This Patient Group Direction (PGD) must only be used by registered community pharmacists who have been named and authorised by their organisation to practice under it. The PGD must only be used in conjunction with a local authority commissioned service specification for Emergency Contraception. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction

for the supply of ulipristal acetate 30mg tablet (ellaOne®)

by registered community pharmacists for

Emergency Hormonal Contraception

in Hertfordshire

Version number: **HCC2017 09**

PGD development

	Name	Job title and organisation
Members of the PGD working group	Dr Joel Bonnet	DDPH of Public Health, Hertfordshire County Council
	Dr Anjali Agrawal	Lead Clinician, Sexual Health Hertfordshire, CLCH
	Dr Elizabeth A. Broadwith	Associate Specialist Head of Community Contraception (West) Sexual Health Hertfordshire
	Helen Musson	Executive Officer, Hertfordshire Local Pharmaceutical Committee
	Jo Jenkins	Senior Pharmacist, Hertfordshire Community NHS Trust
	Rona Robinson	Community Pharmacist, Campus Pharmacy, University of Hertfordshire
	Sarah Oliver	Community Pharmacist, Campus Pharmacy, University of Hertfordshire
	Carol Young	Public Health Commissioning Officer

PGD authorisation

Name		Job title and organisation	Signature	Date
Senior Doctor	Dr Anjali Agrawal	Lead Clinician, Sexual Health Hertfordshire, CLCH	Signature held on file	12/09/ 2017
Senior Pharmacist	Jo Jenkins MRPharmS	Senior Pharmacist Hertfordshire Community NHS Trust	Signature held on file	12/09/ 2017
Authorising Officer Hertfordshire County Council	Dr Joel Bonnet	DDPH of Public Health, Hertfordshire County Council	Signature held on file	13/09/ 2017

Training and competency of registered community pharmacists

	Requirements of registered community pharmacists working under the PGD
Qualifications and professional registration	Community Pharmacists currently registered with the General Pharmaceutical Council (GPhC), who are working in a pharmacy contracted to NHS England (Central Midlands Regional Team), and/or to Hertfordshire County Council.
Initial training	• Has had the training which enables them to make a clinical assessment in order to establish the sexual health need and supply the medicine according to this PGD • Can satisfy the requirements of self-declaration of qualifications and competence to deliver sexual health services according to the CPPE Programmes for o Sexual health in pharmacies (CPPE 2015) o Safeguarding children and vulnerable adults o Consultation skills for pharmacy practice: taking a patient-centred approach o Chlamydia screening and treatment o Contraception
Competency assessment	The Pharmacist should have achieved the competency levels specified in the NICE Competency Framework for Health Professionals using Patient Group Directions https://www.nice.org.uk/guidance/mpg2/resources/competency-framework-for-health-professionals-using-patient-group-directions-msword-13672765 Pharmacist Authorisation Form (see end of PGD) completed and pharmacist authorised to operate under this PGD.
Ongoing training and competency	The pharmacist should endeavour to update their CPPE training approximately every three years or sooner if appropriate. It is the responsibility of the pharmacist to undertake Continuing Professional Development and to make this information available on the Councils Database system and on request.
Additional requirements	The pharmacist must obtain a satisfactory Disclosure & Barring Check (DBS) with Adult & Child Workforce checks. The DBS can be obtained via the pharmacist's employer, an independent provider or Hertfordshire County Council. The DBS should be renewed every 5 years. The LPC and Herts County Council strongly encourage Pharmacists that have received the updated DBS check from HCC, to then register for the update service online (https://www.gov.uk/dbs-update-service)

Clinical condition

Clinical condition or situation to which this PGD applies	• Prevention of pregnancy from unprotected sexual intercourse (UPSI) e.g. no contraception used or failure of usual method For choice of emergency contraceptive method please refer to FSRH emergency contraception decision making algorithm (see https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/)
Inclusion criteria	• Women 24 years of age or under. • Women under the age of 16 and over the age of 13 who are assessed as competent (using the criteria from the *'Fraser ruling')* presenting at the pharmacy within 120 hours of the earliest episode of UPSI. **If under the age of 13 follow local safeguarding policy and record action taken.**
Criteria for inclusion: subsequent supply	Dose can be repeated if vomiting within 3 hours of the dose being taken occurs.
Exclusion criteria	• Clients aged over 24 years. • Known or suspected pregnancy (NB a previous episode of UPSI in this cycle is not an exclusion. Consider pregnancy test if more than three weeks after UPSI and no normal menstrual period) • Individual under 16 years of age and assessed as not competent using Fraser guidelines • Individual 16 years of age and over and assessed as not competent to consent • Known hypersensitivity to any constituent of the ulipristal acetate tablet • More than 120 hours since unprotected sexual intercourse • Less than 21 days following childbirth • Less than 5 days following abortion, miscarriage, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease • Severe asthma controlled by oral glucocorticoids **Interacting medicines** • Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them • Individual currently using drugs that increase gastric ph (e.g. antacids, histamine H2 antagonists and proton pump inhibitors) • Hormonal contraceptives - because ulipristal acetate binds to the progesterone receptor with high affinity, it may interfere with the action of progestogen-containing medicinal products. Contraceptive action of combined hormonal contraceptives and progestogen-only contraception may be reduced **All concurrent medication should be checked for interactions**

	before supply of ulipristal acetate under this PGD *(see appendix 1 of the current British National Formulary (BNF) accessed via https://bnf.nice.org.uk/ and the product's current Summary of Product Characteristics (SPC) accessed via www.medicines.org.uk)*

Cautions (including any relevant action to be taken)	• Emergency post coital intrauterine device (Cu-IUD) should always be considered as a more effective alternative when emergency contraception is required.
	• In an instance where the Cu-IUD is appropriate and acceptable, continue to supply and signpost to appropriate health service provider
	• **The effectiveness of ulipristal acetate may be reduced if a woman takes progestogen (including levonorgestrel emergency contraception) in the week prior to and five days following ulipristal acetate. Consider Cu-IUD or levonorgestrel emergency contraception in this circumstance.**
	• If individual is under 13 years of age follow local safeguarding policy
	• Breastfeeding is not recommended for 7 days following ingestion of ulipristal acetate, advise the individual to express and discard the breast milk during that time
	• If the individual vomits within three hours from ingestion, a further dose may be given
	• If considering quick starting hormonal contraception levonorgestrel emergency contraception may be preferable
	• It is recommended that hormonal contraception should not be used for five days after ulipristal acetate, then (re)started. A barrier contraceptive should be used for a further seven days (9 for Qlaira®) if using combined hormonal contraception or 48 hours for oral progestogen-only contraception
	• If UPSI occurs within five days of ulipristal acetate, Cu-IUD should be offered if appropriate, or a further dose can be given
	• A pregnancy test is advised three weeks after UPSI
	• If community pharmacist has any concerns, discuss with appropriate health service provider
	• Refer any patients with the following conditions to their GP/Sexual Health Hertfordshire service for further advice:
	  • Severe hepatic impairment
	  • Lapp-lactase deficiency
	  • Hereditary problems of galactose intolerance
	  • Glucose-galactose malabsorption

Arrangements for referral for medical advice	Know the referral pathway into Sexual Health Hertfordshire services or how to contact the local lead doctor and lead nurse for sexual and reproductive health for medical advice.
Action to be taken if client excluded	Document exclusion criteria, on Hertfordshire County Councils Database System discuss alternative measures and refer to a Sexual Health Hertfordshire clinic or GP as appropriate. Warn the client that a delay in starting treatment may compromise its efficacy.

Action to be taken if client declines treatment	• Advise client to see a doctor or refer to the Sexual Health Hertfordshire Service (SHH) Sexual Health Service call 0300 008 5522. If this will result in the client being outside the 72 hours, they should be advised to see their GP or to visit an Out-of-Hours service as soon as possible for alternative emergency contraception. • Client should be advised of the risk of pregnancy and advised to test for pregnancy via a home test kit or to visit their GP or Sexual Health Hertfordshire Service (SHH) call 0300 008 5522.Sexual Health Service if menstrual bleeding is overdue by more than 7 days. • Refer to Sexual Health Service if menstrual bleeding is overdue by more than 7 days. • Client to be advised about alternative sources of treatment. • Client to be referred to her GP or Sexual Health Hertfordshire service as appropriate. • All advice given should be recorded on the client's AS1 form or submitted via PharmaOutcomes.
Additional guidance for client under 16 years of age	• Pharmacists will have the same duty of care regardless of client's age. • Pharmacist is able to provide contraceptive, sexual, and reproductive health advice and treatment, without parental knowledge or consent, to young persons over 13 years and under 16 years, provided that: ○ Client understands the advice provided and its implications. ○ The young person may be *advised* to talk to their parents, but must not be *persuaded* to tell their parents, or *persuaded* to allow the pharmacist to tell their parents that they are seeking contraceptive advice. ○ The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment. ○ Her physical or mental health would otherwise be likely to suffer and so provision of advice or treatment is in their best interest. • Health professionals who do not offer contraceptive services to under 16s should ensure that alternative arrangements are in place for them to be seen urgently elsewhere. • All services providing contraceptive advice and treatment to young people should: ○ Produce an explicit confidentiality policy making clear that under 16s have the same right to confidentiality as an adult. ○ Prominently advertise services as confidential for young people under 16, within the service and in community Settings where young people meet.

Details of the medicine

Name, form and strength	Ulipristal acetate 30mg tablet

of medicine	
Legal category	P
Indicate any off-label use (if relevant)	Best practice advice is given by the FSRH and is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SPC). If repeat course given in the same cycle this is outside of product licenses but included in national FSRH guidance and permitted under this PGD.
Route/method of administration	Oral
Dose and frequency	Single dose of one 30mg tablet taken as soon as possible after UPSI. If vomiting occurs within THREE hours of taking the dose, another dose should be taken immediately and the client should be advised that the Cu-IUD is more effective. The client should return to the pharmacy immediately for advice and further supply should vomiting occur. The pharmacist may only repeat the dose supplied under the PGD if it is still within 120 hours of the UPSI, **otherwise immediate medical advice should be sought.** An anti-emetic is outside the scope of this PGD and if the pharmacist feels that an anti-emetic would be beneficial, the client should be referred to GP immediately). Local GP and family planning details should be kept in the pharmacy for reference.
Quantity to be or supplied	Single dose of one 30mg tablet An additional dose of **one** tablet may be supplied as detailed above if vomiting occurs within 3 hours of taking the first dose and still within 120 hours of UPSI.
Maximum or minimum treatment period	Single dose
Adverse Reactions and their Management	Refer to current Summary of Product Characteristics (SPC) of relevant product and current British National Formulary (BNF) for full list and further information ***(see appendix 1 of the current British National Formul (BNF) accessed via https://bnf.nice.org.uk/ and the product's current Summary of Product Characteristics (SPC) accessed via www.medicines.org.uk)***. Side effects may include: Common, • Gastro-intestinal disturbances (including nausea, vomiting) • Abdominal pain and discomfort • Dizziness • Headache • Fatigue

	• Mood changes • Breast tenderness • Dysmenorrhoea • Pelvic Pain • Myalgia • Back pain Uncommon • Acne • Libido change • Migraine In the event of untoward or unexpected adverse reactions: • If necessary seek appropriate emergency advice and assistance • Document in the individual's medication record • Complete incident procedure if adverse reaction is severe (refer to local organisational policy) and also report to Hertfordshire County Council PHinvoices@hertfordshire.gov.uk. Use yellow card system to report serious adverse drug reactions directly the Medicines and Healthcare products Regulatory Agency (MHRA). Yellow cards are available in the back of the BNF or obtained via Freephone 0808 100 3352 or online at www.yellowcard.mhra.gov.uk. The public can report adverse effects directly to the MHRA via the yellow card scheme and should be encouraged to do so.

Client information

Written information to be given to client or carer	Offer client a copy of any relevant client information leaflet/s and discuss as required e.g. failure rate (1-3 women out of 100 will become pregnant despite taking emergency hormonal contraception. An Cu-IUD has negligible failure rate) Supply client with appropriate leaflets and information about local Sexual Health Services
Follow-up advice to be given to client or carer	• Provide Manufacturer's Patient Information Leaflet (PIL) and discuss • Explain mode of action, side effects, and benefits of the medicine and how to take the medicine • Advise that the medicine should be taken immediately • Explain that the intra-uterine device (Cu-IUD) is considered a more effective method of emergency contraception and signpost to an appropriate healthcare provider after supply of ulipristal acetate where appropriate and acceptable • Explain treatment and administration including advice if vomiting occurs. Advise that if vomiting should occur within THREE hours of taking ulipristal acetate to seek immediate advice from a Sexual Health Hertfordshire clinic, pharmacist or GP. • Advise about the risks of the medication including failure rates and serious side effects and actions to be taken • Advise that oral EC may be less effective if the individual has a higher weight or BMI • Advise that oral EHC is ineffective if given after ovulation • Breastfeeding is not recommended for 7 days following ingestion of ulipristal acetate, advise the individual to express and discard the breast milk during this time • Advise on what to do if vomits within three hours of taking the medicine. • Women using hormonal contraception must be aware that there may be an interaction with their current form of contraception and it is recommended that they do not take their hormonal contraception for five days after ulipristal acetate, then (re)start and use barrier contraception according to method guidance. • Signpost to the FPA leaflet on emergency contraception http://www.fpa.org.uk/product/emergency-contraceptive-methods-booklets • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections. • Offer a chlamydia screen if there have been previous instances of UPSI and recommend re-screen after three weeks. • Advise a pregnancy test three weeks after treatment especially if period is delayed or abnormal, or if using hormonal contraception

	which may affect bleeding pattern. If a pregnancy has occurred, following failure of ulipristal acetate treatment, the client should contact a Sexual Health Hertfordshire clinic or GP for further advice. • Seek medical advice if there is any lower abdominal pain because this could signify an ectopic pregnancy, although women who become pregnant after taking emergency hormonal contraception are not at higher risk of ectopic pregnancy compared to women who have not taken emergency hormonal contraception. • Stress the need to use a reliable ongoing method of contraception and signpost into local services (e.g. Long Acting Reversible Contraception (LARC)) and signpost into local health services. For more information visit: www.hertfordshire.gov.uk/contraception • If further dose(s) are given in the same cycle, the client should be advised that ulipristal acetate may cause disturbance of subsequent cycles. • Emergency contraception is an occasional method. It should in no instance replace a regular method of contraception. • There is no evidence to date that the hormones used post-coitally carry any risk of teratogenicity should the method fail and a pregnancy occur.
Records	In discussion with the patient the Community Pharmacist should enter data directly onto the PharmOutcomes webpage, or use paper proforma Emergency Contraception Assessment and Supply Form (AS1) (Appendix 1) (available from LPC and PharmOutcomes website) for entry onto the PharmOutcomes webpage within 10 days of the consultation date. The community pharmacist must ensure the following is documented on PharmOutcomes or on the Emergency Contraception Assessment and Supply Form (AS1 appendix 1): • Individual's name, address and date of birth • Attendance date • Reason for attendance • Details of any adverse drug reactions and what action taken Any referral arrangements • Any supply outside the terms of the manufacturer's Summary of Product Characteristics • The consent of the individual. • Record the name of the medication, number of packs supplied with batch numbers and expiry dates according to local policy • Record any follow up or referral arrangements • Include the signature and designation of the pharmacist who supplied the medication (Follow local procedures for computer records)

	Paper proformas should be securely retained in the pharmacy for 6 months after the consultation after which time it should be shredded / treated as confidential waste. • The PharmOutcomes record will act as the record retained by the Pharmacy for 8 years (adults) or until the 25th birthday in a child (age 26 if entry made when the person was 17).
Arrangements for handling, security, storage and labelling	• All medicines supplied to a patient under this PGD must comply with the EC labelling and leaflet directive i.e.: must be fully labelled and include an appropriate Patient Information Leaflet.

Audit

Stock Reconciliation	Stock balances should be reconcilable with receipts and disposals.
Stock Storage	Product should be stored in accordance with the specifications of the PGD and Summary of Product Characteristics relating to the medication.

Key references

1. Emergency Contraception Guidelines, Faculty of Sexual & Reproductive Health Clinical Effectiveness Unit (2017) Accessed 12th July 2017 http://www.fsrh.org/pdfs/CEUguidanceEmergencyContraception11.pdf
2. The UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) 2016 http://ukmec.pagelizard.com/2016#sectiona/cover Accessed 12th July 2017
3. Faculty of Sexual & Reproductive Healthcare Guideline "Missed pill recommendations" May 2011 GPhC Guidance – Consent 2012, Raising Concerns 2012 , and Confidentiality 2012

   http://www.pharmacyregulation.org/standards/guidance
4. Summary of Product Characteristics for ulipristal acetate (ellaOne®) www.medicines.org.uk Accessed 3rd July 2017
5. Current BNF accessed via https://bnf.nice.org.uk/ Accessed 12th July 2017
6. NICE Good Practice Guidance on Patient Group Directions and the Competency framework for healthcare professionals using Patient Group Directions Accessed 3rd July 2017

   https://www.nice.org.uk/guidance/mpg2/resources
7. London contraception and sexual health patient group direction (PGD) template Patient group direction (PGD) for the supply of ulipristal acetate 30mg emergency

PHARMACIST AUTHORISATION FORM

PGD No TBC HCC2017 09

Ulipritsal acetate (ellaOne®) Emergency Contraception

The patient group direction is to be read, agreed and signed by each registered pharmacist it applies to. One copy should be given to each participating Pharmacist. The original signed copy should be retained and be easily available within the Community Pharmacy.

Send two copies of this page only to:

Public Health Commissioning, Postal Point SFAR232, Hertfordshire County Council, Farnham House, Six Hills Way, Stevenage, Hertfordshire, SG1 2FQ

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work under it within my professional code of conduct.

Pharmacy Name **ODS Code (F Code)** **Name of pharmacist** **GPhC Registration Number**
Date of CPPE training completion **Date of training for this PGD (if attended)**
Signature of pharmacist **Date**

Authorisation of Hertfordshire County Council Lead Clinician for the supply of this medication without a prescription by the named community pharmacist above	
I, (Lead Clinician), give authorisation for the named pharmacist who has signed this Patient Group Direction to supply the above named medicine as described and in accordance with current guidelines	
Name & Signature of Lead Clinician	**Date**

Signed copy to be given to each pharmacist and to be readily available within the pharmacy. This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.

Valid from: 30/09/2017 Expiry date: 01/10/2019

Emergency Contraception (EllaOne) Assessment and Supply Form - AS2

This data needs to be entered onto PharmOutcomes as soon as possible and should be no later than 10 days after the consultation, in order to secure payment.

Consultation /Service user Details			
Service User Name	Address **(first half + first digit)**		
Age or DOB *(enter as DD-MM-YYYY)*	Confidentiality explained Y/N *(do not proceed if this is no)*		
Consent to follow up □			
Contact Details			
Ethnicity			
Consultation Date	Time	Pharmacy Stamp or Pharmacy Name & Address	Pharmacist

Child Sexual Exploitation (CSE) Checklist for Under 18s	
CSE considered *Please consider the following checklist of possible signs of CSE* • *Under the Influence of Alcohol* • *Under the influence of drugs* • *Signs of self harm* • *Signs of physical injury* • *Distrust of authority figures* • *Inappropriate / Harmful sexual behaviour or pregnancy* • *Looking concerned or frightened in the company of adults* • *Repeat Clients – Provision of EHC* • *Disclosure e.g. of Abuse* • *Older Boyfriend/Girlfriend Relationship*	Y/N….
Safeguarding concerns	Y/N…… *If yes refer to safeguarding information*
Cycle Information	
Is the client having periods	Y/N……
Pregnancy Suspected	Y/N……
First day of LMP	
Cycle Length	
Pregnancy Suspected	Y/N ……..

	(Refer to Sexual Health Services or GP if the answer is yes)
Time since unprotected sexual intercourse (UPSI)	□ <24 hours □ 24-48 hours □ 48-72 hours □ 72-120 hours □ >120 hours *(Refer to Sexual Health Services or GP (complete details below)*
Client Referred	
Referral Information	
Criteria for Inclusion for EHC	
Reason for Request	□ No contraception □ Missed pill Missed pill advice given Y/N …….. □ Condom Failure □ Vomiting/Diarrhoea □ Antibiotic/Drug Therapy □ Other *please specify*……
Emergency Contraception Options	
All options for EHC discussed (tick to indicate discussion)	□ EHC □ IUCD
Consent for Treatment Y/N ……. *If no do not proceed any further and indicate reason for not consenting ……..*	

Criteria for Referral (Exclusion) for EHC ***Do any of the following apply?***	**Yes (refer)**	**No**
No consent		
Pregnant or likely to be pregnant		
Knowingly supplying to a third party		
Last period abnormal or more than 5 days late		
Less than 21 days postpartum		
Known hypersensitivity to Ulipristal acetate or Excipients		
Acute active porphyria		
Severe malabsorbtion syndrome		
Unexplained vaginal bleeding		
Fulfils any of the other exclusion criteria listed in the PGD		
If you have answered yes to any of the above question, advise to see (as soon as possible) GP or doctor at Family planning clinic or out of hours doctor service		N/A

Choice of EHC	
Taking any other medications	Y/N… If yes is the client taking liver enzyme inducers? Y/N …. If so a double dose must be supplied - see PGD for list of medicines.

Supply Details- Single Dose (NB Ensure current PIL supplied reflects new single dose)	
Name of supplying pharmacist:	***Signature***
Product supplied:	
Batch number:	Expiry date:

Counselling/Actions *Discuss the following*	
□ Explain treatment - Mode of action etc. □ Explain that this treatment will have no effect on previous UPSI in cycle □ Effectiveness including failure rate	

☐ Side effects - nausea, breast tenderness, cycle disruption etc.
☐ If more than one use in cycle period may be affected
☐ Action if vomits within 3 hours
Repeat dose provided within 72 hour limit if not refer as per PGD
☐ Action if next period late or abnormal
Pregnancy test and seek medical advice
☐ If pregnancy results advise client to contact SHS Herts
☐ Seek medical advice if client experiences lower abdominal pain
indicative of ectopic pregnancy
☐ Stress the need for the use of a reliable method of contraception
Signpost into local services
☐ Discuss STI risk and condom use
☐ Breast feeding mothers should be advised of excretion in breast milk
advise to leave a gap after taking before next feed
☐ EHC is an occasional method
This should not replace regular contraception
☐ Leaflets supplied
☐ No evidence to suggest risk of teratogenicity
Should EHC fail and woman becomes pregnant

Chlamydia Screening	
Chlamydia screen kit supplied? All clients accessing this service should be advised to complete Chlamydia screening	Y/N……. If no please state reason: ☐ No change of sexual partner ☐ Other ……
Referral necessary? Y/N……	If yes please enter referral information:

How did the Service User hear about the scheme? (Please tick all that apply)

Used scheme before		Family Planning Clinic/Sexual Health Clinic	
Friend		School/College	
Another Pharmacy		GP	
Walked in		Other – please specify	

Condom supplied	☐ Yes	☐ No

This form should be securely retained in the pharmacy for 6 months after the consultation after which time it should be shredded / treated as confidential waste. Please do not send this form to Hertfordshire County Council. The PharmOutcomes record will act as the record retained by the Pharmacy for 8 years (adults) or until 25th birthday in a child (age 26 if entry made when person was 17).

Hertfordshire

Recognise, Respond and Refer

Children have a right to be cared for and protected and protecting them is everyone's responsibility

If you know of a child who is being neglected or abused – it's simple...

Recognise

Do you have a suspicion or concern

About a child or young person

About the behaviour of a member of staff or volunteer

Report it now to Children's Services on **0300 123 4043**

Respond

Discuss your concerns with your designated safeguarding person, or your line manager.

No further concerns keep a record

No further action

Where safeguarding need is unclear seek advice from the MASH on 01438 737511

If the allegation is against a member of staff – contact the

Local Authority Designated Officer (LADO)

01992 555420

Inform the LADO of allegation within 1 working day

Concerns ongoing

Parents/carers should be informed that you are making a referral unless this will put the child at more risk

Refer

0300 123 4043
Customer Service Centre

Provide identifying details of the child

In an emergency situation call the police **999**

Children have a right to be cared for and protected and protecting them is everyone's responsibility

Safeguarding Children

HERTFORDSHIRE safeguardingchildren BOARD