



‘Open Doors’

Sexual Health Outreach Services for Young People

Guidance notes

June 2014

Updated: October 2014

‘Open Doors’ Sexual Health Outreach Services for Young People

Contents:

1. Introduction	Page 3
2. Providing a sexual health service specifically for young people	Page 3
3. Legal framework - Sex and the law	Page 4
4. Safeguarding	Page 5
5. Sexual Health Services to be provided by Open Doors	Page 5
- Pregnancy testing	Page 6
- Condoms	Page 10
- Chlamydia screening	Page 14
- Signposting	Page 17
6. Ordering / Monitoring and Reporting / Archiving	Page 19
7. Further help	Page 20
8. Appendix	Page 20
A. Pregnancy Testing Care Pathway	
B. Open Doors Registration Form	
C. Open Doors Additional Notes Form	
D. Open Doors Stock request Form	
E. Open Doors Monitoring Form	

1. Introduction

‘Open Doors’ is a network of dedicated young people’s sexual health services situated in a range of settings throughout Sheffield including schools, colleges, youth services and accommodation providers. Services are delivered by a range of workers including school nurses, youth workers, and learning mentors. All ‘Open Doors’ staff attend specialist training delivered by Sexual Health Sheffield to support them to provide free and confidential sexual health services directly to young people.

The specific sexual health services provided by ‘Open Doors’ include:

- Pregnancy testing
- Free condoms
- Chlamydia and gonorrhoea screening

‘Open Doors’ staff also provide information, advice and support about a wide range of sexual health issues including relationships, preventing sexually transmitted infections and unplanned pregnancy, and how to access services for a full sexual health screen or to discuss contraception choices.

In addition to providing training, Sexual Health Sheffield will also provide relevant support and resources to enable the delivery of sexual health services i.e. condoms, pregnancy testing kits, chlamydia and gonorrhoea screening postal kits, and information leaflets. These resources are available to order from the website www.sexualhealthsheffield.nhs.uk

2. Providing a sexual health service specifically for young people

Providing a safe, confidential, non-judgemental and welcoming space is essential in order to provide sexual health services for young people. Many young people will have anxieties or concerns about accessing sexual health services in terms of who will be informed and what will happen to them when they are there. These fears may be particularly acute if the young person is below the age of consent, so reassurance about confidentiality and its parameters is crucial.

3. Legal Framework - Sex and the law

The legal age of consent to any form of sexual activity in England and Wales is 16. This is the same for both men and women and for opposite and same-sex relationships. This means that it is illegal to have sex or engage in any form of sexual touching under the age of 16, whether or not those involved agree to sex. However, if both people are under 16, and close in age and maturity, and they consent to sex or if one person is over 16 and one is under 16 and both consent and are close in age and maturity, the police are not likely to prosecute. Although the law is not intended to prosecute teenage sexual activity between young people of a similar age who have consented, individual police officers or prosecutors can take a different view of what is or is not in the public interest to prosecute.

The bigger the age gap, the more likely the older person is to be prosecuted. If one of the young people is aged 12 or under, the older person is likely to be prosecuted, as UK law states that a young person who is aged 12 or under, is too young to give their consent to sexual activity. It is illegal for someone over 18 to have sex with a person under 18 if the person over 18 is in a position of trust e.g. their teacher, social worker or foster parent.

If there is a conviction, the older person can be placed on the Sex Offenders' register. Once placed on the register, which also includes cautions, this will stay on a person's record for the rest of their lives and will come up on the Disclosure and Barring Service checks when people apply for employment.

It is not illegal for people under 16 to ask for advice and help about sex. This can be advice about contraception, pregnancy, abortion, sexually transmitted infections, sexuality or relationships. It is not illegal to provide young people with a pregnancy test, condoms or a screening kit for a sexually transmitted infection. However, a worker must be sure that the young person is competent and understands the issues relating to sex and their sexual health. This is sometimes referred to as being 'Fraser' or 'Gillick' competent.

For further information:

Sexual Offences Act 2003 www.legislation.gov.uk/ukpga/2003/42/contents

4. Safeguarding

It is important to explain to young people that whilst services are confidential there may be times when staff have to share information with relevant authorities for safeguarding purposes e.g. if it is believed that the young person may be at risk of serious harm. Given that all Open Doors services are experienced in providing advice and support to young people, staff will be familiar with the procedure for managing safeguarding issues. It is recommended that staff are aware of and work within the safeguarding guidelines of the organisation that employs them.

When providing advice and support to young people it is important to be able to assess whether young people are vulnerable or actually engaged in exploitative situations. Whilst the vast majority of young people who are sexually active are in age appropriate and mutually consenting relationships, a small minority may be at risk of sexual exploitation. Staff can assess this by talking to young people about their friendships, home situation, experience of school, sexual relationships, age of partners, and experience of drugs and alcohol. Staff will be trained to do a risk assessment when they attend their Open Doors training; including how to ask difficult questions and what information to record.

5. Sexual Health Services to be provided by Open Doors

5.1 Pregnancy testing

5.2 Condoms

5.3 Chlamydia and gonorrhoea screening

5.4 Signposting

5.1 Pregnancy testing with young women accessing the service

Minimum steps before you do a pregnancy test:

- i. Obtain the name of the young woman
- ii. Ask her whether she has thought about what she will do if the test is positive and if necessary discuss her options at this stage (i.e. termination, keeping the baby, adoption)
- iii. Discuss how you are going to keep in touch if the test is positive - take a mobile telephone number if she has one or arrange an alternative contact method.

Most modern pregnancy tests are extremely sensitive and will often show positive even before a missed menstrual period. However it is possible to obtain a false negative test if it is done before the period has been missed, so it is wise to:

- Discourage testing before the period is due, unless the previous period was not normal (see below).

Young women often ask for a pregnancy test immediately after unprotected sex, which is generally too early for a test – but don't forget:

- It may not be too late for emergency contraception. Ensure young women are aware of both types of emergency contraception (pills and coils)

A negative test a few days after unprotected sex may give them a false sense of security. If it is too late for emergency contraception or they do not want it, it is much better practice to advise them to come back 3 weeks after unprotected sex, or if their period is more than 7 days late, whichever is sooner. At this stage, the test is more likely to be accurate.

- It is recommended that the period should be at least a week overdue before a pregnancy test is done.

Before doing a pregnancy test, try to establish when the last menstrual period started and how long it is normally from the start of one to the start of the next period. If you work out that the period is overdue then it is worth doing a pregnancy test.

- If the previous period was a lot lighter or shorter than normal for that individual, it is worth doing a pregnancy test even if they are not yet overdue.

If the test result is negative it is advisable to repeat it a week later unless a normal period occurs in the meantime. You may wish to refer a young woman to Sexual Health Sheffield for a second test, so that she can get more advice if it is positive. This is also a good opportunity to discuss STI (in particular Chlamydia) screening.

In the event of a positive result it is very important that the young woman is referred on to Sexual Health Sheffield as soon as possible (see next few pages). Advise her to talk to her parents/carers as soon as possible. If this is something she feels unable to do, try to get her to involve a responsible adult (e.g. a sister, cousin, auntie, grandparent or sometimes boyfriend's mum) who will act in her best interest.

Options after a Positive Pregnancy Test

All young women who are pregnant should be referred to Sexual Health Sheffield for further advice and support. They can attend any of the following services:

Central Clinic:

Youth Clinic - 3.30pm – 6.00pm on Monday – Thursday and 10.00am – 1.30pm on Saturday

or

Walk-In Clinic - 8.30am –12.00pm and 1.30pm – 3.00pm on Monday, Tuesday, and Wednesday, 10.30am-12.00pm and 1.30pm-3.00pm on Thursday and 10.30am –12.00pm and 1.30pm – 3.45pm on Friday

Hallamshire Clinic (formerly Genito-Urinary Medicine):

Appointment Service: Mornings - 9.00am –12.00pm on Monday, Tuesday, Friday, and Thursday 10.00am-12.00pm. Afternoons – 1.30pm – 3.30pm on Monday, Tuesday, Thursday, and Friday. Late afternoons - 4.30pm-6.30pm on Tuesdays and Thursdays

Firth Park Clinic:

Monday – 4.00pm – 6.30pm Wednesday 9.00am – 12.00pm

Youth Clinic - 3.30pm – 6.15pm on Thursday only

Call 0114 305 4000 or visit www.sexualhealthsheffield.nhs.uk for information about these clinics

Please make arrangements to check that the young woman does attend Sexual Health Sheffield and that appropriate action has been taken. It is your responsibility to make sure that the young woman has appropriate ongoing care.

Choices:

Action to take when the young woman attends Sexual Health Sheffield will depend on what she wants to do about the pregnancy.

i. Continue with the pregnancy

If the young woman wishes to continue her pregnancy then the clinician seeing her at Sexual Health Sheffield will allow her to explore her decision to make sure she is making the right choice for herself. If she is certain of her decision, the clinician will refer her to her GP and to the Teenage Antenatal Clinic at Jessop Wing, for antenatal care.

ii. Continue with pregnancy and adoption

As above but make sure that the staff you refer to at Sexual Health Sheffield know that adoption is a consideration for the young woman so that appropriate social worker involvement can be arranged as soon as possible. The clinician will help with the discussion about adoption and will provide useful information and make the appropriate referrals to the GP and to the Teenage Antenatal Clinic.

iii. Termination of pregnancy

If the young woman wishes to have an abortion she will be referred to the Termination of Pregnancy (TOP) service at the Hallamshire Hospital. If you have leaflets about abortion please pass these on and emphasise the importance of being seen as soon as possible to establish how many weeks pregnant the young woman is. Information leaflets are available to order from the website www.sexualhealthsheffield.nhs.uk The earlier she is seen the better. Some young women may prefer to see their GP first but this could result in delays. She can change her mind about abortion at any stage of the process, but will not be able to access abortion in Sheffield if she is more than 18 weeks pregnant when she reaches the hospital. Later abortions can be arranged via BPAS, but she would need to travel outside Sheffield, usually to Doncaster. In the first instance, refer to Sexual Health Sheffield as soon as possible on 305 4000 and ask her to attend one of the above clinics for referral to the Termination of Pregnancy (TOP) service at RHH.

See Appendix A: Pregnancy Testing Care Pathway

5.2 Condoms

Guidelines for issuing condoms

Summary of Key Points

- **Only workers trained to work to Open Doors Guidelines should distribute condoms to young people**
- **All young people should be shown a condom teach**
- **A risk assessment must be carried out on all young people thought to be sexually active or considering becoming sexually active**
- **Information must be given on STIs, in particular the benefits of Chlamydia and gonorrhoea Screening**
- **The benefits of Emergency Contraception and Long Acting Reversible Contraception (LARC) in addition to condoms should be explained to all young people**

Condoms are the only form of contraception which protect against pregnancy and sexually transmitted infections. Often condoms are difficult to discuss, especially in a new relationship and young people need support both with the practicalities of putting on a condom and with the negotiation of their use. Negative experiences of condoms can put someone off their use permanently so young people need plenty of opportunity to practise and explore before they start to have sex. Condoms should be distributed according to the standards set out in this section and alongside discussion and support about the wider context of relationships and sex.

Guidelines for Issuing Condoms

The following guidelines must be followed when issuing condoms:

1. Condoms may only be issued by trained staff.
2. Every young person being given condoms should be shown how to use them properly (have a condom demonstrator handy) and have a chance to discuss any issues relating to their sexual activity and/or relationships. A leaflet explaining correct condom use should be given at the same time.

3. Every young person should be offered the opportunity to do a condom demonstration by his/herself. This often works well if you do the demonstration at the same time as the young person practises on another demonstrator.
4. Information about emergency contraception, including where and when to obtain it should be given to all young people who are given condoms.
5. A record should be kept in the young person's case notes if condoms are provided. Only condoms carrying the British Standard Kite mark and / or the European EN600 (CE mark) should be issued. **N.B.** Some condoms supplied in packs only show the quality marks on the outside of the pack, not on the individual condom.
6. The worker should make sure that the young person is aware of the implications and the risks of unprotected sex including STIs as well as pregnancy. All sexually active young people should be offered screening for Chlamydia and gonorrhoea.
7. Confidentiality should be maintained with the young person unless there are Safeguarding issues.
8. Water-based lubricant should be available for issue to all young people but in particular the importance of lubricant should be explained to any young person in relation to anal sex.
9. The benefits of Long Acting Reversible Contraception (LARC) should be explained to all young people including information on where to access this.

Before Issuing Condoms / Good Practice Guide

- Talk to the young person about how condoms can reduce the risk of contracting Sexually Transmitted Infections (STIs) as well as helping to prevent unintended pregnancy.
- Don't assume that someone is having sex because they ask for condoms or make assumptions about the type of sex they are having/ their sexual identity. It is important to make sure that young people can access condoms before they become sexually active in order to become familiar with them and give the opportunity to check out any issues or questions they may have.

- Have information available about the services provided by Sexual Health Sheffield - where to go for screening, treatment, further advice.
- Make sure that you give out information on emergency contraception in case of condom failure i.e. where and when to obtain it.
- Affirm that penetrative vaginal and anal sex is only part of our sexual choices and discuss less risky sexual behaviour.
- Encourage young people to discuss contraception and sexual health with their partner(s) before having sex.
- Talk about the different types of condoms available – shapes, sizes, thickness, flavoured (for oral sex), non-latex for people with latex allergy. For anal sex, people should use lots of water based lubricant as well as condoms. In terms of ordering condoms we are not able to provide flavoured condoms. A maximum provision of 6 condoms per visit is recommended. However, use your professional judgement about how many condoms to give the young person, depending on their sexual activity including whether they are sexually active or not e.g. young person <14 years and not sexually active offered a maximum of 5 condoms.
- Encourage men (especially younger men) to experiment with condoms on their own during masturbation to get used to and be comfortable in using them.
- Talk about where to get further supplies of condoms.
- NB. When issuing any contraceptive advice or treatment to young people under 16, workers must be assured that the young person is competent and understands the issues relating to sex and their sexual health. This is sometimes referred to as being 'Fraser' or 'Gillick' competent.

Important information and tips to give young people about using condoms

- Only use condoms that have British Kite Mark or European Standard EN600 / CE mark.

- Before using - check expiry date printed on condom package - do not use past expiry date.
- Store condoms in a cool and dry place. Heat can weaken them. If you carry one around in your wallet/ pocket change it periodically.
- Only use water based lubricant (e.g. KY Jelly, Liquid Silk, Durex Play range, Pasante TLC).
- Oil based lubricants (e.g. Vaseline, baby oil, massage oil) will weaken latex condoms and make them more likely to split).
- Oil based lubricants can be used with non-latex condoms (e.g. Avanti and Unique).
- Don't use two condoms (one over the other - 'double bagging'). This does not make it safer as condoms are more likely to split when they rub against each other.
- Be careful when opening the foil packet - nails, teeth and jewellery can tear the condom. It is best to squeeze the condom into one corner of the packet away from opening.
- Only put the condom on when the penis is erect and before any genital contact.
- Check the condom is the right way round, as it will be difficult to roll down the penis the wrong way. The 'roll' of the condom should be on the outside.
- Squeeze the tip or teat of the condom between finger and thumb to expel air and create a space for semen to collect.
- Place the condom onto the head of the penis and, still holding the teat end, carefully roll down to the base of the penis. Some men may slightly lose their erection whilst putting the condom on. This is perfectly natural and it will come back. The more men use them, the less this will happen.
- Apply water-based lubricant to the outside of the condom if required.
- During sex - check from time to time to make sure that the condom is in place and hasn't burst. If necessary change the condom. After ejaculation, withdraw the penis from the vagina/ anus holding onto the base of the condom to prevent it slipping off.
- Remove the condom straight away, being careful to avoid spillage.

- Tie a knot in the end or wrap in tissue and dispose of condom in a bin. Never flush condoms down the toilet as they can clog up sewage systems.
- Never use the same condom twice (e.g. washing it out for re-use). Always use a new condom.

5.3 Chlamydia Screening

Genital *Chlamydia trachomatis* infection is a sexually transmitted infection. It is the most frequently diagnosed infection in genitourinary medicine (GUM) clinics in England. Prevalence of infection is highest in sexually active young men and women, especially those aged under 25. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

Chlamydia screening is currently carried out across England as part of the National Chlamydia Screening Programme (NCSP). The objective of the programme is to manage chlamydia through the early detection and treatment of asymptomatic infection, preventing the development of complications and reducing onward transmission of the disease. An opportunistic approach is used to target young people aged 15-24 in a range of healthcare and non-healthcare screening venues to deliver the programme.

The Chlamydia Screening Office (CSO) based at Central Clinic, Mulberry Street is co-ordinated by Sexual Health Sheffield. Screening, using urine or vaginal swab samples, is offered in a range of settings across the city. Samples are sent to a laboratory for analysis using the nucleic acid amplification test (NAAT) and the results are returned to the CSO. All samples are also screened for gonorrhoea. Patients are informed of their results and treatment is offered to people who screen positive for chlamydia and/or gonorrhoea and their partners. Health Advisers will support people with positive results to encourage their partners to be screened and treated too.

Screening for chlamydia is now embedded into sexual health services and is offered to every 15-24 year old in the city who is or has been sexually active.

Chlamydia and Gonorrhoea Screening in Open Doors services

These are managed separately for each site according to requirements but generally are managed as follows;

1. Identify those young people who qualify for inclusion within the screening programme. Screening is open to young men and women who are:
 - Sexually active
 - Under the age of 25
 - Not experiencing obvious symptoms of infection with chlamydia i.e. abnormal discharge, abdominal pain suggestive of pelvic inflammatory disease. If people have symptoms they need clinical assessment and appropriate testing rather than screening. *If so refer directly to Sexual Health Sheffield for full screening*
2. Hand out the screening pack which contains the request form, specimen container, leaflet and a pen.
3. Talk through the Chlamydia Screening Programme leaflet.
4. Explain screening procedure, including completion of form (see tear off slip on front of form).
5. Check expiry date on specimen bottle. Collect specimen of urine and check that the form and labels have been filled in correctly. Details on the form and the label on the urine sample must both be complete and match.
6. Check that the young person knows how and when they will get their results. Ensure the young person is aware that they will also be screened for gonorrhoea.
7. Post the sample in a Royal Mail post box using the postal kits supplied. (These samples are processed by a laboratory at the Northern General Hospital).

What Happens Next?

The Chlamydia Screening Office will inform every person who has had a test of their results via their chosen method of contact, within 2 weeks.

If the result is NEGATIVE, no further action is taken. A text message sent for a negative result will read “Your recent test results are all clear.”

If the result is POSITIVE, they will be contacted by their chosen method. A Health Advisor will arrange where they would like to attend for their treatment and discuss partner notification. People can attend either Central Clinic or the Hallamshire Clinic (formerly GU Medicine) for treatment. They will be encouraged to bring their partner with them so they can both have treatment on the same day. The Health Adviser from the clinic will follow this up to ensure partners are treated too. A follow-up test to ensure the infection has been successfully treated, is not routinely offered if the patient and partner have been treated simultaneously and abstained from sex for 7 days after treatment. Patients can have a repeat test 6 weeks after treatment for reassurance. Retreatment and/or retesting may be needed if there has been exposure to an untreated partner.

If the test result is inconclusive or the sample has leaked in transit, the Chlamydia Screening Office will contact the patient and recommend a repeat test.

Treatment for positive diagnoses

First line treatment will be Azithromycin 1gm (4 x 250 mgm tablets) taken all at once at the treatment site as this ensures that the tablets have been taken. If the partner/s have not been treated at the same time, they are advised to abstain from sex (or to use condoms) until their partner has received treatment.

Postal Pack Contents Explained

The pack contains:

- Chlamydia Screening Information Leaflet
- Instructions on how to test
- A request form for contact details with explanation of specimen collection on the front
- Urine specimen container
- Urine collection container
- Specimen bag
- Pen
- Postal box for returning the sample

If you have any questions regarding chlamydia and gonorrhoea screening, please contact Jody Wigfull-Coy at Central Clinic, Sexual Health Sheffield on **Tel: 0114 305 4030** or **jody.wigfull@sth.nhs.uk**.

5.4 Signposting

In addition to pregnancy testing, condoms, and chlamydia and gonorrhoea screening, young people may need more specialist sexual health support that cannot be delivered by the Open Doors service. If so, it is important to be aware of other services available in Sheffield in order to signpost accordingly. Specialist sexual health services are provided by the following:

5.41. Sexual Health Sheffield

SHS provides clinics at two sites, both of which offer **full screening, diagnosis and treatment of sexually transmitted infections** including **HIV**, and access to a wide range of **contraception methods**. **Treatment for HIV is provided at the Royal Hallamshire Hospital**

1.1. Central Clinic, Mulberry Street – walk-in service (including dedicated Youth Clinic sessions)

1.2. Hallamshire Clinic, Glossop Road – appointment service (formerly known as the GUM Clinic)

Sexual Health Sheffield also provides a further satellite clinic at Firth Park.

Call 0114 305 4000 for more information about opening times for these clinics.

5.42. Emergency contraception

If a young woman has had sex without using contraception or if her contraception method has failed, it is important to let her know that there are emergency methods available:

- emergency pills can be taken up to 120 hours (5 days) after sex
- an Intrauterine Contraceptive Device (Copper Coil / IUD) can be fitted up to 5 days after sex or later in some circumstances

Emergency contraception is available at Sexual Health Sheffield, some GP surgeries and some pharmacies. Information about availability can be checked online at www.sexualhealthsheffield.nhs.uk or by downloading the Sheffield SH app to your smartphone. *See below.*

5.43. Long-Acting Reversible Contraception (LARC)

It is important to ensure young people are aware of the full range of contraception choices available. The most effective methods of preventing unplanned pregnancy are those that are 'long-acting' and do not rely on a pill being taken every day or a condom being used every time. LARC methods include implants (Nexplanon), an injection (Depo Provera), and Intrauterine Contraceptive Devices (IUD / Copper Coil or IUS / Mirena).

- the contraceptive implant is a small plastic rod that is placed under the skin of the upper arm. This is inserted by a doctor or nurse and works for 3 years by releasing a small dose of hormones into the bloodstream
- the contraception injection is an injection of hormones given every 12 weeks
- the Intrauterine Device (IUD or Copper Coil) is a small plastic and copper device that is fitted into the womb by a doctor or nurse and can stay in place between 5-10 years

-the Intrauterine System (IUS or Mirena) is similar to the IUD but contains a slow release hormone and works for 5 years.

If a young woman would like to discuss LARC or have one of the methods fitted, contact Sexual Health Sheffield on 0114 305 4000.

5.44. Services for Lesbian, Gay, Bisexual and Transgender Young People

If a young person you are working with would like support about their sexuality or gender identity, the Sheena Amos Youth Trust (SAYiT) provide support, information and opportunities for young people under 25 who are lesbian, gay, bisexual or transgender. Phone: 0114 241 2728 / website: www.sayouthtrust.org.uk . Sexual Health Sheffield also provides sexual health support for gay and bisexual men: website www.gaysheffield.co.uk

To keep updated on services provided by Sexual Health Sheffield in terms of new developments or changes to clinic times, go to the sexualhealthsheffield website. You can also download the free Sheffield SH app to your smartphone. The app is regularly updated and uses GPS street maps to make it easy to find local services. Search for 'Sheffield SH' via the i-tunes App Store or Googleplay.

6. Ordering / Monitoring and Reporting

Copies of the following forms are available to download via the www.sexualhealthsheffield.nhs.uk website:

Registration form (for consultation with young person)

Additional notes form (for consultation with young person)

Stock request form

Monitoring form

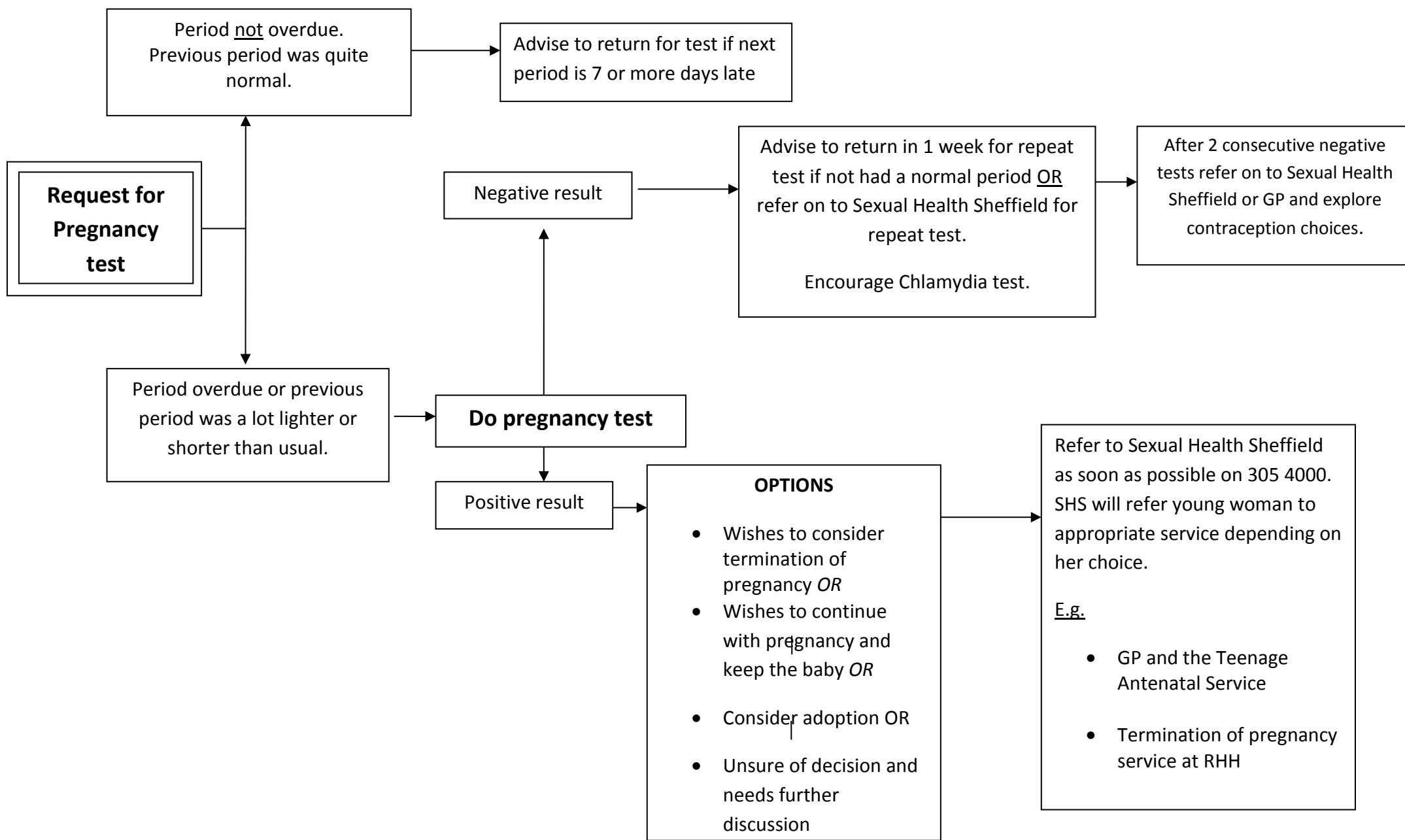
7. Further help

For further help or support to assist you in providing Open Doors services, contact the Community Engagement Team at Sexual Health Sheffield on 0114 305 4444

8. Appendix

- A. Pregnancy Testing Care Pathway**
- B. Open Doors Registration Form**
- C. Open Doors Additional Notes Form**
- D. Open Doors Stock request Form**
- E. Open Doors Monitoring Form**

Appendix A



Appendix B

OPEN DOORS REGISTRATION		Completed by Date.....	
Name.....D.O.B.....Mobile No.....			
Address.....Post Code.....			
Gender M F Ethnicity..... Disability Y / N			
GP.....			
Allergies (LATEX)..... Medication:.....			
Confidentiality explained Y / N		Name of Primary Carer.....	
Relationship of Primary Carer.....		Fraser Competence Assessed Date.....	
Permission to share info with Primary Carer? Y / N		This young person understands my advice - This young person does not want to tell their parents or carers that they are seeking advice - This young person is likely to begin or continue having sex with or without contraceptive advice and treatment - This young person's physical or mental health is likely to suffer without advice / treatment - It is in this young person's best interest to give advice / treatment.	
Who do they live with?			
School/College.....			
Attending Regularly? Y / N			
Other info			
.....			
.....		Signature.....	

RISK ASSESSMENT		Completed by..... Date.....	
Updated by..... Date..... Date..... Date.....			
Sexually Active Y / N Age at 1 st Sex.....		Alcohol Units per week.....	
Regular Partner Y / N Age of Partner		Smoking (No per day).....	
Gender of Partner..... No of Previous Partners.....		Recreational Drugs?.....	
Condoms Used: Every Time/Sometimes/Never		INTERVENTIONS Date	
Other Contraception.....		Condom Teach	
Any non-consensual sex? Y / N		Leaflet Given	
.....		C-Card Given	
YP goes missing from home/care Y / N		Chlamydia Screen offered	
Mixing with older adults (5 year age gap) Y / N		Pregnancy Test	
Any concerns & action taken (see notes dated)		LARC Discussed?	
.....		EHC discussed?	
.....		Referrals Made	
.....			

Appendix C

Name:
ID Number:

Date of Birth:

Date	Notes	Signature

Name:
ID Number:

Date of Birth:

Date	Notes	Signature

Outreach Services - Stock Request Form

Name of Outreach Service	
Name of Person Requesting supplies	
Date	
Address	
Tel:	
Email:	
Requested Collection Date (please allow up to 7 days for collection of non clinical supplies – clinical supplies will be delivered direct)	

Item	Quantity Required	Case Qty	Part code
CLINICAL			
Pasante Regular Condoms		144	C4007
Pasante Extra Condoms		144	C4002
Pasante Light Lube 5ml sachets		144	D4056
Mates Skyn Condoms (latex-free)		144	C1083
Pasante Dams		36	C4036
Pregnancy Test Dip and Read		50	D3075
Urine Bottles		30	W3580
Gloves – Small		100	D415S
Gloves – Medium		100	D415M
Gloves – Large		100	D415L
Wipes		100	D5806
NON CLINICAL			
Sexual Health Sheffield information credit cards			
Sexual Health Sheffield App credit cards			
Youth Clinic Card			
Fast Track/Star Cards		Max 30	
Postal Chlamydia/Gonorrhoea kits			
Other sexual health leaflets – order here			

Please email to: ros.belcher@sth.nhs.uk

03 October 2014

Appendix E

Sheffield Open Doors Young People's Outreach – Monitoring Form

Date.....

Name of Service..... Lead Worker..... Telephone No.....

Email Address..... MonthYear.....

Patient details	1	2	3	4	5	6	7	8	9	10
Age of patient										
New (N) Repeat (R)										
Sex: Male (M) Female (F)										
Ethnicity: (see below)										
Sexual Orientation: (H) (G) (L) (B) Prefer Not To Say (PNTS)										
Young Persons Postcode (e.g. S20/S5 etc)										
Usual contraception used: Pill (P) LARC (L) Condoms (C) none (N)										
Sexual Health Advice only: Yes (Y) No (N)										
C-card issued: yes (Y) no (N)										
Number of condoms given										
Number of dams given										
Number of lube sachets given										
Pregnancy Test: positive (P) Negative (N)										
Chlamydia/Gonorrhoea test carried out? Yes (Y) No (N)										
Referral: Central (C) or Hospital (H) Pharmacy (P)										
Fast Track/Star Card issued: yes (Y) or no (N)										
Other (please specify)										

Ethnic Group Prompt

A. White British	D. White & Black Caribbean	G. Any Other Mixed Background	J. Pakistani	M. Black British	P. Any Other Black Background
B. White Irish	E. White & Black African	H. Asian British	K. Bangladeshi	N. Caribbean	Q. Chinese
C. Any Other White Background	F. White & Asian	I. Indian	L. Any Other Asian Background	O. African	R. Any other Ethnic Group

Please email this form at the end of each month to ros.belcher@sth.nhs.uk

03 October 2014