



Travel Health Services and Vaccine-Preventable Diseases FAQs

GLOSSARY OF ACRONYMS

AMC – Advanced Method Certification

eHR – Electronic Health Record

ISTM – International Society of Travel Medicine

PAR – Pharmacist Assessment Record

PAS – Pharmacy Association of Saskatchewan

SCPP – Saskatchewan College of Pharmacy Professionals

SHA – Saskatchewan Health Authority

SIM – Saskatchewan Immunization Manual

USask CPE – USask Continuing Pharmacy Education, College of Pharmacy and Nutrition,
University of Saskatchewan

Disclaimer:

This document is intended to answer common questions and provide clarity for preventable disease and travel health services. It is not intended to replace or summarize the breadth and depth of information provided in our guidelines, framework, bylaws, or the training and resources offered by USask CPE and medSask.

No pharmacists should prescribe, dispense, or administer a medication for which they do not have the required skills, knowledge, and abilities.



TRAINING AND CERTIFICATION

1. What are the training requirements for pharmacists interested in providing vaccine-preventable disease and travel health services?

Vaccine preventable disease prevention and travel health services are made up of activities within three authorized practices, each of which has different requirements:

a. Prescribing:

- i. Training through [USask CPE](#) is **strongly recommended** for vaccine-preventable disease and all levels of travel health services.
- ii. **ISTM certification is mandatory** for medium and high-risk patients, destinations, and activities.

See [Training and Development Table](#) on the SCPP website for most current requirements.

b. Dispensing:

- i. There are no additional requirements for dispensing for immunizations other than what pharmacists identify as being needed to be competent.

c. Administration:

- i. Successful completion of the AMC course and registration with SCPP is **mandatory**. See the [Administration by Injection Guidelines](#) for details.

Note: to administer publicly-funded vaccines, additional training requirements may be set by the [Ministry of Health](#).

Training and Self-Assessment:

SCPP also **strongly recommends** anyone interested in providing vaccine-preventable disease or travel health to take the training offered by [Pear Health eLearning](#), or [British Columbia Pharmacy Association](#).

These training courses help pharmacists gain knowledge that is foundational to vaccine-preventable diseases and travel health services. They also inform pharmacists to assess their gaps in skills, knowledge, and abilities to deliver this service safely and effectively.

As professionals, **pharmacists are expected to identify when it is in the best interests of the patient to refer to public health or another health provider.**

2. Can pharmacists prescribe without AMC?

Yes, if the pharmacist wishes to only prescribe and dispense but not administer vaccines.

The AMC training covers information that is built upon further in the Vaccine Preventable Disease and Travel Health Training, however, it does not meet all of the competency standards required by SCPP policy.



The onus is on the prescribing pharmacist to maintain the skills, knowledge and abilities, or competency, needed when prescribing. For SCPP, this includes assessing the patient, knowing when to refer, and providing consultation with mandatory travel reports through supportive travel resources (e.g. [Travax](#)).

No pharmacists should prescribe, dispense, or administer a medication for which they do not have the required skills, knowledge, and abilities.

3. Can I provide services for medium and high-risk patients, destinations, or activities without ISTM certification if I have a collaborative practice agreement?

No, collaborative practice agreements can supplement, but not replace the bylaw and policy requirement for ISTM certification for travel health services.

ISTM certification was chosen for its requirement for continued competency to ensure services delivered in the most complex cases meets our standards.

PHARMACY OPERATIONS AND IMPLEMENTATION

4. How should these services be set up in pharmacies?

While meeting [SCPP pharmacy standards](#) is important, during the training PAS and USask CPE have provided useful guidance in terms of fixtures, facilities, workflow, documentation, and record keeping. SCPP emphasizes the importance of a physical private patient care area currently required for new and renovated pharmacies.

Meeting these standards, especially privacy, is important to meeting SCPP and public health system expectations. See the [Health Information Protection Act](#) for details on privacy.

5. Is it a conflict of interest to prescribe, dispense and administer vaccines and other drugs for preventable diseases?

Conflicts of interest are common in pharmacy practice but can be effectively managed with informed patient consent and transparency as addressed in the USask CPE training. For example, transparency can be achieved through effective collaboration with others in the healthcare system, documentation, providing the PAR to the patient's primary practitioner, and informing patients when they are eligible for publicly-funded immunization options. Sections 4 and 6.2 in the [Administration by Injection Guidelines](#) outline this process.

Note: Pharmacists shall not prescribe or administer drugs for themselves, family members or for those with whom they have a close personal relationship as there is a chance that professional judgement may be compromised when emotionally involved. See [Prescriptive Authority – Pharmacist Section 4.2](#), and [Administration by Injection Section 3.2](#) for more information.

6. How much can pharmacists charge for these services?

SCPP does not provide guidance on pricing of pharmacy services and defers such guidance to PAS.



7. Who can a patient call if they think they are being charged too much for this travel health services in a pharmacy?

SCPP does not normally respond to inquiries about fees or charges for pharmacy goods and services unless they are related to or are allegedly misconduct. Examples include charging for a service that was not provided or charging for a service beyond what is allowed in a contract with a third party. Hence, we may ask for more specific information to assess whether misconduct may be occurring and/or refer the inquiry to PAS for guidance given to the profession.

8. What can pharmacists advertise and promote?

SCPP's advertising bylaws apply to all pharmacy services. See [section 17 of Part J](#).

Generally, the principles that guide SCPP's advertising bylaws and standards include freedom of expression within limits of professional integrity where the advertising is:

- True
- Accurate
- Informative
- Objective (does not suggest inferiority of others or superiority of self)

And where the service offered is verifiable by the facts and does not mislead the public.

9. Can pharmacists communicate with patients using e-communications such as email?

Yes, subject to the "[eCommunication](#)" document published by the Office of the Saskatchewan Information and Privacy Commissioner (OIPC). Pharmacies wishing to communicate with any form of electronic communication should conduct a [privacy impact assessment](#) (PIA) to determine risks to patient privacy and necessity to use the format. This is also subject to SCPP guidelines under development. In the meantime, **use of personal devices is not permitted.**

10. How will travel health quality assurance be completed?

Travel health services should fall within the pharmacy's continuous quality improvement responsibilities using the resources available through COMPASS.

Public Health experts also recommend periodic peer case and chart reviews. SCPP plans to develop additional guidance as we gain experience with this scope of practice.

11. Does my malpractice insurance cover this scope of practice?

Generally, yes now that it is formally recognized by the SCPP as being within the scope of pharmacy practice.



For pharmacists holding insurance as a membership benefit of PAS, check with PAS to confirm this coverage and advice on additional coverage. Pharmacists who are not PAS members should check with their insurance provider.

Some issues to consider are exclusions or limitations of coverage with respect to training, or courses for pharmacists in particular when they are strongly recommended and not taken.

In other words, pharmacists who wish to provide these services, should confirm with their insurance provider whether or not their personal malpractice insurance expects or requires them to take the training that SCPP strongly recommends.

12. What is the role of licensed pharmacy technicians?

Generally, pharmacy technicians can assist pharmacists with the technical aspects of preventable disease and travel health services. This can include inventory control, and assisting with documentation and record keeping, communications, scheduling.

They cannot perform clinical functions such as patient assessment and education, and prescribing, nor administer vaccines by injection. For the latter, preparation of the vaccine by anyone other than the administering pharmacist is not regarded to be a good practice.

13. Who do pharmacists contact with questions?

This is addressed in the USask CPE training. Generally, the following health system partners can be contacted for questions about the following:

- Scope of practice policy, standards, and guidelines – [SCPP](#)
- Clinical and therapeutic questions – [medSask](#)
- Training – [USask CPE](#)
- Public health services – [Public Health Clinics](#) in your area.

INTEGRATION WITH SASKATCHEWAN PUBLIC HEALTH

14. How does our service differ from Saskatchewan Public Health?

The public can expect the same level of services in most cases. Like public health, pharmacy travel health services are not publicly funded. However, some differences include:

- Pharmacists cannot provide publicly funded routine immunizations, except for the seasonal influenza vaccine; and
- Pharmacists cannot order serology (blood tests) if needed.



15. What are the public health system expectations for pharmacists providing these services?

Besides common data and documentation standards, important expectations are:

- a. Read, understand, and know how and when to use the [SIM](#)
- b. Keep current with frequent SIM updates
- c. Understand and know how to use other authoritative references
- d. Establish effective working relationships to collaborate with local Public Health offices/clinics
- e. Perform appropriate assessments of patient needs
- f. Dispense and administer vaccines to meet those needs according to public health principles
- g. Notify Public Health or other providers when unable to meet those needs
- h. Educate patients about healthy travel behaviors
- i. Document and [report adverse events following immunization](#)

By meeting these expectations, pharmacists will build stronger relationships with the public health system and foster acceptance of pharmacists' contributions within this expanded scope of practice.

16. How can pharmacists receive SIM updates?

It is the responsibility of all immunizers to ensure that they are using the most current version of the [SIM](#). The online version of SIM includes all the most recent updates.

17. Where can I get information on Public Health Travel clinics and their service level?

Review the [SHA Travel Health Services information sheet](#) detailed at training, and also the [SHA website](#).

18. What are the steps for handing a patient off to the public health system?

This is a notification system; therefore, it is a patient-driven process, and the onus is on the patient to contact public health to get the follow up.

Provide relevant forms to the patient requesting the vaccination and suggest that they call the public travel health clinic.

Note that if the patient does not show up then the public health clinic will not be following up with the patient.



19. If someone is eligible for a publicly funded vaccine, how do they get the information? What are the steps/processes that the pharmacist must follow in this case?

The patient can get this information from their pharmacist or public health office, as it is readily available in the [SIM](#). Either at the screening or assessment phase the pharmacist must verify the patient's eligibility and, if eligible, provide the patient with the option of obtaining the immunization from public health free of charge. Pharmacists must always adhere to section 6.2 of the [Administration of Drugs by Injection and Other Routes Guidelines](#).

20. What is the difference between a referral and a notification?

Typically, in a referral system the onus is on the provider accepting the referral to follow up with the patient. In a notification system, the onus is on the patient to follow up with the provider.

21. Can I expect Public Health staff to enter the vaccinations pharmacists administer into the patient's record in Panorama (aka back-entry)?

No, for liability and safety reasons it is the SHA policy that it is the provider who provides the service who is responsible for entry of data into the patients' records. Exceptions are made for the publicly-funded influenza vaccine for children 5-8 years of age.

22. Why can't pharmacists have access and contribute data to the patient's vaccination record in Panorama?

Currently, Panorama does not have the functionality to accept data from pharmacists. Pharmacists can access the patient's vaccination history populated by Panorama in the [eHR viewer](#).

Note the eHR viewer may not contain a complete vaccination record and patients should contact public health for a complete copy.

Pharmacists are expected to provide an immunization record to the patient as per section 5.2 of the [Administration of Drugs by Injection and Other Routes Guidelines](#).

23. Can I request a patient's public health record for them?

No, due to privacy reasons patients must call public health directly to obtain their own records. This may be a labour intensive process to compile records and may be associated with a processing fee.



PROCESS AND PROCEDURES

24. Why are we required to use the medSask forms?

medSask forms are mandatory to ensure quality standards are met and records are accurate and consistent. They have been prepared by subject matter experts to be compatible with pharmacy practice needs, SCPP standards and public health system expectations.

25. Will vaccines require a prescription?

Yes. With the full implementation of the [Disease Prevention and Travel Health Services Policy and Framework](#), vaccines, except publicly funded vaccines (e.g. influenza), are now Schedule 1. This includes common vaccines previously dispensed without a prescription such as Dukoral® or Gardasil®.

26. Can pharmacists prescribe a vaccine such as Twinrix® for a patient who is not travelling but wants to be immunized?

Yes, they can because it is a Schedule 1 drug, and this is within the prescribing authority of a pharmacist. However, the pharmacist must be sure that they are using the appropriate guidelines (i.e. [vaccine-preventable diseases guidelines](#) if they are not travelling, and the [travel health guidelines](#) if they are planning to travel in the future). More information available in the [medSask](#) guidelines.

27. Are pharmacists allowed to provide vaccines for:

- **Yellow Fever?** Only ISTM certified pharmacists can prescribe however must follow the process established through the Public Health Agency of Canada.
- **Tetanus?** Yes, but pharmacists must refer to public health if patients are eligible.
- **Rabies?** Only ISTM certified pharmacists can prescribe for prophylaxis, and not for post-exposure.

Any pharmacist with AMC may administer the above. Note the federal government monitors and assesses supply of Yellow Fever vaccine to ensure its availability across Canada.

Please review the [Disease Prevention and Travel Health Services Policy and Framework](#) on what vaccines may only be prescribed by ISTM certified pharmacists and [medSask](#) guidelines for process and procedures.

28. Can ISTM certified pharmacists accept referrals or notifications from other pharmacists?

Yes, a notification is preferred, and acceptance of either is subject to professional judgment. Factors to consider would be:

- a. Patient need
- b. Pharmacist/patient relationship



29. How can pharmacists know which other pharmacists are providing travel health services and their service level?

USask CPE and PAS are collaborating on collecting, providing, and updating this information not only for pharmacists' use, but also for Public Health clinics and the public.

Pharmacies can update PAS by emailing info@skpharmacists.ca:

- a. Name of pharmacy
- b. Address
- c. Contact Info
- d. Level of Service

30. Are pharmacists expected to monitor and follow up with patients? Even when notifying other providers?

Access to travel health services, either from the pharmacy or public health is a patient-driven process. Navigating and managing travel health pre and post-travel can be very complex for a patient. Pharmacists may choose to follow-up on a case-by-case basis to ensure their patient's needs have been met, or have followed up with other providers if needed.

As discussed in [USask CPE training](#), it is important that patients understand that it is their responsibility to notify the pharmacist should they experience any post-travel symptoms so they can be directed to the appropriate health care professional.

31. The competency standards in the SCPP policy refer to using subscriptions to travel health services such as [Travax](#) and [Tropimed](#). Which is best and are others allowed?

On the advice of experts, these are recommended. Others are available and allowed.

Factors to consider are:

- a. Best fit for the level of services offered
- b. Currency and updates
- c. Geography and maps
- d. Patient specific information
- e. Ease and effectiveness of reference
- f. Evidence level
- g. Authoritativeness

Travel health is a dynamic and ever-changing process that requires up-to-date and authoritative references to help optimize the protection of Canadians while travelling and upon return home.



Navigating appropriate references is covered in the [USask CPE training](#) and is another reason the training is strongly recommended for competency-assurance.

In order to be competent to provide travel reports and advisories, subscriptions to supportive services like these are required.