

The role of school nurses in providing emergency contraception services in education settings

POSITION STATEMENT



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This statement

This position statement, which updates the RCN position statement published in 2006, and updated in 2012 and 2021, aims to clarify the responsibilities of school nurses when they are providing emergency hormonal contraception (EC) to students in education settings (schools, colleges, pupil referral units or any educational institution where there are young people).

The Royal College of Nursing (RCN) believes that this clarification is necessary as the role of school nurses has extended to provide emergency contraception and advice on sexual health to school-age students in education settings, following OFSTED's report on sex and relationship education in schools (2006).

The RCN position

The RCN believes that school nurses with appropriate training and experience are able to assess the need for hormonal emergency contraception, and to supply this contraception using patient group directions (PGDs). In addition, school nurses should be appropriately skilled and competent to offer sexual health advice, and provide appropriate follow-up and referral to other health professionals. Nurses administering medicines under a PGD should be sure of their competence to do so.

School-based services and emergency contraception

An increasing number of UK schools now offer emergency contraception and sexual health advice (Office for Standards in Education, 2006) as part of a holistic sexual health service that aims to prevent the need for emergency contraception through the provision of education and advice'. These advice services are usually staffed by experienced school nurses or sexual health nurses. Equipped with the appropriate training and experience, they have acquired the skills necessary to assess the need for emergency contraception, provide sexual health advice and appropriate onward referral for follow-up, and to supply emergency contraception under PGDs.

Sexual health nurses in school-based settings work alongside the named school nurse. Teamwork is central to the success and credibility in the development of these services. School nurses are ideally placed for providing sexual health and contraceptive advice because of their relationship with young people: they are able to assess, supply emergency contraception, condoms, chlamydia screening, according to local policy, provide appropriate onward referral to sexual health services, and ensure follow-up with boys and girls. School nurses can also contribute to the development and delivery of the PSHE (personal, social and health education) and SRE (sex and relationships education) programmes within schools to ensure young people have access to information.

The law on providing emergency contraceptives to under 16s - England and Wales

The 1985 House of Lords' ruling in the Gillick case (Gillick v West Norfolk and Wisbech AHA, 1986a) established the current legal position in England and Wales. This states that people under 16 years of age, who are fully able to understand what is proposed and its implications, are competent to consent to medical advice and treatment regardless of age (Gillick v West Norfolk and Wisbech AHA, 1986b). A doctor, nurse or pharmacist has discretion to give contraceptive advice or treatment to a person under 16 years of age without the knowledge or consent of the young person's parent or guardian provided that, in the opinion of the health professional, the young person is capable of understanding the nature and possible consequences of any treatment or procedure.

There are several important issues for school nurses to consider when they are consulted by young people under 16 years of age about emergency contraceptives (Department of Health, 2004). School nurses:

- must ensure that the young person understands the potential risks, benefits and alternatives of the treatment including efficacy, adverse effects, interactions, the need for additional contraceptive precautions and advice given
- are legally obliged to discuss the value of parental/carer support - young people should be encouraged to inform their parent/carer of the consultation and the school nurse should explore the reasons if the young person is unwilling to do so. If however, following counselling, the young person does not want to involve their parent/carer, the school nurse will respect their confidentiality
- should assess whether the young person's physical or mental health, or both, is likely to suffer if they do not receive emergency contraception
- must consider whether the young person's best interests would require the provision of emergency contraception without parental consent
- should ensure that they document consideration of these issues and any discussion with the client.

The Sexual Offences Act (Parliament, 2003; Sexual Offences (Scotland) Act, 2009) allows health professionals working with young people to provide confidential sexual health advice and treatment and does not affect the provision of confidential advice or treatment to young people under 16 years of age. Those providing contraceptive treatment to young people under 16 without parental consent will continue to assess competence on a case by case basis, and should work within the Fraser Guidelines (Gillick v West Norfolk and Wisbech AHA, 1986b).

Northern Ireland

Under the Sexual Offences (NI) Order (2008) the age of consent in Northern Ireland changed from 17 years to 16 years. School nurses should find out the educational institution's policy towards sexual health and agree the approach they will take, including signposting young people to relevant services if needed. Nurses should be prepared to offer a range of services that respect young people's rights and follow the educational ethos of the school.

Scotland

School nurses in Scotland are not able to provide emergency contraception, but should direct and support young people to the nearest reproductive health or sexual health clinic to access as needed. Under-16s can give their own consent to contraceptive treatment provided that, in the opinion of the clinician, they are capable of understanding the nature and possible consequences of the procedure or treatment (Brook Advisory Centres, 2004). For further information see the Age of Legal Capacity (Scotland) Act 1991 (Parliament, 1991).

Types of Emergency Contraception

There are currently three choices of emergency contraception available.

- The most effective method is the IUD, with a predicted failure rate of less than 1% (FSRH, 2017). The IUD can be fitted up to 120 hours after unprotected sexual intercourse or up to 5 days after the earliest predicted ovulation date.
- Levonelle 1500 (levonorgestrel) is licensed up to 72 hours post-intercourse but can be used off-licence up to 120 hours. The efficacy of Levonelle after 96 hours is uncertain.
- EllaOne (ulipristal acetate) is licensed for use up to 120 hours post-intercourse. It may have a lower failure rate than Levonelle 1500. It should be noted that available evidence suggests that oral emergency contraception administered after ovulation is ineffective (FSRH, 2017), Dixon (2016).

Considerations

School Nurses providing emergency contraception should recommend a barrier method of contraceptive as oral emergency contraceptives are likely to inhibit the effects of regular hormonal contraceptives for up to 16 days, (Hopkins 2014; FSRH, 2017).

Consideration should also been given to assessing the risk of transmission of sexually transmitted infections. Young people should be provided with information about STI screening and local specialist sexual health services (Hopkins 2014; FSRH, 2017).

If School Nurses are not able to administer emergency contraception, referral pathways should be in place to aid access. Awareness of whether local pharmacies will provide free emergency contraception to young people is valuable (Dixon 2016; FSRH, 2017).

Assessment and After Care

It is vital that any young person requesting emergency contraception is assessed in a systematic manner. A local proforma may be useful to guide the nurse through the consultation, and this could start by asking the relevant safeguarding questions. Hopkins (2014) recommends that this proforma could include the following

- Assess competency to give consent – use Fraser guidelines.
- Consider child and/or vulnerable adult protection issues, including risk factors for child sexual exploitation.
- Record date and time of unprotected sexual intercourse.
- Record normal length of menstrual cycle.
- Record last menstrual period.
- Calculate predicted ovulation date.
- Discuss contraception method used, if any, and the reason for potential failure.
- Consider the need for pregnancy testing.
- Record the weight of the patient.
- Ask the patient about known allergies.
- Ask about medications taken within the past four weeks.
- Ask about previous use of emergency contraception.
- Ask about the number of episodes of unprotected sexual intercourse in the current menstrual cycle.
- Emphasise that the copper IUD is the most effective method of emergency contraception.
- Provide the patient with written information in relation to aftercare and side effects.

Confidentiality

The duty of confidentiality owed by a nurse or doctor to young people under 16 years of age is as great as the duty they owe to any other person (Nursing and Midwifery Council, 2015). School nurses must respect an explicit request from these clients that information should not be disclosed to particular people, except in exceptional circumstances, for example, when a nurse believes safeguarding issues are raised. In situations where the nurses line manager does not have a relevant clinical and professional background or where following discussion with their immediate line manager they remain unsure, the RCN advises that school nurses seek advice in confidence from a named or designated safeguarding nurse'. If a nurse is unable to provide emergency contraception but helps a young person to gain access to treatment, they must still maintain the client's confidentiality. Parents and school staff should not be informed without the young person's consent.

The Department of Health's best practice guidelines (2004) were challenged in 2005 by Mrs Sue Axon, who wanted the law changed so that girls under 16 years of age seeking an abortion must first have parental permission. In January 2006, Mr Justice Silber ruled in favour of the Department of Health, and stated that these guidelines were in line with current law.

Child protection

School nurses must be aware of, and follow, their Local Safeguarding Children Partnership (or equivalents in Northern Ireland and Scotland) procedures on child protection, as well as the procedures of their employing organisation. Key issues for safeguarding children and young people include assessing for the risk of child sexual exploitation. All nurses working with children and young people have a key role and responsibilities in safeguarding children and should access annual training in child protection (RCN, 2019; RCPCH, 2019).

Working together with education providers

The school nursing service and the employing organisation must work together to develop guidelines and procedures for supplying emergency contraception in schools in consultation with local sexual health providers, the senior management team of the school, governors, parents/carers, and young people. It is good practice to inform all parents/carers that this service is available on the school premises.

Independent and boarding schools

The governing body of such schools should agree a policy on providing emergency contraception. This policy may include access to sexual health clinics and local pharmacists. Nurses can refer their pupils to the school doctor, who will provide a patient specific direction (prescription). Independent school nurses cannot use PGDs to administer contraception unless they have a formal, written, agreement with their local area NHS organisation.

If unable to provide a method of emergency contraception (and in this case under the local PGD) local referral mechanisms should facilitate timely access to a service that can provide the preferred method of contraception.

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Additional useful resources

Brook

Brook (Brook Advisory Centres) is a registered charity that provides free confidential advice on sex and contraception for young people. Its website is packed with resources and information, visit brook.org.uk

Faculty of Family Planning and Reproductive Health Care, Royal College of Obstetricians and Gynaecologists Provides members with an advisory service.

Family Planning Association (FPA)

This sexual health charity works to improve the sexual health of all people, regardless of age, throughout the UK. Visit the FPA website at fpa.org.uk

Office for Standards in Education (Ofsted)

The Ofsted website contains a substantial resources and publications section, see ofsted.gov.uk

RCN Online Advice Guides

RCN members can access advice online on topics including consent, school nursing and revalidation by visiting the RCN website at rcn.org.uk/get-help/rcn-advice

Sex Education Forum (SEF)

The National Children's Board (NCB) is a leading national charity which supports children, young people and families. Its sex education forum (SEF) is a national authority on sex and relationships education (SRE), and is a unique collaboration of over 50 member organisations and 500 practitioners, with representatives from health, education, faith, disability and children's organisations. Visit ncb.org.uk/SEF

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