

RCN POSITION STATEMENT

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



Royal College
of Nursing

This statement

This position statement aims to clarify the responsibilities of school nurses when they are providing emergency hormonal contraception (EC) to students aged under 16 in educational settings.*

The Royal College of Nursing (RCN) believes that this clarification is necessary because the role of school nurses has extended in providing emergency contraception and advice on sexual health to school-age students in educational settings, following OFSTED's report on sex and relationship education in schools (2002).

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). School nurses should also 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

There is a small but increasing number of schools that are beginning to offer emergency contraception and sexual health advice around the country (OFSTED, 2002). These advice services are usually staffed by experienced school nurses, family planning or sexual health nurses, who, with the appropriate training and experience, have acquired the skills necessary to assess the need for emergency contraception, sexual health advice and appropriate onward referral for follow-up, and to supply emergency contraception under PGDs.

Sexual health nurses working in school-based settings work alongside the named school nurse; teamwork is key to the success and credibility in the development of these services.

School nurses are ideally placed for providing sexual health and contraception advice because of their relationship with young people: they are able to assess, supply emergency contraception and condoms, provide appropriate onward referral to family planning and sexual health services and ensure follow-up with

* Educational settings include schools, colleges, pupil referral units or any educational institution where there are young people under the age of 16.

young people. School nurses 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 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 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 (see www.hpw.wales.gov.uk).

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

- ◆ must ensure that the young person understands the potential risks, benefits and alternatives of the treatment 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 the young person, following counselling, does not want to involve their parent/carer however, 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 she does 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 (2003) 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. Those providing contraceptive treatment to young people under 16 without parental consent will continue to assess competence on a case by case basis and work within the Fraser Guidelines (*Gillick v West Norfolk and Wisbech AHA*, 1986b).

Northern Ireland

Separate legislation applies to Northern Ireland. The age of consent is 17 years old. School nurses should find out the educational institution's policy towards sexual health, and agree the approach they will take. 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 young people to the nearest reproductive health or sexual health clinic. '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, 2004). For further information see the Age of Legal Capacity (Scotland) Act 1991.

Confidentiality

The duty of confidentiality owed by a nurse or doctor to young people under 16 is as great as the duty they owe to any other person (NMC, 2002). 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 that a young person is being abused or exploited.

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 under 16 year old girls wanting abortions must first have parental permission. Mr Justice Silber ruled in favour of the Department of Health in January 2006 and stated that these guidelines are in line with current law.

Child protection

School nurses must be aware of, and follow, their Local Safeguarding Children's Board (or equivalents in Northern Ireland and Scotland) procedures on child protection, and also the procedures in their employing NHS trust. All nurses working with children and young people should access annual training in child protection (RCN, 2004a).

Working together with education providers

The school nursing service and the employing NHS trust must work together to develop guidelines and procedures for supplying emergency contraception in schools, in consultation with the senior management team of the school, governors and parents. It is good practice to inform parents 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. Nurses can refer their pupils to the school doctor, who will then prescribe and administer contraception. Independent school nurses (with the appropriate training) can link with the school doctor's general practice and use the same PGDs for emergency contraception as used by the practice nurses. In this case, independent school nurses would be expected to keep up to date and attend training with the practice nurses, and for a formal agreement with the primary care trust to be in place (RCN, 2004b).

References

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Gillick v West Norfolk and Wisbech Area Health Authority [1986a] 3 All ER 402.

Gillick v West Norfolk and Wisbech AHA [1986b] AC 112 @169.

Nursing and Midwifery Council (2002) *Code of Professional Conduct*, London: NMC. Available to download from www.nmc-uk.org

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Further reading

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Royal College of Nursing (2004) *Patient group directions: guidance and information for nurses*, London: RCN. Publication code 001 370.

Teenage Pregnancy Unit (2000) *Best practice guidance on the provision of effective contraception and advice services for young people*, London: TPU.

Useful websites

Brook

Free, confidential advice on sex and contraception for young people.

www.brook.org.uk

Faculty of Family Planning & Reproductive Health Care of the Royal College of Obstetricians & Gynaecologists

Provides members with an advisory service.

www.ffprhc.org.uk

fpa

Sexual health charity which works to improve the sexual health of all people throughout the UK.

www.fpa.org.uk

Office for Standards in Education (OFSTED)

www.ofsted.gov.uk

RCN Direct briefing sheets

RCN members can access online advice on topics including consent, school nursing, children's nursing and administration of medicines.

www.rcn.org.uk/direct



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