Chaperone Policy
Policy Title: Chaperone Policy

Executive Summary: This policy sets out guidance on the use of chaperones within the Trust and is based on recommendations from the General Medical Council, Royal College of Nursing, NHS Guidance and the findings of the Ayling Inquiry (2004) and recommendations of the Verita Report (2015).

Supersedes: Privacy, Dignity and Respect Policy incorporating Chaperone and Same Sex Accommodation Guidance. V4 March 2014

Description of Amendment(s): New Policy

This policy will impact on: All staff and service users

Financial Implications:

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<th>Corporate</th>
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<td>Effective Date: 28/02/2017</td>
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<td>Issued By:</td>
<td>Named Nurse for Safeguarding Children</td>
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<td>Named Nurse for Safeguarding Children</td>
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APPROVAL RECORD

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<td>20/01/17</td>
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1. Introduction

The Trust is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

Patients can find some consultations, examinations, investigations or procedures distressing and may prefer to have a chaperone present in order to support them. It is good practice to offer all patients a chaperone for any consultation, examination or procedure, or where the patient feels one is required.

Any consultations or procedures involving the need to undress, the use of dimmed light or intimate examinations involving the breasts, genitalia or rectum may make the patient feel particularly vulnerable.

The intimate nature of many nursing, midwifery and medical interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and the potential for allegations of sexual assault or inappropriate examinations.

In these circumstances a chaperone will act as a safeguard for both patient and clinician.

All patients have the right, if they wish, to have a chaperone present during an examination, procedure, treatment or any care irrespective of organisational constraints or settings in which they are carried out.

Staff should be sensitive to differing expectations with regard to race, culture, ethnicity, age, gender and sexual orientation, and wherever possible, the chaperone should be of the same gender as the patient.

2. Purpose

To produce a co-ordinated approach to the use of chaperones during consultations, examinations and procedures carried out within the Trust.

It should be used in conjunction with existing guidance from Professional Bodies and with reference to:

- Consent to Examination and Treatment Policy
- Clinical Record Keeping Policy
- Freedom to speak up: raising concerns (whistleblowing) policy for the NHS
- Mental Capacity Act 2005
- Safeguarding Children and Safeguarding Adults Policies
- Equality and Diversity policy
- Personal Safety & Lone Worker Policy
- Incident Reporting Policy
- Dignity and Respect Policy
3. Responsibilities

**Chief Executive**
Has ultimate responsibility for the implementation and monitoring of the policies in use in the Trust. This responsibility may be delegated to an appropriate colleague.

**All Executive Directors**
Will support the implementation of the complaints policy and ensure their staff abides

**The Director of Nursing Performance and Quality**
The Director of Nursing, Performance and Quality has delegated accountability for ensuring that appropriate arrangements for chaperoning are in place across the trust and for providing Board assurance.

**The Deputy Director of Nursing Performance**
Has overall line management responsibility for the Chaperoning function and will implement the Chaperone Policy, with staff within the Directorate.

**Clinical Directors/ Heads of Service**
Are responsible for the implementation of the chaperoning policy; ensuring staff receive appropriate training, and investigating any incidents related to the use of chaperones and that the Policy is audited against

**Ward/Departmental managers**
Are responsible for the implementation of the chaperoning policy within their department and that all staff are aware of and comply with the Chaperone Policy. That the Chaperone Policy is promoted within the clinical setting and that patients/clients are aware that the Trust has a Chaperone Policy and that all patients can request a chaperone. To ensure that staff and patient awareness is part of audit processes.

**All Trust healthcare professionals**
All Trust healthcare professionals should be aware of, and comply with, the chaperone policy. Staff are also responsible for reporting any incidents or complaints relating to the use of chaperones, via the Datix system.
### Key messages

All patients have the right, if they wish to have a chaperone present during an examination, procedure, treatment or any care irrespective of organisational restraints.

Patients should be aware of the East Cheshire Trust chaperone policy.

All Trust healthcare professionals must be aware of and comply with the Chaperone Policy.

**It is mandatory within the Trust that a formal chaperone is present for all intimate examinations on children and young people aged between 1 and 16 years old, the patient is unconscious or under the influence of drugs or alcohol or where there are concerns about the person's ability to understand or to consent to the examination, the patient lacks capacity or they are considered to be vulnerable.**

Staff should be sensitive to differing expectations with regard to race, culture, ethnicity, age, gender and sexual orientation and where ever possible the chaperone should be of the same gender as the patient.

The need for emergency care will take precedence over the request and/or requirement for a chaperone.

Professionals may be asked to justify any failure to follow this policy.

### Definitions

#### Chaperone

**Chaperone:** There is no common definition of a ‘chaperone’ and the role varies according to the needs of the patient, the healthcare professional, and the examination or procedure being carried out. It is acceptable for a friend, relative or carer to be present during a procedure if that is the wish of the patient; this should be documented.

For this policy, the following definitions are used:

**A formal chaperone:** a healthcare professional, with appropriate chaperone training, ie all medical and registered staff and healthcare support workers.

Healthcare students should **not** be used as formal chaperones. A relative or friend of the patient is not usually an impartial observer and would not be a suitable formal chaperone, but you should comply with any request to have such a person present, as well as a chaperone.

**An informal chaperone:** a family member, friend, parent, legal guardian, non-clinical staff member, healthcare student.

**It is mandatory within the Trust that a formal chaperone is present for all intimate examinations on children and young people aged between 1 and 16 years old, the patient is unconscious or under the influence of drugs or alcohol or where there are concerns**
about the person’s ability to understand or to consent to the examination, the patient lacks capacity or they are considered to be vulnerable

**Intimate examinations:** includes
- genital and rectal examinations in all patients male or female over the age of 1 year old
- breast examinations in all pubertal or post pubertal girls and women. The examination of male breast tissue can be decided on a case by case basis.

It could also include any examination where it is necessary to touch or even be close to the patient. Cultural and diversity influences may affect what is deemed ‘intimate’ to a patient.

**The role of the formal Chaperone**

The role of the chaperone may vary according to the clinical situation and can include:

- providing the patient with physical and emotional support and reassurance
- ensuring the environment supports privacy and dignity
- providing practical assistance with the examination
- safeguarding patients from humiliation, pain, distress or abuse
- providing protection to healthcare professionals against unfounded allegations of improper behaviour
- identifying unusual or unacceptable behaviour on the part of the healthcare professional
- providing protection for the healthcare professional from potentially abusive patients

Chaperones should:

- be sensitive and respectful of the patient’s dignity and confidentiality
- be familiar with the procedures involved in routine intimate examinations and will be able to identify any unusual or unacceptable behaviour on the part of the health care professional
- a chaperone will also provide protection to healthcare professionals against unfounded allegations of improper behaviour made by the patient.
- be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end
- ensure their presence at the examination is documented by the examining professional in the patient's notes or electronic record
- be prepared to raise concerns if misconduct occurs and immediately report any concerns to a senior colleague, and also report this via the Datix system

**The Chaperone Process**

All patients should be offered a chaperone for any examination, treatment or procedure.

In order for patients to exercise their right to request the presence of a chaperone, a full explanation of the examination, procedure or treatment to be carried out should be given to the patient. This should be followed by a check to ensure that the patient has understood the information and gives consent.

To protect the patient from vulnerability and embarrassment, consideration should be given to the chaperone being of the same sex as the patient wherever possible.

Facilities should be available for patients to undress in a private, undisturbed area. There should be no undue delay prior to examination once the patient has removed any clothing.
Examinations should take place in a closed room or well screened bay that cannot be entered without consent while the examination is in progress. ‘Do not enter’ or ‘Examination in progress’ signs must be used when possible, and the chaperone must be present.

Staff will ensure curtains/doors are closed during all examinations and procedures. Where curtains/doors are closed staff will gain permission before entering to ensure privacy.

Staff will ensure patients do not feel vulnerable to intrusion and that curtains, which do not remain tightly closed, do not compromise privacy and dignity.

The patient will not be asked to take off more clothing than is necessary and will be provided with an appropriate gown/garment that is acceptable to them in order to protect their modesty.

Patients will be given privacy to dress and undress. Patients should not be assisted in removing clothing unless it has been clarified that assistance is needed. Staff should be aware and sensitive to religious customs and beliefs.

Following any physical examination, patients will have an opportunity to re-dress before the consultation continues.

**Documentation**

The name and role of the chaperone present, and whether ‘formal’ or ‘informal’, must be documented in the patient’s notes or electronic record. If the patient is offered a chaperone and declines the offer, this must also be documented.

**Where a Chaperone is declined by a patient**

If a patient prefers to undergo an examination/procedure without the presence of a chaperone this should be respected and their decision documented in their clinical record.

**The only exclusion to this is when intimate examinations or procedures are performed, where it is mandatory to have a chaperone as outlined in this policy**

If the patient has declined a chaperone for an intimate examination where it is mandatory to have a chaperone, the practitioner must explain clearly to the patient why a chaperone is necessary. In this case, the patient may wish to consider requesting referral to an alternative care provider. The examination should not proceed without a chaperone.

Any discussion about chaperones and the outcome should be recorded in the patient’s notes or electronic record. That the offer of a chaperone was made and declined should always be recorded.

**Where a Suitable Chaperone is not available**

Every effort should be made to provide a chaperone and where possible a chaperone of the same sex as the patient should be offered.

If either the practitioner or the patient does not want the examination to go ahead without a chaperone present, or if either is uncomfortable with the choice of chaperone, the examination may be delayed to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient’s health.

On occasions where it is not possible to provide a chaperone of the same sex as the patient the following considerations will be taken into account:

- The wishes of the person requiring the examination
• The consequences if the person does not receive the care

• The consequences for the person’s health

• Whether the urgency of the care needed makes it an immediate necessity e.g. resulting from an episode of incontinence

• The length of time before a same gender member of staff can be present.

**Patients with individual needs**
Patients with communications needs or learning disabilities must have a formal chaperone for all examinations/procedures. Family or friends who understand their communications needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination.

Staff must be aware of the implications of the Mental Capacity Act (2005) (‘MCA’) and cognitive impairment. If a patient’s capacity to understand the implications of consent to a procedure, with or without the presence of a chaperone, is in doubt, the procedure to assess mental capacity must be undertaken. This should be fully documented in the patient’s notes or electronic record, along with the rationale for the decision.

(see the Mental Capacity Act 2005 Policy including the Deprivation of Liberty Safeguards)


**Where the patient’s first language is not English**
An interpreter should be used when a service user does not understand any English; or

• When a service user may be able to speak some English but whilst under distress, their understanding becomes impaired; or

• When a service user has an impairment which requires specialist support; or

• When important clinical information is to be given or consent obtained and the service user would not be able to understand this in English.

**Clinical information, medical terminology or decision making about clinical care should always be through the authorised interpreting services except in an emergency situation when staff may have to act in a patient’s best interest and not have time to arrange an interpreter.**

Relatives, carers and friends **should not** interpret for service users

Consideration will be given within reason on gender of the interpreter and permission from the service user will be sought.

(See the Trust Interpreting Policy)  
Chaperoning children and young people under 16 years

Whilst it is accepted that a child or young person must been seen in the presence of a parent / legal guardian/ appropriate adult it is recognised that in some circumstances it may be necessary to see a child or young person without a parent, legal guardian present. This may be the case in sexual health settings, or where there are safeguarding concerns or in an Emergency. When a young person’s is transitioning from Children to Adult services the young person may wish to or be encouraged to attend part of the appointment unaccompanied by a parent / legal guardian/ appropriate adult to encourage independence.

However an informal or formal chaperone must be present for any physical examination. Any intimate examination must be carried out in the presence of a formal chaperone, an informal chaperone parent / carer or someone already known and trusted by the child/ young person may also be present for reassurance and to minimise any distress caused by the procedure.

Parents or guardians must receive an appropriate explanation of the procedure in order to obtain their informed consent to examination.

Children and young adults who are deemed to have mental capacity or are for example being prepared for ‘transition’ to adult services” may be seen without their parents/ carer at their request, but must be examined in the presence of a chaperone. If they specifically request examination without a chaperone, this must be discussed with them and their carer and documented in the notes or electronic record. The examination should not proceed without a chaperone.

Child Protection Medicals

Child Protection Medicals must be done in the presence of a formal chaperone. The chaperone should be an experienced member of staff who is familiar with procedures and the special aspects of these examinations. The parents or the social worker should not be used as chaperones. (Child Protection Companion, Royal College of Paediatrics and Child health 2006)

If there are language difficulties or communication difficulties it is essential that a formal interpreter service is used. Other family members are not suitable interpreters. It is good practice for formal interpreters to have child protection training (Child Protection Companion, Royal College of Paediatrics and Child health 2006, Working Together to Safeguard Children, Chapter 10, H.M. Government 2006)

Maternity

Midwifery practice, by definition, involves intimate contact with women throughout pregnancy, in labour and postnatally. Whilst the Nursing and Midwifery Council (NMC) (2013), in its position statement, acknowledges the right of patients in the care of nurses and midwives to request a chaperone, it is often neither practical nor feasible for a formal chaperone to be present for all vaginal examinations, or at all births.

Consent should be obtained, and documented, for all intimate examinations on pregnant or post-partum women by midwives (eg vaginal examinations, examination of the perineum, perineal suturing, assisting with breastfeeding). In gaining consent there should be acknowledgment of the intimate nature of the procedure and the potential for women to request a chaperone. In most cases an informal chaperone (eg partner) is present.

Equally, some women may not want their partner present for such an examination and this request should also be respected.
Where women request a formal chaperone for an examination by a midwife, this should be provided, where feasible, with an explanation that the need to provide appropriate clinical care in an emergency may require intimate procedures to be performed in the absence of a chaperone. However, midwives should not proceed with an intimate examination if consent is withheld.

**Emergency care**
It is acceptable for clinicians to perform intimate examinations without a chaperone if the situation is life threatening and speed is essential in the care or treatment of the patient, and the patient’s condition means they are unable to be consulted for consent. This should be recorded in the patient’s notes or electronic record.

**Cultural and religious issues**
The cultural values and religious beliefs of patients can make intimate examinations and procedures difficult and stressful for themselves and healthcare professionals. Clinicians must be sensitive to the needs of patients and their specific requirements understood (through the use of interpreters if appropriate) and whenever possible complied with.

**Intimate personal care**
‘Intimate personal care’ is defined as the care associated with bodily functions and personal hygiene, which require direct or indirect contact with, or exposure of, the sexual parts of the body. It is recognised that much medical and nursing day-to-day care is delivered without a chaperone, as part of the unique and trusting relationship between patients and practitioners. However, staff must consider the need for a chaperone on a case-by-case basis, mindful of the special circumstances outlined in this policy, and patients should always be offered the opportunity to have a chaperone if they wish. Staff must be aware that patients of diverse cultures may interpret other parts of the body as intimate.

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### 5. Monitoring Compliance with the Document

Key standards for monitoring and key performance indicators (KPIs):

1. Patients are aware they can ask for a chaperone for consultations, examinations, procedures, or through personal preference (KPI 85%).

2. Staff demonstrate a thorough knowledge of chaperoning policy and practice (KPI 95%).

3. All children and young people aged between 1 and 16 years old, the patient is unconscious or under the influence of drugs or alcohol or where there are concerns about the person’s ability to understand or to consent to the examination, the patient lacks capacity or they are considered to be vulnerable are seen or examined with a chaperone present (KPI 100%)

4. The identity and presence of a chaperone is documented in the patient record (KPI 100%).

5. The indication for **not** having a chaperone present is documented

**KPI monitoring: Responsible office:**

Patient awareness (1) Quarterly Patient experience survey/local patient experience survey/ departmental documentation audit
Staff knowledge (2) Quarterly Safeguarding Knowledge audit

Documentation standards (3-5) to be audited within service lines (See Appendix 1 Audit Tool)

6. References


## 7. Appendices

### Appendix 1

#### Chaperone Audit Tool

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Keeping Children and Young People Safe

CHAPERONING CHILDREN AND YOUNG PEOPLE FOR HEALTH APPOINTMENTS

We always request that parents/carers are present for appointments.

As part of moving towards adulthood and independence we support young people to be able to discuss their own health needs and participate in making decisions about their treatment. This may mean that sometimes they may wish to see the doctor/nurse or health care professional without a parent/carer present.

However where the appointment includes an examination the child/young person must have a parent/carer/trusted adult with them.

Where the examination includes private parts of the body then a health chaperone will also be required to be present.

CONFIDENTIALITY
You have the right to confidentiality, which means that anything you say should not be passed on to anyone else. However, in exceptional circumstances, to protect you or someone else from serious harm the Doctor/Nurse or health care professional has a duty to share the information but you would always be told about any decisions made to share your information.
East Cheshire Trust Chaperone Policy

Protecting the privacy and dignity of patients is a key part of our core values at East Cheshire NHS Trust

Whether it’s during an outpatient appointment or as an inpatient, you may want to have a chaperone present during an examination or procedure and it’s our policy to do everything we can to facilitate this.

A chaperone may be a friend or family member, or perhaps your care support worker – this is known as an ‘informal chaperone’.

If there is no-one to fulfil this role for you, you can request a member of staff to accompany you – known as a formal chaperone.

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If you would like a chaperone please ask a member of staff