



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 levonorgestrel 1500micrograms tablet(s) 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 2.5

Reference number: Levonorgestrel PGD HCC202010v2.5

Change History	
Version	Change details
Version 1	<ul style="list-style-type: none"> New national template adopted from Specialist Pharmacy Services (SPS) by HCC with local changes
Version 1a	<ul style="list-style-type: none"> Appendix A (Registered Pharmacist Authorisation Sheet) amended so that a senior person with designated authority within the provider organisation can sign as authorising manager.
Version 2	<ul style="list-style-type: none"> Update formatting for consistency with other approved HCC PGDs Updated email and contact details Drug interactions added and detailed Exclusions updated Data collection form removed - no longer required Appendix B - Children Safeguarding pathway updated Appendix C and D added (signposting and decision making)



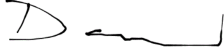
This Patient Group Direction (PGD) must only be used by registered professionals who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

PGD HERTFORDSHIRE DEVELOPMENT GROUP

Date PGD template comes into effect:	1 st November 2022
Review date:	September 2024
Expiry date:	28th February 2025

This PGD has been based on the national template approved by BASHH and has been peer reviewed by the Hertfordshire PGD working group as named below.

ORGANISATIONAL AUTHORISATIONS

Name	Job title and organisation	Signature	Date
Senior Doctor	Dr Joel Bonnet		27-Sep-2022
Senior Pharmacist	Rebecca Thomas		10-Oct-2022
Person signing on behalf of authorising body (Public Health Quality and Assurance Governance Group)	David Conrad Director of public health Evidence and Improvement. Chair of Hertfordshire Public Health Quality and Assurance Governance Group.		29-Sep-2022

PGD DEVELOPMENT

Hertfordshire Sexual Health PGD Review Group 2020 - Version 1	
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

Hertfordshire Sexual Health PGD Review Group 2022 - Version 2	
Senior Doctor:	Joel Bonnet
Senior Pharmacist:	Rebecca Thomas
Representative of professional group using the PGD:	Farhan Moulana
Lead Nurse- Sexual Health Herts:	Lorraine Deane
Health Improvement Lead- Sexual Health:	Rob Bacon
Health Improvement Lead - Health Care Partnerships:	Hayley Golding
Commissioning Officer:	Helen Cleary

1. Characteristics of staff

Qualifications and professional registration	Registered Pharmacist working in premises that hold a public health contract with Hertfordshire County Council.
Initial training	<ul style="list-style-type: none"> The Registered Pharmacist authorised to operate under this PGD must have undertaken appropriate education and training and successfully demonstrated the competencies to undertake clinical assessment of client to safely provide medicines listed in accordance with local policy. Pharmacists must have completed modules in sexual health from Centre for Pharmacy Postgraduate Education (CPPE) and self declared competent. (See - https://www.cppe.ac.uk/programmes/l/ehc-e-03/) Pharmacists are recommended to successfully complete relevant contraception module/course accredited or endorsed by the FSRH, CPPE or a university or advised in the RCN training directory. The Pharmacist must have completed required training (including updates) in safeguarding children and vulnerable adults or level 2 safeguarding or the equivalent.
Competency assessment	<ul style="list-style-type: none"> Pharmacists operating under this PGD must be assessed as competent (see Appendix A) and completed a self-declaration of competence for emergency contraception (obtained from CPPE) (See - https://www.cppe.ac.uk/programmes/l/ehc-e-03/) Pharmacists operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions.
Ongoing training and competency	<ul style="list-style-type: none"> Pharmacists 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 completed as necessary. Organisational PGD and/or medication training completed as required by employing organisation.
Additional requirements	<ul style="list-style-type: none"> 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 3 years. Community Pharmacy Hertfordshire (Herts LPC) and Hertfordshire 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) Has completed appropriate training for working under PGDs

	<p>for supply and administration of medicines.</p> <ul style="list-style-type: none"> • Competence in the assessment of clients using Fraser competency guidelines. • Is up to date with training and updating in safeguarding children and vulnerable adults. • Knowledge of Child Protection Guidelines/ safeguarding for Hertfordshire and how to escalate any concerns (Appendix B). • User of PGD is required to follow the flow charts detailed in Appendix C and D.
The decision to supply medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.	

2. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	To reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or regular contraception has been compromised or used incorrectly.
Criteria for inclusion	<ul style="list-style-type: none"> • Females aged over 13 years and under 25 years who are deemed to be Fraser competent presenting for emergency contraception (EC) between 0 and 96 hours following UPSI or when regular contraception has been compromised or used incorrectly. • No contraindications to the medication. • Informed consent given. • Must be present - In the event of services being restricted and face-to-face consultations unavailable, pharmacists can offer EHC telephone or video consultation in accordance with NHSE guidance. Children under 16 years of age should still be offered face-to-face consultations and that clear pathways are in place to signpost them appropriately.
Criteria for exclusion	<ul style="list-style-type: none"> • Under 13 years of age, or 25 years of age or over. • Clients under the age of 13 must be signposted to attend Sexual Health Hertfordshire or A&E (if out of hours) and a referral to the safeguarding team must be completed (follow Appendix B) • Informed consent not given. • Not present in person note: see above inclusions • Clients under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. • Clients 16 years of age and over and assessed as lacking capacity to consent. • This episode of UPSI occurred more than 96 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 96 hours. • Known or suspected pregnancy (N.B. a previous episode of

	<p>UPSI in this cycle is not an exclusion. Consider pregnancy test if more than three weeks after UPSI and no normal menstrual period since UPSI).</p> <ul style="list-style-type: none"> • Last period abnormal or over 5 days late. • Less than 21 days after childbirth. • Less than 5 days after miscarriage, abortion, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD). • Known hypersensitivity to the active ingredient or to any component of the product - see Summary of Product Characteristics • Use of ulipristal acetate emergency contraception in the previous 5 days. • Porphyria • Knowingly supplying to a third party • Unexpected vaginal bleeding • Maximum 2 courses of EHC in one cycle
Cautions including any relevant action to be taken	<ul style="list-style-type: none"> • Clients 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. • Ulipristal acetate is more effective than levonorgestrel and can delay ovulation until closer to the time of ovulation than levonorgestrel. Consider ulipristal if the client presents in the five days leading up to estimated day of ovulation (see appendix C) • Levonorgestrel is ineffective if taken after ovulation. • If client vomits within three hours from ingestion, a repeat dose may be given. • Clients using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them - see dose frequency section. • Body Mass Index (BMI) >26kg/m² or weight >70kg – clients 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. If levonorgestrel is to be given see dosage section. • Consideration should be given to the current disease status of those with severe malabsorption syndromes, such as acute/active inflammatory bowel disease or Crohn's disease. Although the use of levonorgestrel is not contra-indicated it may be less effective and so these clients should be advised that insertion of Cu-IUD would be the most effective emergency contraception for them and referred accordingly if agreed. • If the client is less than 16 years of age an assessment based on Fraser guidelines must be made and documented.

	<ul style="list-style-type: none"> • Breastfeeding - Specialist Pharmacy Service (SPS) states levonorgestrel is secreted into breast milk, but there is no known clinical significance to the baby from this transient exposure. There is no evidence that breast-feeding patterns should be altered. FSRH states women who breastfeed should be informed that available limited evidence indicates that levonorgestrel has no adverse effects on breastfeeding or on their infants. • If the client is less than 13 years of age the pharmacist must speak to local safeguarding lead and follow the local safeguarding policy (Appendix B). • 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: 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 • If the client 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.
Action to be taken if the individual is excluded or declines treatment	<ul style="list-style-type: none"> • If declined ensure client is aware of the need for treatment and the potential consequences of not receiving treatment. • Explain the reasons for exclusion to the client and document in the consultation record (Hertfordshire County Council's Database System (currently PharmOutcomes). • Record reason for decline in the consultation record. • Offer suitable alternative emergency contraception or refer the client as soon as possible to a Sexual Health Hertfordshire clinic: https://www.sexualhealthhertfordshire.clch.nhs.uk/ or GP if appropriate and/or provide them with information about further options. • If EHC is unable to be provided, Pharmacists should signpost clients to an alternative service - see Appendix D. • 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.
Additional guidance for client under 16 years of age	<ul style="list-style-type: none"> • 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 client over 13 years and under 16 years, provided that: <ul style="list-style-type: none"> ○ Client understands the advice provided and its implications. ○ The client may be advised to talk to their parents, but must not be persuaded to tell their parents, or

	<p>persuaded to allow the pharmacist to tell their parents that they are seeking contraceptive advice.</p> <ul style="list-style-type: none"> ○ The client 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. <ul style="list-style-type: none"> • 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 have a confidentiality policy making clear that under 16s have the same right to confidentiality as an adult considering Fraser guidelines and safeguarding.
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3. Description of treatment

Name, strength & formulation of drug	Levonorgestrel 1500 micrograms tablet (N.B. this is equivalent to 1.5mg levonorgestrel)
Legal category	P/POM
Route of administration	Oral
Off label use	<p>This guidance on off label use is based on the best practice given by Faculty of Sexual and Reproductive Healthcare (FSRH) and may vary from the Summary of Product Characteristics (SPC) or British National Formulary https://bnf.nice.org.uk/drugs/levonorgestrel/.</p> <p>This PGD includes off-label use in the following conditions</p> <ul style="list-style-type: none"> ○ Use between 72 and 96 hours post UPSI ○ Increased dose for clients with BMI over 26kg/m² or weight over 70kg and in clients using liver enzyme inducing agent ○ Severe hepatic impairment ○ Clients with previous salpingitis or ectopic pregnancy ○ Lapp-lactase deficiency ○ Hereditary problems of galactose intolerance ○ Glucose-galactose malabsorption <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.</p> <p>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</p>

	<p>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 client /parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence.</p>
Dose and frequency of administration	<ul style="list-style-type: none"> Levonorgestrel 1500mcg (1 tablet) to be taken as soon as possible up to 96 hours of UPSI. Dose for those clients taking enzyme inducing medicines or herbal products: A client who requests levonorgestrel whilst using enzyme-inducing drugs, or within 4 weeks of stopping them, can be advised to take a total of 3mg levonorgestrel (two 1500mcg tablets) as a single dose and within 96 hours of UPSI. Dose for those clients with a body mass index of more than 26kg/m² or who weigh more than 70kg: A client who requests levonorgestrel with a body mass index of more than 26kg/m² or who weighs more than 70kg can be offered a total of 3mg levonorgestrel (two 1500mcg tablets) as a single dose and within 96 hours of UPSI.
Duration of treatment	<ul style="list-style-type: none"> A single dose is permitted under this PGD. If vomiting occurs within 3 hours of levonorgestrel being taken a repeat dose can be supplied under this PGD. Repeated doses can be given within the same cycle. Please note: <ul style="list-style-type: none"> If within 7 days of previous levonorgestrel offer levonorgestrel again (not ulipristal) If within 5 days of ulipristal then offer ulipristal again (not levonorgestrel)
Quantity to be supplied	<ul style="list-style-type: none"> Appropriately labelled pack of one tablet. Two tablets can be supplied for clients taking enzyme inducing drugs and/or clients with a BMI of more than 26kg/m² or who weigh more than 70kg. The pharmacist should make every effort to ascertain an accurate BMI for the client if the appropriate facilities i.e. scales are available to ensure the appropriate dose is given to the client. 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 96 hours of UPSI.
Storage	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.
Drug interactions	<p>All concurrent medication should be reviewed for interactions. Medicines listed below are classed in the BNF as causing severe drug interactions with levonorgestrel.</p> <p>Additional information for drug interactions can be found: https://www.fsrh.org/documents/ceu-clinical-guidance-drug-</p>

	<p>interactions-with-hormonal/</p> <p>Levonorgestrel metabolism is enhanced by concomitant use of liver enzyme inducers or use of such is the previous 28 days. These medicines can reduce the effect of levonorgestrel, these drugs include:</p> <ul style="list-style-type: none"> • Anticonvulsants: Phenobarbital, primidone, carbamazepine, eslicarbazepine, phenytoin, fosphenytoin, oxcarbazepine, topiramate, perampanel, rufinamide. • Antifungal: Griseofulvin. • Rifamycins: Rifabutin, rifampicin. • Herbal medicine: St Johns Wort. • Some HIV medicines including: Ritonavir, efavirenz, nevirapine. • Endothelin receptor antagonist: Bosentan. • Mucolytic: Lumacaftor. • Neurokinin receptor antagonists: Aprepitant, fosaprepitant. • Centrally acting sympathomimetic: Modafinil. • Progesterone receptor modulators: Ulipristal. <p>Levonorgestrel may increase oral hypoglycaemic and insulin requirements; therefore in clients with diabetes blood sugar levels should be monitored closely for 24 hours after taking levonorgestrel.</p> <p>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: http://www.medicines.org.uk or the BNF http://www.bnf.org.</p>
<p>Identification & management of adverse reactions</p>	<p>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org.</p> <p>The following side effects are common with levonorgestrel (but may not reflect all reported side effects):</p> <ul style="list-style-type: none"> • Nausea and vomiting are the most common side effects. • Headache, dizziness, fatigue, low abdominal pain and breast tenderness, diarrhoea. • The FSRH advises that bleeding patterns may be temporarily disturbed and spotting may occur, but most clients will have their next menstrual period within seven days of the expected time.
<p>Management of and reporting procedure for adverse reactions</p>	<ul style="list-style-type: none"> • Healthcare professionals and clients are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the clients medical record. • Report any adverse reactions via organisation incident policy. • Report to Hertfordshire County Council via PHcommissioning@hertfordshire.gov.uk.

Written information and further advice to be provided	<ul style="list-style-type: none"> • All methods of emergency contraception should be discussed. All clients 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. • Ensure that a patient information leaflet (PIL) is provided within the original pack. • If vomiting occurs within three hours of taking the dose, the client should return for another dose. • Explain that menstrual disturbances can occur after the use of emergency hormonal contraception. • Provide advice on ongoing contraceptive methods, including how these can be accessed. Online information can be accessed from: https://www.sexualhealthhertfordshire.clch.nhs.uk/ • 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. • Clients using hormonal contraception should restart their regular hormonal contraception immediately. Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective. • 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. • Promote the use of condoms to protect against sexually transmitted infections (STIs) and advise on the possible need for screening for STIs. • There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception.
Advice/follow up treatment	<ul style="list-style-type: none"> • The client should be advised to seek medical advice in the event of an adverse reaction. • The client should attend an appropriate health service provider if their period is delayed, absent or abnormal or if they are otherwise concerned. • Pregnancy test as required (see advice to client above). • Client advised how to access on-going contraception and STI screening as required. For more information visit https://www.sexualhealthhertfordshire.clch.nhs.uk/
Records	<ul style="list-style-type: none"> • Records should be signed and dated (or a password-controlled e-record) and securely kept for a defined period in line with local policy. • All records should be clear, legible and contemporaneous. • A record of all clients receiving treatment under this PGD

	<p>should also be kept for audit purposes in accordance with local policy.</p> <ul style="list-style-type: none"> • The Public Health Designated Database (currently PharmOutcomes) should be used in the first instance, if not readily available then the pharmacy is able to use paper proformas. • 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. • 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). <p>In discussion with the client , enter treatment details onto PharmOutcomes to ensure payment within 10 days of the consultation date.</p> <p>Record:</p> <ul style="list-style-type: none"> • The consent of the client and <ul style="list-style-type: none"> ○ If client is under 13 years of age record action taken ○ If client is under 16 years of age document capacity using Fraser guidelines. If they are not competent - record the action taken. ○ If client over 16 years of age and not competent, record action taken • Name of client, postcode, date of birth • GP contact details where appropriate • Relevant past and present medical history, including medication history. Examination finding where relevant e.g. weight • Any known drug allergies • Name of registered health professional operating under the PGD • Name of medication supplied • Date of supply • Dose supplied • Quantity supplied including batch and expiry date • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Any referral arrangements made • Any supply outside the terms of the product marketing authorisation • Recorded that supplied via Patient Group Direction (PGD).
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4. Key references

Reference Number: Levonorgestrel PGD HCC202010v2.5

Valid from: 1st November 2022

Review date: September 2024

Expiry date: 28th February 2025

Key references (accessed December 2019)	<ul style="list-style-type: none"> • Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • NICE Medicines practice guideline “Patient Group Directions” https://www.nice.org.uk/guidance/mpg2 • Faculty of Sexual and Reproductive Health Clinical Guidance: Emergency Contraception - December 2017 Updated December 2018 https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/ • Faculty of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception - November 2017 https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/drug-interactions/ • Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018 https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines • Emergency contraception and breast-feeding - October 2020 https://www.sps.nhs.uk/articles/emergency-contraception-and-breast-feeding/ • Centre for Pharmacy Postgraduate Education - Sexual Health e-learning Gateway - https://www.cppe.ac.uk/gateway/sexual • Centre for Pharmacy Postgraduate Education - Contraception https://www.cppe.ac.uk/programmes/l/ehc-e-03/
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5. Appendices

Appendix A	Registered Pharmacist Authorisation Sheet
Appendix B	Safeguarding contact details and flow chart
Appendix C	FSRH decision chart for levonorgestrel or ulipristal
Appendix D	Pharmacy service signposting

APPENDIX A - Registered Pharmacist Authorisation Sheet

PGD HCC202010v2.5 - Levonorgestrel Emergency Contraception

Valid from: 1st November, 2022, Expiry: 28th February, 2025

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 are declared suitably trained and competent to work under this PGD. I give authorisation on behalf of: Pharmacy name: _____ F Code: _____ 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.

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.

APPENDIX B

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: <https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/report-a-concern-about-an-adult.aspx>

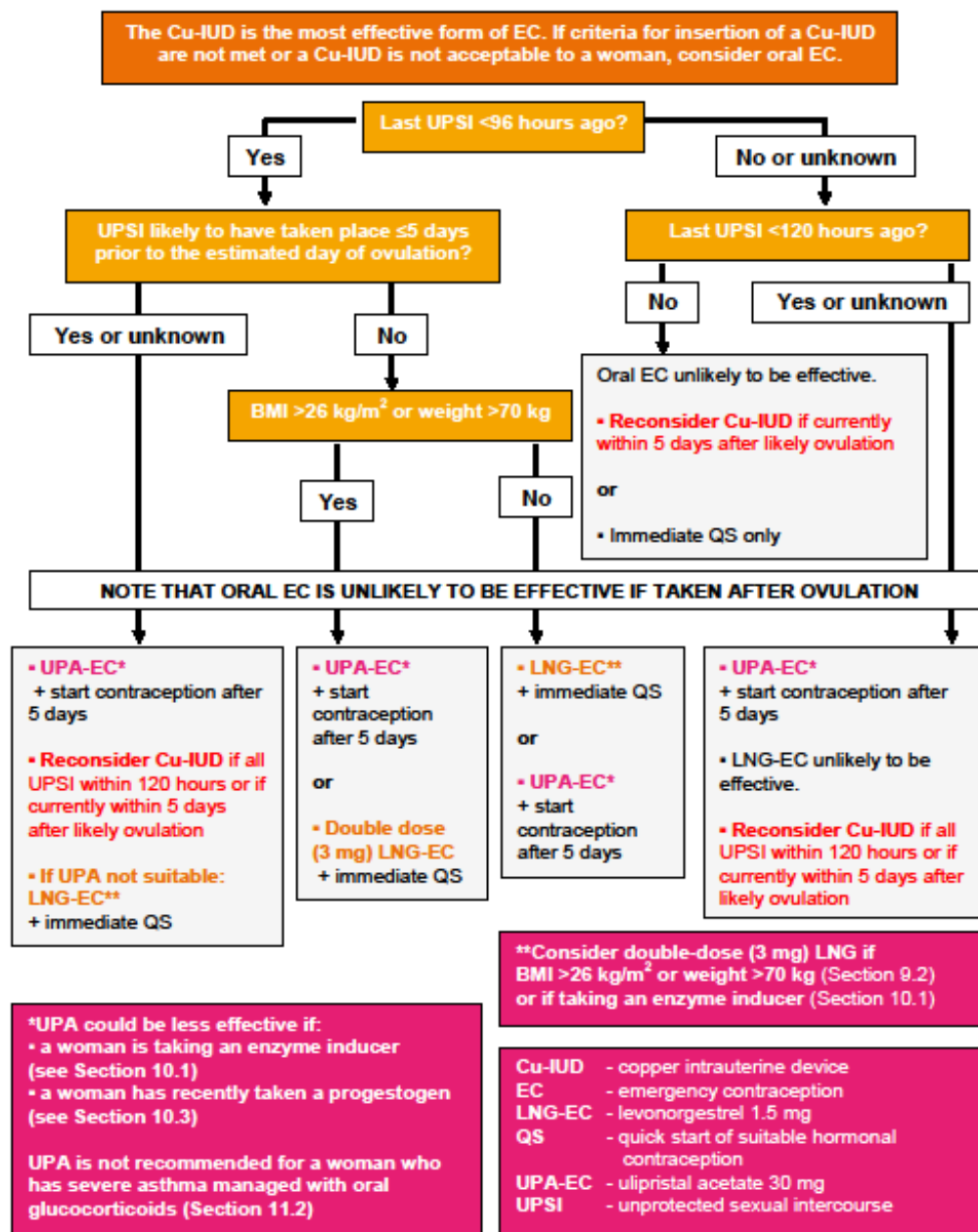
If there are concerns regarding a child being abused or neglected, follow the steps in the "Recognise, Respond and Refer" flowchart below or visit: <https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/report-child-protection-concern.aspx> To make an online referral, pharmacists need to sign-in to their account with Hertfordshire County Council which they can create from this link: <https://eservices.hertfordshire.gov.uk/my-account> .



APPENDIX C



**Algorithm 2: Decision-making Algorithm for Oral Emergency Contraception (EC):
Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)**



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Flow chart taken from:

FSRH Clinical Guideline: Emergency Contraception (March 2017, amended December 2020), available at:

<https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

Reference Number: Levonorgestrel PGD HCC202010v2.5

Valid from: 1st November 2022

Review date: September 2024

Expiry date: 28th February 2025

Appendix D

Free and confidential Emergency Contraceptive services for Under 25's

If you are unable to provide emergency contraception to a young person, below are a range of services that you can refer to across Hertfordshire.

If making any referral on behalf of a young person, contact the services in advance to see if they are open and the appropriate staff are available to offer support.

1) Pharmacies

Some local pharmacies continue to offer free oral Emergency Contraception to under 25s. To find out where they are visit in [interactive map](#).

2) Sexual Health Hertfordshire (SHH)

Sexual Health Hertfordshire offer a range of free and confidential services including pregnancy testing, emergency contraception and testing for STI's for young people living in Hertfordshire

Free Walk-in clinics for young people (21 years and under) provided by SHH: Call **0300 008 5522** or go to <https://www.sexualhealthhertfordshire.clch.nhs.uk/> for more information. Anyone over 21 can also access EHC from SHH, their GP or online from [SH:24](#) (see below)

3) On-line

Order free and confidential emergency contraception pill via [SH:24](#)

**If the young person is under 18 or unable to use online services, please call 0300 008 5522*

4) General practice (GP)

Patients can access emergency contraception from or via their GP

Further Online services available to Hertfordshire residents

SH:24 provides a range of free online services to residents aged 16 years or older:

- **Contraceptive pill:** order on-line via **SH:24**
- **Testing for STIs with no symptoms:** order a free test via **SH:24**
- **HIV Testing:** order online from [Free Testing HIV](#) (<https://freetesting.hiv/>)

Young People can also ask questions about sex and relationships via the Sexual Health texting service on **07860 057 369** or visit <https://www.servicesforyoungpeople.org/support-for-young-people/services-for-young-people-access-point-projects/sexual-health-services/> for further information.

The Public Health Nursing Team also provide a confidential 'chat health' texting service: **0748 063 5050**