

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

## **PATIENT GROUP DIRECTION (PGD)**

### **Supply and/or administration of ulipristal acetate 30mg tablet for emergency contraception**

**For use by authorised community pharmacists working in a pharmacy which is contracted by Hertfordshire County Council to provide the service**

Version Number 1.0a

Reference number HCC202010

<b>Change History</b>	
<b>Version</b>	<b>Change details</b>
Version 1	New template adopted from Specialist Pharmacy Services (SPS) by HCC with local changes
Version 1a	Appendix A (Registered Pharmacist Authorisation Sheet) amended so that a senior person with designated authority within the provider organisation can sign as authorising manager.

Reference Number: Ulipristal HCC202010

Valid from: 1<sup>st</sup> October 2020

Review date: September 2022

Expiry date: 28<sup>th</sup> February 2023

This Patient Group Direction (PGD) must only be used by registered professionals who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.



**PGD DEVELOPMENT GROUP**

Date PGD template comes into effect:	1 <sup>st</sup> October 2020
Review date	September 2022
Expiry date:	28 <sup>th</sup> February 2023

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference. It has been approved by the Faculty for Sexual and Reproductive Health (FSRH) in November 2019.

**This section MUST REMAIN when a PGD is adopted by an organisation.**

Name	Designation
Dr Cindy Farmer	Chair General Training Committee Faculty of Sexual and Reproductive Healthcare (FSRH)
Michelle Jenkins	Advanced Nurse Practitioner, Clinical Standards Committee Faculty of Sexual and Reproductive Healthcare (FSRH)
Michael Nevill	Director of Nursing British Pregnancy Advisory Service (BPAS)
Katie Girling	British Pregnancy Advisory Service (BPAS)
Julia Hogan	CASH Nurse Consultant Marie Stopes UK
Kate Devonport	National Unplanned Pregnancy Association (NUPAS)
Chetna Parmar	Pharmacist adviser, Umbrella
Helen Donovan	Royal College of Nursing (RCN)
Carmel Lloyd	Royal College of Midwives (RCM)
Clare Livingstone	Royal College of Midwives (RCM)
Leanne Bobb	English HIV and Sexual Health Commissioners Group (EHSHCG)

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Deborah Redknapp	English HIV and Sexual Health Commissioners Group (EHSCHG)
Dipti Patel	Local authority pharmacist
Emma Anderson	Centre for Postgraduate Pharmacy Education (CPPE)
Dr Kathy French	Pan London PGD working group
Dr Sarah Pillai	Pan London PGD working group
Alison Crompton	Community pharmacist
Andrea Smith	Community pharmacist
Lisa Knight	Community Health Services pharmacist
Bola Sotubo	Clinical Commissioning Group pharmacist
Tracy Rogers	Associate Director Specialist Pharmacy Service
Sandra Wolper	Associate Director Specialist Pharmacy Service
Amanda Cooper	Specialist Pharmacy Service
Jo Jenkins (Working Group Co-ordinator)	Specialist Pharmacist PGDs Specialist Pharmacy Service
Samrina Bhatti	Z ] ( W Z u μ ] o K ( ( ] [ o ] v ] o &




## ORGANISATIONAL AUTHORISATIONS

Reference Number: Ulipristal HCC202010

Valid from: 1<sup>st</sup> October 2020

Review date: September 2022

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Name	Job title and organisation	Signature	Date
Senior Doctor	Linda Mercy Consultant in Public Health		17/09/2020
Senior pharmacist	Dipti Patel Pharmacy Lead, Essex County Council		17/09/2020
Chair of Hertfordshire Public Health Assurance and Governance Group	David Conrad Consultant in Public Health		17/09/2020

Hertfordshire Sexual Health PGD Review Group 2020	
Senior Doctor:	Linda Mercy
Senior Pharmacist:	Dipti Patel
Representative of professional group using the PGD:	Helen Musson
Community Pharmacist	Purvi Barchha
Chair of the PH AGG (Public Health Consultant):	David Conrad
Lead Nurse- Sexual Health Herts	Gillian Miles
Health Improvement Lead- Sexual Health	Rob Bacon

**1. Characteristics of staff**

Reference Number: Ulipristal HCC202010

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<b>Qualifications and professional registration</b>	Registered healthcare professional listed in the legislation as able to practice under Patient Group Directions and working in premises that hold a public health contract with Hertfordshire County Council.
<b>Initial training</b>	<p>The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy.</p> <p>Suggested requirement for training would be successful completion of a relevant contraception module/course accredited or endorsed by the FSRH, CPPE or a university or advised in the RCN training directory.</p> <p>The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults or level 2 safeguarding or the equivalent.</p>
<b>Competency assessment</b>	<ul style="list-style-type: none"> <li>x Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence for emergency contraception.</li> <li>x Staff operating under this PGD are encouraged to review their competency using the <a href="#">NICE Competency Framework for health professionals using patient group directions</a></li> </ul>
<b>Ongoing training and competency</b>	<ul style="list-style-type: none"> <li>x Individuals operating under this PGD are personally responsible for ensuring that they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required.</li> <li>x Organisational PGD and/or medication training as required by employing organisation.</li> </ul>

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<p><b>Additional requirements</b></p>	<ul style="list-style-type: none"> <li>X The pharmacist must obtain a satisfactory Disclosure &amp; Barring Check (DBS) with Adult &amp; Child Workforce checks. The DBS can be obtained from the provider or Hertfordshire County Council. The DBS should be renewed every 3 years.</li> <li>X 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 (<a href="https://www.gov.uk/dbs-update-service">https://www.gov.uk/dbs-update-service</a>)</li> </ul>
<p>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.</p>	

**2. Clinical condition or situation to which this PGD applies**

<p><b>Clinical condition or situation to which this PGD applies</b></p>	<p>To reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or regular non-hormonal contraception has been compromised or used incorrectly.</p>
<p><b>Criteria for inclusion</b></p>	<ul style="list-style-type: none"> <li>X Females aged over 13 years and under 25 years who must be deemed to be Fraser competent and presenting for emergency contraception (EC) between 0 and 120 hours following UPSI or when regular non-hormonal contraception has been compromised or used incorrectly.</li> <li>X No contraindications to the medication.</li> <li>X Informed consent given.</li> </ul>
<p><b>Criteria for exclusion</b></p>	<ul style="list-style-type: none"> <li>X Informed consent not given.</li> <li>X Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines.</li> <li>X Individuals 16 years of age and over and assessed as lacking capacity to consent.</li> <li>X This episode of UPSI occurred more than 120 hours ago. N.B. A dose may be given if there have been previous untreated or treated episodes of UPSI within the current cycle if the most recent episode of UPSI is within 120 hours.</li> </ul>

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	<ul style="list-style-type: none"> <li>X Known or suspected pregnancy (N.B. 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).</li> <li>X Less than 21 days after childbirth.</li> <li>X Less than 5 days after miscarriage, abortion, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD).</li> <li>X Known hypersensitivity to the active ingredient or to any component of the product - see <a href="#">Summary of Product Characteristics</a></li> <li>X Use of levonorgestrel or any other progestogen in the previous 7 days (i.e. hormonal contraception, hormone replacement therapy or use for other gynaecological indications).</li> <li>X Concurrent use of antacids, proton-pump inhibitors or H<sub>2</sub>-receptor antagonists.</li> <li>X Severe asthma controlled by oral glucocorticoids.</li> <li>X Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping.</li> </ul>
<p><b>Cautions including any relevant action to be taken</b></p>	<ul style="list-style-type: none"> <li>X All individuals should be informed that insertion of a copper intrauterine device (Cu-IUD) within five days of UPSI or within five days from earliest estimated ovulation is the most effective method of emergency contraception. If a Cu-IUD is appropriate and acceptable supply oral EC and refer to the appropriate health service provider.</li> <li>X Ulipristal is ineffective if taken after ovulation.</li> <li>X If individual vomits within three hours from ingestion, a repeat dose may be given.</li> <li>X Body Mass Index (BMI) &gt;26kg/m<sup>2</sup> or weight &gt;70kg individuals should be advised that though oral EC methods may be safely used, a high BMI may reduce the effectiveness. A Cu-IUD should be recommended as the most effective method of EC.</li> <li>X Consideration should be given to the current disease status of those with severe malabsorption syndromes, such as  <ul style="list-style-type: none"> <li>µ l ] Å ] v ( o u u } ' } ` o</li> </ul>           Although the use of ulipristal is not contra-indicated it may be         </li> </ul>

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	<p>less effective and so these individuals should be advised that insertion of Cu-IUD would be the most effective emergency contraception for them and referred accordingly if agreed.</p> <ul style="list-style-type: none"> <li>x Breast feeding – advise to express and discard breast milk for 7 days after ulipristal dose.</li> <li>x The effectiveness of ulipristal can be reduced by progestogen taken in the following 5 days and individuals must be advised not to take progestogen containing drugs for 5 days after ulipristal. See [ ] } v Z t [ ] v [ ] v ( ) u } P ] À v } ] v ] À ] μ o [ X</li> <li>x If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented.</li> <li>x If the individual is less than 13 years of age the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy (Appendix C).</li> <li>x If you have concerns regarding an adult who is being abused or neglected, call 0300 123 4042 (open 24 hours a day). For more information visit: <a href="https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/professionals-request-social-care/professionals-make-an-social-care-referral.aspx">https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/professionals-request-social-care/professionals-make-an-social-care-referral.aspx</a></li> <li>x If the individual has not yet reached menarche consider immediate onward referral for further assessment or investigation to their GP or Sexual Health Hertfordshire Service (SHH) call 0300 008 5522.</li> </ul>
<p><b>Action to be taken if the individual is excluded or declines treatment</b></p>	<ul style="list-style-type: none"> <li>x Explain the reasons for exclusion to the individual and document in the consultation record.</li> <li>x Record reason for decline in the consultation record.</li> <li>x Offer suitable alternative emergency contraception or refer the individual as soon as possible to a suitable health service provider if appropriate and/or provide them with information about further options.</li> <li>x 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</li> </ul>

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<b>Additional guidance for client under 16 years of age</b>	<ul style="list-style-type: none"> <li>X Pharmacists will have the same duty of care regardless of             <ul style="list-style-type: none"> <li>O ] v [ P X</li> </ul> </li> <li>X 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:             <ul style="list-style-type: none"> <li>O Client understands the advice provided and its implications.</li> <li>O 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.</li> <li>O The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment.</li> <li>O Her physical or mental health would otherwise be likely to suffer and so provision of advice or treatment is in their best interest.</li> </ul> </li> <li>X 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.</li> <li>X All services providing contraceptive advice and treatment to young people should have a confidentiality policy making clear that under 16s have the same right to confidentiality as an adult considering Fraser guidelines and safeguarding</li> </ul>
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### 3. Description of treatment

4.

<b>Name, strength &amp; formulation of drug</b>	Ulipristal acetate 30mg tablet
<b>Legal category</b>	P
<b>Route of administration</b>	Oral
<b>Off label use</b>	<p>Best practice advice given by Faculty of Sexual and Reproductive Healthcare (FSRH) is used for guidance in this PGD and may vary from the <a href="#">Summary of Product Characteristics</a> (SPC).</p> <p>This PGD includes off-label use in the following conditions:</p> <ul style="list-style-type: none"> <li>X Lapp-lactase deficiency</li> <li>X Hereditary problems of galactose intolerance</li> </ul>

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	<ul style="list-style-type: none"> <li>x Glucose-galactose malabsorption</li> <li>x Severe hepatic impairment</li> </ul> <p>Drugs should be stored according to the conditions detailed in the Storage section in this table. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where drugs have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management.</p> <p>Where a drug is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence.</p>
<b>Dose and frequency of administration</b>	<ul style="list-style-type: none"> <li>x One tablet (30mg) as a single dose taken as soon as possible up to 120 hours after UPSI.</li> </ul>
<b>Duration of treatment</b>	<ul style="list-style-type: none"> <li>x A single dose is permitted under this PGD.</li> <li>x If vomiting occurs within 3 hours of ulipristal being taken a repeat dose can be supplied under this PGD.</li> <li>x Repeated doses can be given within the same cycle. Please note: <ul style="list-style-type: none"> <li>o If within 7 days of previous levonorgestrel offer levonorgestrel again (not ulipristal)</li> <li>o If within 5 days of ulipristal then offer ulipristal again (not levonorgestrel)</li> </ul> </li> </ul>
<b>Quantity to be supplied</b>	Appropriately labelled pack of one tablet.
<b>Storage</b>	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.
<b>Drug interactions</b>	A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a> or the BNF <a href="http://www.bnf.org">www.bnf.org</a>
<b>Identification &amp; management of adverse reactions</b>	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a> and BNF <a href="http://www.bnf.org">www.bnf.org</a>

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	<p>The following side effects are common with ulipristal acetate (but may not reflect all reported side effects):</p> <ul style="list-style-type: none"> <li>X Nausea or vomiting</li> <li>X Abdominal pain or discomfort</li> <li>X Headache</li> <li>X Dizziness</li> <li>X Muscle pain (myalgia)</li> <li>X Dysmenorrhea</li> <li>X Pelvic pain</li> <li>X Breast tenderness</li> <li>X Mood changes</li> <li>X Fatigue</li> <li>X The FSRH advises that disruption to the menstrual cycle is possible following emergency contraception.</li> </ul>
<p><b>Management of and reporting procedure for adverse reactions</b></p>	<ul style="list-style-type: none"> <li>X Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <a href="http://yellowcard.mhra.gov.uk">http://yellowcard.mhra.gov.uk</a></li> <li>X Report any adverse reactions via organisation incident policy.</li> <li>X Report to Hertfordshire County Council via <a href="mailto:PHinvoices@hertfordshire.gov.uk">PHinvoices@hertfordshire.gov.uk</a></li> </ul>
<p><b>Written information and further advice to be given to individual</b></p>	<ul style="list-style-type: none"> <li>X All methods of emergency contraception should be discussed. All individuals should be informed that fitting a Cu-IUD within five days of UPSI or within five days from the earliest estimated ovulation is the most effective method of emergency contraception.</li> </ul>

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	<ul style="list-style-type: none"> <li>X Ensure that a patient information leaflet (PIL) is provided within the original pack.</li> <li>X If vomiting occurs within three hours of taking the dose, the individual should return for another dose.</li> <li>X Explain that menstrual disturbances can occur after the use of emergency hormonal contraception.</li> <li>X Provide advice on ongoing contraceptive methods, including how these can be accessed. Online information can be accessed from <a href="http://www.hertfordshire.gov.uk/contraception">www.hertfordshire.gov.uk/contraception</a></li> <li>X Repeated episodes of UPSI within one menstrual cycle - the dose may be repeated more than once in the same menstrual cycle should the need occur.</li> <li>X In line with FSRH guidance individuals using hormonal contraception should delay restarting their regular hormonal contraception for 5 days following ulipristal acetate use. Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective.</li> <li>X Advise a pregnancy test three weeks after treatment especially if the expected period is delayed by more than seven days or abnormal (e.g. shorter or lighter than usual), or if using hormonal contraception which may affect bleeding pattern.</li> <li>X Promote the use of condoms to protect against sexually transmitted infections (STIs) and advise on the possible need for screening for STIs.</li> <li>X There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception.</li> </ul>
<p><b>Advice / follow up treatment</b></p>	<ul style="list-style-type: none"> <li>X The individual should be advised to seek medical advice in the event of an adverse reaction.</li> <li>X The individual should attend an appropriate health service provider if their period is delayed, absent or abnormal or if they are otherwise concerned.</li> <li>X Pregnancy test as required (see advice to individual above).</li> <li>X Individuals advised how to access on-going contraception and STI screening as required. For more information visit</li> </ul>

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	<a href="http://www.hertfordshire.gov.uk/contraception">www.hertfordshire.gov.uk/contraception</a>
<b>Records</b>	<ul style="list-style-type: none"> <li>X Records should be signed and dated (or a password-controlled e-records) and securely kept for a defined period in line with local policy</li> <li>X All records should be clear, legible and contemporaneous</li> <li>X A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy</li> <li>X PharmOutcomes should be used in the first instance, if not readily available then the pharmacy is able to use paper proformas</li> <li>X The paper copy should be kept in the pharmacy according to the record keeping procedures. The details should be added on to PharmOutcomes as soon as possible and then the paper copy shredded immediately and treated as confidential waste.</li> <li>X 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)</li> </ul> <p><i>In discussion with the patient enter treatment details onto PharmOutcomes to ensure payment within 10 days of the consultation date.</i></p> <p><b>Record:</b></p> <ul style="list-style-type: none"> <li>X The consent of the individual and             <ul style="list-style-type: none"> <li>O If individual is under 13 years of age record action taken</li> <li>O If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken.</li> <li>O If individual over 16 years of age and not competent, record action taken</li> </ul> </li> <li>X Name of individual, postcode, date of birth</li> <li>-X GP contact details where appropriate</li> <li>X Relevant past and present medical history, including</li> </ul>

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	<p>medication history. Examination finding where relevant e.g. weight</p> <ul style="list-style-type: none"> <li>X Any known drug allergies</li> <li>X Name of registered health professional operating under the PGD</li> <li>X Name of medication supplied</li> <li>X Date of supply</li> <li>-X Dose supplied</li> <li>X Quantity supplied</li> <li>X Advice given, including advice given if excluded or declines treatment</li> <li>X Details of any adverse drug reactions and actions taken</li> <li>X Advice given about the medication including side effects, benefits, and when and what to do if any concerns</li> <li>X Any referral arrangements made</li> <li>X Any supply outside the terms of the product marketing authorisation</li> <li>X Record that supplied via Patient Group Direction (PGD)</li> </ul>
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## 5. Key references

<p><b>Key references (accessed December 2019)</b></p>	<ul style="list-style-type: none"> <li>X Electronic Medicines Compendium <a href="http://www.medicines.org.uk/">http://www.medicines.org.uk/</a></li> <li>X Electronic BNF <a href="https://bnf.nice.org.uk/">https://bnf.nice.org.uk/</a></li> <li>X <a href="https://www.nice.org.uk/guidance/mpg2">E / D ] ] v ] P μ ] o ] v</a> <a href="https://www.nice.org.uk/guidance/mpg2">https://www.nice.org.uk/guidance/mpg2</a></li> <li>X Faculty of Sexual and Reproductive Health Clinical Guidance: Emergency Contraception - December 2017 <a href="https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/">https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/</a></li> </ul>
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	<ul style="list-style-type: none"><li>x Faculty of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception - November 2017 <a href="https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/drug-interactions/">https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/drug-interactions/</a></li> <li>x Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018 <a href="https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines">https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines</a></li></ul>
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APPENDIX A REGISTERED PHARMACIST  
AUTHORISATION SHEET



PGD HCC 2020 10 - Ulipristal Emergency  
Contraception

Valid from: 1<sup>st</sup> October, 2020

Expiry: 28<sup>th</sup> February, 2023

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered Pharmacist

By signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

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

Authorising manager

I confirm that the registered pharmacists named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of: <b>Pharmacy name</b> ..... <b>F Code:</b> ..... for the above named pharmacists who have signed the PGD to work under it.			
Name	Designation	Signature	Date

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

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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.

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**APPENDIX B**

**Emergency Contraception Ulipristal 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 Username	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			
<b>Contact Details</b>			
<b>Ethnicity</b>			
Consultation Date	Time	Pharmacy Stamp or Pharmacy Name & Address	Pharmacist
Child Sexual Exploitation (CSE) Checklist for Under 18s			
CSE considered: <i>Please consider the following checklist of possible signs of CSE:</i> <input type="checkbox"/> Under the Influence of Alcohol <input type="checkbox"/> Under the influence of drugs <input type="checkbox"/> Signs of self-harm <input type="checkbox"/> Signs of physical injury <input type="checkbox"/> Distrust of authority figures <input type="checkbox"/> Inappropriate / Harmful sexual behaviour or pregnancy <input type="checkbox"/> Looking concerned or frightened in the company of	Z I E Y X		

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adults <input checked="" type="checkbox"/> Repeat Clients Provision of EHC <input checked="" type="checkbox"/> Disclosure e.g. of Abuse <input checked="" type="checkbox"/> Older Boyfriend/Girlfriend Relationship	
<b>Safeguarding concerns</b>	z   E Y Yes refer to safeguarding information
<b>Cycle Information</b>	
<b>Is the client having periods</b>	z   E Y Y Y Y Y
<b>Pregnancy Suspected</b>	z   E Y Y Y Y Y
<b>First day of LMP</b>	
<b>Cycle Length</b>	
<b>Pregnancy Suspected</b>	z   E Y Refer to Sexual Health Services or GP if the answer is yes)
<b>Time since unprotected sexual intercourse (UPSI)</b>	<24 hours 24-48 hours 48-72 hours 72-120 hours >120 hours (Refer to Sexual Health Services or GP ( complete details below)
<b>Client Referred</b>	
Referral Information	
<b>Criteria for Inclusion for EHC</b>	
<b>Reason for Request</b>	No contraception  Missed pill  D ]            ] o o    À]    P ] À v z   E Y Y X X

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	Condom Failure  Vomiting/Diarrhoea  Antibiotic/Drug Therapy  Other o2/2YYYYYYYYYYYYYYY	
<b>Emergency Contraception Options</b>		
<b>All options for EHC discussed (tick to indicate discussion)</b>	EHC	IUCD
} v v ( ) d u v z I E Y Y X  If no do v22v2(pv2v22v(2v22vv2vPYYYYYYYYYYYYYYYY22		
<b>Criteria for Referral (Exclusion) for EHC</b> <i>D a e a</i>	<b>Yes (refer)</b>	<b>No</b>
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 malabsorption syndrome		
Unexplained vaginal bleeding		
Fulfils any of the other exclusion criteria listed in the PGD		

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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
<b>Choice of EHC</b>		
Taking any other medications	z   E Y / ( ' ] Z o ] v I ] v P o ] À v Ì ' u ] v If so a double dose must be supplied - see PGD for list of medicines.	

<b>Supply Details- Single Dose (NB Ensure current PIL supplied reflects new single dose)</b>	
Name of supplying pharmacist:	S a e
Product supplied:	
Batch number:	Expiry date:

<b>Counselling/Actions D c e</b>	
<input checked="" type="checkbox"/> Explain treatment - Mode of action etc. <input type="checkbox"/> Explain that this treatment will have no effect on previous UPSI in cycle <input type="checkbox"/> Effectiveness including failure rate <input checked="" type="checkbox"/> Side effects - nausea, breast tenderness, cycle disruption etc. <input checked="" type="checkbox"/> More than one use in cycle period may be affected <input type="checkbox"/> Action if vomits within 3 hours <i>Repeat dose provided within time limit if not refer as per PGD</i> <input type="checkbox"/> Action if next period late or abnormal <i>Pregnancy test and seek medical advice</i> <input checked="" type="checkbox"/> pregnancy results advise client to contact Sexual Health Hertfordshire	

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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 and Gonorrhoea Screening	
Chlamydia and Gonorrhoea screen kit supplied? All clients accessing this service should be advised to complete a Chlamydia and Gonorrhoea screen	z I E Y Y Y Y X If no please state reason: <input type="checkbox"/> No change of sexual partner <input checked="" type="checkbox"/> K Z Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Z ( o v M z I E Y Y Y Y Y	If yes please enter referral information:

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

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

<b>Condom supplied</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**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 25<sup>th</sup> birthday in a child (age 26 if entry made when person was 17).**

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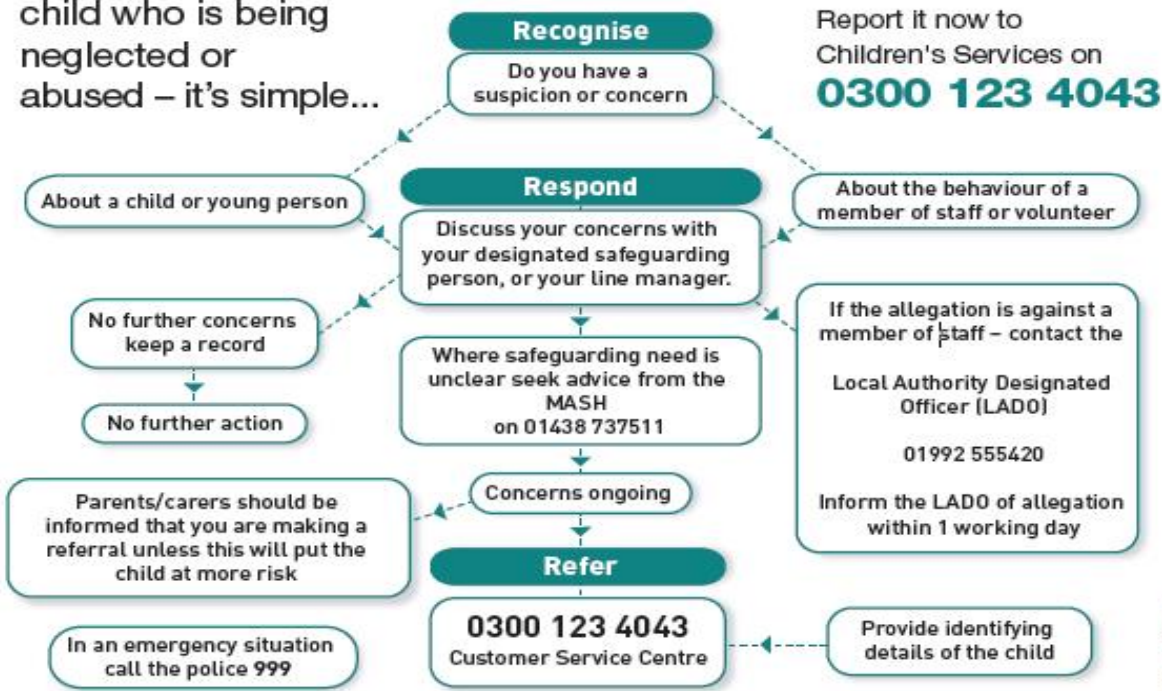
Expiry date: 28<sup>th</sup> February 2023



# 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...



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

**Safeguarding Children**



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