, particularly where multiple factors apply. Pharmacist immunisers may provide general travel health advice and vaccinations where appropriate.

Table 2: Additional needs that may require REFERRAL to a GP/travel medicine practitioner.

Item	Additional needs criteria
Patient	<ul style="list-style-type: none">• >65 years of age• Disability• Breastfeeding• Prescription medication may be needed for their trip (e.g., antibiotics, malaria chemoprophylaxis, routine medication prescriptions)• Takes regular prescription medication that cannot be taken into their travel destination:<ul style="list-style-type: none">– Smarttraveller - Before you go– Therapeutic Goods Administration - Leaving Australia– Therapeutic Goods Administration - Travelling with medicines and medical devices
Itinerary	<ul style="list-style-type: none">• Travel to mass gatherings (e.g. religious pilgrimage)• Cruise ship travel• Travel to altitudes >2500m above sea level• History of deep vein thrombosis or pulmonary embolism• Travel of <1 month but with an itinerary including un-common tourist destinations• Reason for travel is:<ul style="list-style-type: none">– Medical tourism (including dental and cosmetic procedures)– Aid or disaster relief work, missionary work, or to provide healthcare overseas– To visit friends and relatives in low- and middle-income countries*• Planning to engage in:<ul style="list-style-type: none">– adventure activities (diving, caving, extreme sports etc)– other high-risk activities, such as planned sexual encounters, getting tattoos or body piercings.

*Low- and middle-income countries listed here: <https://wellcome.org/grant-funding/guidance/low-and-middle-income-countries>

NOTE: Confirm the patient understands that based on their travel healthcare needs, they may require referral to a GP/travel medicine practitioner for a holistic healthcare assessment, prescription medications or other vaccines outside the scope of the pilot (e.g. BCG, yellow fever vaccine), including additional costs that may be incurred in accessing care through multiple providers.

2.3. SEEK PATIENT INFORMED CONSENT

Pharmacist immuniser proceeds to commence patient assessment, including obtaining and documenting informed consent regarding:

- pilot participation
- costs – fees applicable to the service, vaccines and any over-the-counter or other products recommended
- the vaccines that may be administered
- other healthcare costs - including seeking additional care with another healthcare provider (e.g. for prescription medications, vaccines outside the scope of the pilot)
- pharmacist immuniser communication with other healthcare practitioners
- documentation and record keeping – including requirement to report all vaccines administered under the pilot to the Australian Immunisation Register (AIR), and access to My Health Record.

2.4. PRE-VACCINATION SCREENING

Checklist and medical history

Pharmacist immuniser completes the [Pre-vaccination screening checklist](#) as specified in the Australian Immunisation Handbook. The pharmacist immuniser should identify other medical history factors that may need to form part of the vaccination assessment in addition to what is collected in the pre-vaccination screening assessment.

Immunisation status

Pharmacist immuniser checks the patient's AIR and any other immunisation record(s), noting:

- Vaccines recommended under the National Immunisation Program Schedule (NIP) are up-to-date
- Medical exemptions pertaining to specific vaccines
- Previously received occupational related or travel vaccines.

Where any vaccines are identified as overdue, the pharmacist immuniser should consider provision of vaccines in-scope for administration either under the pilot or under relevant Secretary Approvals pertaining to pharmacist immunisers, see **Section 3.3** for further details.

→ **For non-travel vaccination services – continue to [Section 2.5](#)**

→ **For travel healthcare services – skip to [Section 2.6](#)**

2.5. NON-TRAVEL VACCINATION

Pharmacist immuniser should consider:

- eligibility for vaccination against the diseases hepatitis A, hepatitis B, poliomyelitis, typhoid
- contraindications to specific vaccines, as defined in the [Australian Immunisation Handbook](#)
- exclusions to administering the relevant vaccine(s), as listed in the [Secretary Approval: Community Pharmacist Statewide Pilot](#), see **Appendix 1**
- benefits/risks of administering the vaccine(s), including costs to the patient.

Refer to **Table 1** for criteria for referral of patients with complex needs and consider REFERRAL to GP/other healthcare provider in line with the above **Table 2** at **Section 2.1**.

→ **For non-travel vaccination services – skip to [Section 2.7](#)**

2.6. TRAVEL HEALTHCARE

Pre-travel health consultations play a vital role in preparing patients for potential health issues during their journeys. They allow clinicians to assess individual health risks, communicate them effectively and manage them through various measures. This includes providing accurate and up-to-date advice on health risks, appropriate vaccinations, medications, and travel health products tailored to a patient's specific travel destination(s) and individual health profile.

Sufficient time should be allocated for a thorough assessment that includes ascertaining the patient's medical history, vaccination records, current medications, allergies and detailed information about their travel itinerary.

Pharmacist immuniser undertakes the pre-travel healthcare and risk assessment of the patient, their destination factors and exposure factors including, but not limited to those set out in **Table 3** below.

Table 3: Pre-travel healthcare and risk assessment factors

Patient	Destination factors	Exposure factors
<ul style="list-style-type: none"> • Age • Sex • Past and current medical history • Immune status • Allergies /contraindications to any medication including vaccines • Current medications • Pregnancy (including trimester) and breastfeeding status • Prior travel experience • Prior experience with (if relevant): <ul style="list-style-type: none"> – malaria chemoprophylaxis – altitude, hiking, or any other planned extreme activities – previous travel-related illness 	<ul style="list-style-type: none"> • Destinations and transit countries • Trip duration (return date or overall length of trip) • Timing to departure (departure date) • Season of travel • Rural or urban travel • General hygiene standards at destination/s 	<ul style="list-style-type: none"> • Reason for travel: <ul style="list-style-type: none"> – Tourism – Visiting friends and relatives – Independent travel or package tour – Business – Volunteer, missionary, disaster relief or aid work – Research or education – Pilgrimage / other large gatherings – Adoption – Seeking healthcare (medical tourism) – Providing healthcare to others • Adventure activities, including: <ul style="list-style-type: none"> – hiking, cycling – diving, rafting or other water exposure – extreme sports – cave-based activities • Planned/potential exposure to: <ul style="list-style-type: none"> – altitude or extreme weather – animals – sexually transmitted infections or pregnancy – alcohol or other drugs altering perception • Accommodation type • Mode of transportation

Travel vaccine recommendation

Using the [pharmacist immuniser travel healthcare resources](#) at **Section 3.1** of this protocol, the pharmacist immuniser:

- identifies for the patient/itinerary:
 - **routine** vaccine(s) due/overdue as per the [National Immunisation Program Schedule](#)
 - **required** vaccine(s) for destination entry/exit/transit
 - **recommended** vaccine(s) due to individual risk assessment.

Pharmacist immuniser considers:

- contraindications to any vaccine(s), as defined in the [Australian Immunisation Handbook](#)
- exclusions to administering approved vaccine(s), as listed in the [Secretary Approval: Community Pharmacist Statewide Pilot](#), see **Appendix 1**
- required dosing schedule(s) and any spacing required (particularly for [live parenteral vaccines](#)) with consideration to time to departure
- benefits/risks of administering the vaccine(s), including costs to the patient
- requirements to refer patients with additional needs to their nominated GP/travel medicine practitioner for further advice, assessment and or management, including for prescriptions and vaccinations outside the scope of the pilot – see tables in **Section 2.2**.

Pharmacist immuniser discusses vaccination recommendations specific to the patient, including:

- rationale for recommendation(s)
- efficacy and benefits of recommended vaccine(s)
- risks of recommended vaccine(s) (and comparison with risk of opting not to vaccinate)
- common and rare adverse events following immunisation (AEFIs) and their signs/symptoms
- cost of vaccination.

Education - individualised and general travel health advice

Pharmacist immuniser provides advice/relevant resources to the patient, tailored to their pre-travel assessment including, but not limited to:

- traveller's diarrhoea
- insect and mosquito bite prevention
- malaria and other vector-borne disease risks
- animal bite and rabies risk prevention
- safe food, drinking water and personal hygiene practices
- altitude illness
- environmental hazards
- jet lag
- motion sickness
- blood-borne and sexually transmitted disease risk prevention
- personal safety and security practices
- accident prevention and the need for travel insurance
- ensuring usual (and any additional) medication supplies are adequate for the trip and can be safely transported (e.g. education on cold chain management, referral for certification to carry certain medications)
- [patient travel healthcare resources](#) at **Section 3.2** of this protocol.

See **Appendix 2** for discussion prompts on preventing and managing the above conditions.

2.7. ADMINISTRATION OF VACCINES

Vaccines should be administered in accordance with the conditions of the [Secretary Approval: Community Pharmacist Statewide Pilot](#). See **Appendix 1** for a summary of Approval exclusions.

The below vaccines are authorised for administration under the pilot.

Vaccine	Approval applies to people aged:
Hepatitis A Hepatitis B Poliomyelitis Typhoid	5 years and older

NOTE: National Immunisation Program (NIP) or State-funded vaccines should be provided to eligible patients.

Additionally, the below vaccines can be administered under the pilot for the purpose of overseas travel.

Vaccine	Approval applies to people aged:
Influenza	5 years and older
Diphtheria-tetanus-pertussis Human papillomavirus	12 years and older
Measles Mumps Rubella Meningococcal ACWY	15 years and older
Pneumococcal Herpes zoster/shingles	50 years and older

Combination vaccines may be used, for example where a monovalent vaccine is not registered for use in Australia or where the combination vaccine meets the vaccination requirements of the individual and is recommended for use as per the Australian Immunisation Handbook. Pharmacist immunisers should ensure the relevant vaccine is in scope with relevant [Secretary Approvals](#).

An [anaphylaxis kit](#) and protocol for [responding to anaphylaxis](#) and [vasovagal episodes](#) should be checked and available before administering any vaccines.

2.8. AFTER VACCINATION

Refer to '[After vaccination](#)' guidance in the Australian Immunisation Handbook.

Reporting of adverse events

Pharmacist immunisers must report any Adverse Event Following Immunisation (AEFI) to the Surveillance of Adverse Events Following Vaccination in the Community (SAEFVIC). The SAEFVIC requirements for reporting are available from: <https://www.health.vic.gov.au/immunisation/adverse-events-following-immunisation-reporting>.

Refer to the Victorian Department of Health's [Vaccine error management webpage](#) for details on how to prevent and manage vaccine error, including when to report vaccine error to SAEFVIC.

2.9. DOCUMENTATION AND FOLLOW-UP

The pharmacist immuniser is required to report all vaccines administered to the AIR as specified in the [Secretary Approval: Community Pharmacist Statewide Pilot](#), thereby ensuring patients have a complete record of their vaccinations.

The pharmacist immuniser should ensure any follow-up visits for vaccination are made and the need to provide any documentation/requested/required by the patient to travel.

If authorised, the pharmacist immuniser should send a copy of the documentation to the patient's nominated GP or other healthcare provider.

3. Resources

3.1. PHARMACIST IMMUNISER TRAVEL HEALTHCARE RESOURCES

- Australian Immunisation Handbook – [Vaccination for International Travellers](#)
- Australian Department of Health – [Travellers' Health Alerts](#)
- Department of Foreign Affairs and Trade, safety and security advice – [Smartraveller.gov.au](#)
- Manual of Travel Medicine – [Manual of Travel Medicine](#)
- UpToDate - [Evidence-Based Clinical Decision Support System](#)
- World Health Organization – [International Travel and Health](#)
- Centers for Disease Control and Prevention (USA) – [Travelers' Health](#) and [Yellow Book](#)
- National Travel Health Network & Centre (UK) – [Travel Health Pro](#)
- Program for Monitoring Emerging Diseases – [ProMed-mail](#)
- Smartraveller – [Before You Go](#)
- Therapeutic Goods Administration – [Leaving Australia](#)
- Wellcome – [Low- and middle-income countries list](#)

3.2. PATIENT TRAVEL HEALTHCARE RESOURCES

- Australian Department of Health – [Travel health](#)
- HealthDirect – [Travel health advice](#)
- Department of Foreign Affairs and Trade – [Taking care of your health](#)
- Medicare – [How to manage your PBS medicine overseas](#)
- Therapeutic Goods Administration – [Travelling with medicines or medical devices](#)
- Services Australia – [Reciprocal Health Care Agreements](#)
- World Health Organisation – [Travel advice](#)
- Centers for Disease Control and Prevention (USA) – [Travelers' Health](#)
- National Health Service (Scotland) - [Fit for Travel](#)
- National Travel Health Network and Centre (NaTHNaC) UK – [Travel Health Pro](#)
- Better Health Channel – [Overseas Travel – Health Tips](#)
- Smartraveller – [Before You Go](#)
- Therapeutic Goods Administration – [Leaving Australia](#)
- Department of Health – [Yellow fever vaccination centres](#)

3.3. PRACTICING UNDER MULTIPLE SECRETARY APPROVALS

It is possible that participating pharmacist immunisers will provide vaccination services that will require operating under multiple Secretary Approvals simultaneously during the pilot. For example, when an individual presents for a travel vaccination, but routine vaccines are due or overdue.

- [Secretary Approval: Pharmacist Immuniser](#);
- [Secretary Approval: Pharmacist Immuniser – COVID-19 Vaccine](#); and
- [Secretary Approval: Community Pharmacist Statewide Pilot](#).

The pharmacist immuniser must be aware of the requirements of each Approval they are providing vaccinations under and comply at all times.

3.4. SAFETY MEASURES

It is a condition of the [Secretary Approval: Community Pharmacist Statewide Pilot](#) that the pharmacist immuniser ensures at least one other (clinical or non-clinical) staff member, who holds a current first aid and cardiopulmonary resuscitation certificate, is on duty in the pharmacy when the vaccines are administered, and within the line of sight of the person vaccinated for a minimum period of 15 minutes afterwards.

Pharmacist immunisers are authorised to administer Schedule 3 poisons (1:1000 adrenaline) if a therapeutic need exists following administration of a Schedule 4 poison (that is, for the treatment of an anaphylactic reaction to a vaccine).

The patient should be reminded about the potential side effects of vaccination, how to manage them, and who to notify of delayed adverse events that may occur once they have left the pharmacy premises.

Further detail is available in the [Victorian Pharmacist-Administered Vaccination Program Guidelines](#).

3.5. COLD CHAIN MANAGEMENT

Refer to the Victorian Department of Health's [Cold chain management webpage](#) for details on cold chain management, including cold chain breach advice. Pharmacies must report all cold chain breaches for government-funded vaccines.

Appendix 1: Exclusions to administering approved vaccine(s)

FOR TRAVEL VACCINES

Exclusions to administering approved vaccine(s) listed in the [Secretary Approval: Community Pharmacist Statewide Pilot](#) include:

- age exclusions (vaccine specific)
- vaccination of people with contraindications to specific vaccines, as defined in the Australian Immunisation Handbook
- vaccination of contacts in the event of a case of hepatitis A, diphtheria, measles, mumps, rubella, meningococcal disease or pertussis unless directed by the department¹
- immunisation with normal human immunoglobulin for the prophylaxis of hepatitis A, measles, mumps, rubella or herpes zoster when in contact with a case²
- vaccination of people following acute exposure to potentially infected blood or body fluids³
- immunisation with hepatitis B immunoglobulin following acute exposure to potentially infected blood or body fluids²
- vaccination with diphtheria antitoxin²
- vaccination for tetanus prophylaxis related to wound management⁴
- immunisation with tetanus immunoglobulin.²

FOR HEPATITIS A, HEPATITIS B, POLIOMYELITIS AND TYPHOID VACCINES

Exclusions to administering approved vaccine(s) listed in the [Secretary Approval: Community Pharmacist Statewide Pilot](#) include:

- aged 4 years and younger
- vaccination of people with contraindications to specific vaccines, as defined in the Australian Immunisation Handbook
- vaccination of contacts in the case of hepatitis A, unless directed by the department¹
- immunisation with normal human immunoglobulin for the prophylaxis of hepatitis A when in contact with a case²
- vaccination of people following acute exposure to potentially infected blood or body fluids³
- immunisation with hepatitis B immunoglobulin following acute exposure to potentially infected blood or body fluids²

¹ A case of this vaccine preventable disease is notifiable to the Department of Health under the Health (Infectious Diseases) Regulation 1990. The department will provide advice on the further management of the case and contacts.

² Approval to administer vaccines does not include the administration of immunoglobulin preparations.

³ Although immunisation is indicated, the final decision that immunisation is indicated should be made by the individual's treating doctor due to the specialist nature of the condition.

⁴ Tetanus prone wounds should be reviewed in a medical consultation.

Appendix 2: Advice to travelling patients

As part of an opportunistic discussion on travel healthcare, pharmacist immunisers can provide travellers with advice on preventing and managing the below conditions.

Condition	Discussion areas	Referral to GP
Diarrhoea	<ul style="list-style-type: none"> Discuss strategies to: <ul style="list-style-type: none"> – minimise risk of acquiring food and waterborne illnesses – treat water for drinking, if indicated – self-manage diarrhoeal illness, including simple hydration management and/or use of medications (e.g. oral rehydration solution, loperamide, or diphenoxylate/atropine) 	<ul style="list-style-type: none"> Consider referral if antibiotics may also be indicated for self-treatment
Vector-borne diseases including malaria, dengue, chikungunya, Zika, yellow fever, Japanese encephalitis (JE) and tick-borne encephalitis (TBE)	<ul style="list-style-type: none"> Advise on mosquito and insect bite avoidance strategies such as use of repellents, appropriate clothing, mosquito nets and insecticide treatments for clothing and mosquito nets Education that risk exists in urban areas as well as rural areas Provide information and/or factsheets available from the Better Health Channel as needed 	<ul style="list-style-type: none"> Refer if the itinerary indicates significant risk or requirement for yellow fever, JE or TBE vaccination Refer if travelling to destinations where malaria chemoprophylaxis is likely to be recommended Refer all pregnant people to a GP if there is a risk of exposure to Zika virus while travelling
Deep vein thrombosis (DVT) and pulmonary embolism (PE)	<ul style="list-style-type: none"> Provide education to travellers that: <ul style="list-style-type: none"> – risk of DVT/PE is increased for two weeks after a long-haul flight – risk of DVT/PE is increased on flights of four hours duration or more Provide advice that all air travellers should: <ul style="list-style-type: none"> – drink plenty of non-alcoholic fluids during flights – move their ankles and massage/stretch their calves at least hourly – walk up and down the aisle periodically (choosing an aisle seat will help facilitate this) – wear loose, non-restrictive clothing – carefully assess the risks and benefits of using long-acting sedatives on long haul flights – be vigilant and seek medical advice if shortness of breath, chest pain, leg swelling or calf pain develop after a flight. 	<ul style="list-style-type: none"> Consider referral for travellers with a history of DVT/PE or those at higher risk to a GP for assessment and advice
Environmental hazards	<ul style="list-style-type: none"> Ensure travellers are properly equipped for the anticipated environmental conditions including: <ul style="list-style-type: none"> – cold and wet weather clothing – hat, sunglasses, protective clothing such as long-sleeved shirts and trousers and sunscreen – first aid kit. 	

Condition	Discussion areas	Referral to GP
Parasites	<ul style="list-style-type: none"> Educate travellers on parasite avoidance strategies such as: <ul style="list-style-type: none"> avoiding walking barefoot as parasites can enter through skin avoiding wading or swimming in freshwater where there is risk for schistosomiasis or leptospirosis 	
Safety and security	<ul style="list-style-type: none"> Educate travellers to minimise exposure to risks specific to the trip such as: <ul style="list-style-type: none"> traffic accidents, including the need to use seatbelts, helmets, and appropriate car seats for children during road travel excessive alcohol consumption personal assault robbery violation of local laws accidental drowning Recommend the traveller subscribes to Smartraveller alerts 	
Sexual health and blood-borne pathogens	<ul style="list-style-type: none"> Advise travellers to: <ul style="list-style-type: none"> practise appropriate caution when having sex with new partners while overseas use condoms to reduce the risk of sexually transmitted infections, unwanted pregnancy and/or bloodborne infections avoid skin penetrating procedures like tattoos, acupuncture, or manicures seek medical advice if symptoms of sexually transmitted infections develop overseas or on return 	<ul style="list-style-type: none"> Refer if requiring prescription for HIV PrEP
Rabies	<ul style="list-style-type: none"> Advise travellers: <ul style="list-style-type: none"> to avoid all contact with animals, including those in tourist sites and national parks, to reduce the potential for bites and scratches that can transmit rabies. that if they are bitten or scratched by an animal, to wash the wound immediately and thoroughly with soap and water and seek medical assistance as soon as possible. 	<ul style="list-style-type: none"> Refer if travel is to high-risk countries* that may warrant pre-exposure rabies vaccination (e.g. increased risk of animal bite or poor or delayed access to post-exposure rabies prophylaxis).
Jet lag	<ul style="list-style-type: none"> Educate travellers: <ul style="list-style-type: none"> that jet lag commonly affects those crossing more than 5 time zones, particularly when travelling in an easterly direction <ul style="list-style-type: none"> patient can consider taking melatonin to avoid drinking coffee and alcohol during flights to drink plenty of non-alcoholic fluids during flights to be well rested in the days before travel (particularly if travelling for business) 	<ul style="list-style-type: none"> Consider referral if prescription of melatonin or short acting hypnotics might be appropriate

*Low- and middle-income countries listed here: <https://wellcome.org/grant-funding/guidance/low-and-middle-income-countries>

Condition	Discussion areas	Referral to GP
Motion sickness	<ul style="list-style-type: none"> • Educate motion sickness-prone travellers to: <ul style="list-style-type: none"> – avoid activities requiring close concentration, such as reading during road, air or sea travel – avoid eating large meals prior to or during the journey • Medications can be discussed for use in children and adults if appropriate 	
Over-the-counter medications and first aid items	<ul style="list-style-type: none"> • Discuss the option to carry some over-the-counter medications and first aid items while travelling. What is indicated will depend on factors including general health, travel itinerary, and anticipated access to items at destination. • Consider dispensing appropriate items, including: <ul style="list-style-type: none"> – face masks (surgical or N95) – COVID-19 rapid-antigen tests – alcohol-based hand rub – analgesics/antipyretics – anti-diarrhoeal medication – motion sickness medication – rehydration salts – antifungal cream – antiseptic cream and cleanser – bite and burns cream – insect repellent – condoms – decongestant or saline nasal spray – dressings and bandages – low-potency steroid cream – ear plugs for use in-flight – scissors and safety pins – sunscreen – sports tape – thermometer – water purification tablets • Remind the person that frequently used medicines available in the supermarket or in pharmacies in Australia may not be as readily available overseas. 	

