

Chaperone Policy

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1.0 INTRODUCTION

- 1.1 The Southern Health and Social Care Trust (SHSCT) has a responsibility to act in the best interests and maintain the safety of all service users.
- 1.2 This policy specifically applies to the care of service users who require any clinical intervention that involves an intimate examination or procedure defined as any examination or procedure involving the rectum, genitalia, or breasts.
- 1.3 The policy is intended to safeguard all service users and staff to ensure that privacy and dignity is given high regard when treatment involves any intimate clinical examination or procedure. Individual directorates/service areas should provide local guidance for their staff including the use of risk assessments and plans of care. (Appendix 1)
- 1.4 In addition, the policy serves to reduce the likelihood of service users misinterpreting actions taken by staff, as part of a consultation, examination, procedure, treatment, and care.
- 1.5 Staff should be sensitive to cultural differences and what may constitute an intimate examination or procedure in different cultures.
- 1.6 The presence of a third party does not negate the need for adequate explanation and courtesy and cannot provide a full assurance that the intimate examination/procedure is conducted appropriately. It can however offer reassurance to service users that practice is reasonable, responsible, and respectful.
- 1.7 Service users includes babies, children, and young people whose ability to understand procedures would be limited from a developmental perspective.
- 1.8 For others an explanation, informed consent (where the service user has the capacity to do so) and privacy take precedence over the need for a chaperone. However, it is best practice to offer all service users a chaperone for any clinical intervention that involves an intimate examination or procedure.

This policy sets out guidance on the use of chaperones within the Trust and is based on recommendations from:

- The General Medical Council (GMC) Intimate examinations and chaperones.

- Nursing and Midwifery Council (NMC) The Code. Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.
- Chartered Society of Physiotherapists Information Paper. Physiotherapy Practice and the use of Chaperones (August 2023).
- Society of Radiographers Intimate Examinations and Chaperone Policy 3rd Edition. (May 2023).

The policy should be used in conjunction with existing guidance from professional bodies and with reference to all relevant Trust Policies, and guidance including:

- Consent to Examination and Treatment
- Lone Worker Policies and associated SGN 114 Safety Guidance
- Raising a Concern - Whistleblowing Policy
- The Mental Capacity Act (NI) 2016
- Safeguarding Children Policy and Procedures
- Adult Safeguarding Policy and Procedures
- Incident reporting
- Information Governance Policy
- Infection Prevention and Control Policy and Procedures
- Promoting Equality, Valuing Diversity and Protecting Human Rights
- Photography of Service Users in Care Setting policy

2.0 PURPOSE AND AIMS OF THE POLICY

- 2.1 To ensure service users' safety, privacy and dignity is protected during any clinical intervention that involves an intimate examination or procedure.
- 2.2 To minimise the risk of a clinician's actions being misinterpreted, thereby ensuring the clinicians' safety with any clinical intervention that involves an intimate examination or procedure.
- 2.3 To ensure a standardised approach when using chaperones during intimate examinations or procedures.
- 2.4 To ensure that staff, (including locum, bank, and agency staff) understand the rights of all service users when undertaking intimate examinations and procedures. (Appendix 2)

- 2.5 To ensure that service users should have the opportunity to refuse to allow any students to observe and/or undertake any intimate examinations/procedures /consultations.
- 2.6 To reiterate the pivotal requirement for the service users' informed consent /agreement to be sought prior to any examination and that a record of the conversation and consent obtained is completed.
- 2.7 To emphasise the necessity for the Trust policy on obtaining informed consent for examination, treatment or care in adults and children is adhered to at all times.

3.0 POLICY STATEMENT

This policy is intended to safeguard all service users and staff from misinterpretation of actions taken related to an intimate examination or procedure as part of consultation, treatment, and care.

4.0 SCOPE OF THE POLICY

This policy is applicable to all staff within the Trust area including clinicians directly employed on substantive, temporary or honorary contracts by the Trust, seconded staff, placements, agency/locum bank staff.

RESPONSIBILITIES

5.0 CHIEF EXECUTIVE

The Trust's Chief Executive, as "Accountable Officer" has oversight responsibility for ensuring the aims of this policy are met.

6.0 SENIOR MANAGEMENT – DIRECTORS, ASSISTANT DIRECTORS AND HEADS OF SERVICE

All Trust Directors, Assistant Directors and the Heads of Service within each Directorate are, in addition to the general responsibilities for all health care workers, specifically responsible for ensuring this policy is brought to the attention of all relevant staff, its effective implementation and auditing adherence.

Relevant staff include:

- Medical Staff
- Nursing and Midwifery Staff
- Allied Health Professionals
- Non-Registered carers under the direction of a registered professional

7.0 PROFESSIONAL LEADS/SERVICE MANAGERS

Professional Leads in addition to the general responsibilities for all health care workers are specifically responsible for:

- 7.1 Ensuring the effective implementation of the policy for service users across their respective areas of responsibilities.
- 7.2 Ensuring there are suitable arrangements in place within their area of responsibility to audit adherence to this policy.

8.0 ALL STAFF WITH LINE MANAGEMENT RESPONSIBILITY

- 8.1 Ensuring the induction and awareness of this policy with all new staff within their teams.
- 8.2 The implementation, monitoring, and adherence to the policy at ward/unit/team level.
- 8.3 Ensuring there are suitable arrangements in place to audit adherence to this policy.
- 8.4 Ensuring all incidents are recorded and reviewed using the Trust Datix system to identify and disseminate any learning.
- 8.5 Ensuring all chaperones are aware of their responsibilities and chaperone posters are made available within their areas if required. (Appendix 3)

9.0 ALL HEALTH CARE PROFESSIONALS

- 9.1 All Health Care Professionals (HCPs) have a responsibility to act in the service user's best interests and are accountable for their actions. They should provide

safe and effective care, for all service users whilst working within the law and respecting the human rights of individuals.

- 9.2 The HCP is responsible for ensuring that service users are always offered a chaperone before any clinical intervention which involves an intimate examination or procedure. The individual's choice to request or decline a chaperone, whether in an outpatient or inpatient setting should be respected.
- 9.3 The HCP should adhere to the aims of this policy and comply with any direction necessary to ensure compliance with this policy including maintaining accurate documentation, recording the consent given to proceed with or without a chaperone, and challenging non-adherence to best practice. They are also responsible for the escalation of concerns should these emerge during this process.

10.0 STUDENT AND TRAINEE HEALTH PROFESSIONALS ACTING AS CHAPERONES

- Students can undertake the role of chaperone with the service user's permission and if the activity is deemed within their level of competence, appropriate to their stage of training and has a specific learning and development opportunity associated with the task. An assessment should be undertaken by their Mentor, Practice Educator, Practice Assessor/ Practice Supervisor in discussion with the student to determine this.
 - The service user must be informed that a student will be present for the examination and informed consent should be obtained. The name of student acting as chaperone should be recorded in the service users record.
 - No more than one student should be present for an intimate examination/procedure.
 - The student has the right to engage or refuse to undertake the role as a chaperone in accordance with their Code of Professional Conduct.
- 10.1 The General Medical Council has published guidance on intimate examinations and chaperones. It sets out when and why a service user may need a chaperone and considerations that should be given.

Medical Students in line with best guidance should only:

- Act as a chaperone for service users examined by the relevant clinical supervisor.

- Conduct non-intimate examinations on service users with their clinical partner present, or on their own during year 5 placements.

Medical students should not:

- Conduct intimate examinations/procedures on a service user without a clinically qualified chaperone being present (i.e. doctor or nurse or midwife).
- Act as chaperone to their clinical partner for intimate examinations/procedures as they would not be deemed an “impartial observer.”
- Conduct any intimate examination/procedure unsupervised even if the service user is happy for them to proceed.

11.0 LEGISLATIVE COMPLIANCE, RELEVANT POLICIES, PROCEDURES / GUIDANCE

- The Chartered Society of Physiotherapy (August 2023). Information Paper: Physiotherapy Practice and the use of Chaperones.
- General Medical Council. Professional Standards for Doctors - [click here](#) (Accessed 16 November 2024)
- Mental Capacity Act (NI) (2016) Deprivation of Liberty Safeguards - [click here](#) (Accessed 16 November 2024)
- Mental Capacity Act (NI) (2016) Code of Practice (updated 14 October 2020) - [click here](#) (Accessed 16 November 2024)
- Nursing and Midwifery Council (NMC) (2018). The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates - [click here](#)
- Society of Radiographers (May 2023) Intimate Examinations and Chaperone Policy 3rd Edition. [click here](#) (Accessed 16 November 2024)

12.0 EQUALITY CONSIDERATIONS

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the nine equality categories. The policy has been ‘screened out’ without mitigation or an alternative policy proposed.

13.0 HUMAN RIGHTS CONSIDERATIONS

This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed compatible with the European Convention of Human Rights contained in that Act.

14.0 REFERENCES

- General Medical Council (GMC) (30 January 2024) Good Medical Practice London - [click here](#) (Accessed 16 November 2024.)
- General Medical Council (30 January 2024) Intimate Examinations and Chaperones - (Accessed 16 November 2024.) [click here](#)
- Griffith, R (2009). Intimate Examinations and Trained Chaperones. British Journal of Healthcare Management. 15 (7):337-342.
- Lambert, J. (2010). Chaperones: Practice Policy and Training. Practice Nursing. 21 (7):347-349.
- Medical Defence Union (January 2024). Chaperones - [click here](#) (Accessed 16 November 2024.)
- Medical Protection (2018, updated 18/05/20). Chaperones FAQ - [click here](#) (Accessed 16 November 2024.)
- NHS Clinical Governance Support Team (June 2005). Guidance on the Role and Effective Use of Chaperones in Primary and Community Care Settings. Model Chaperone Framework - [click here](#) (Accessed 16 November 2024.)
- Royal College of Obstetricians and Gynaecologists (2002). Standards. For gynaecology. Report of a working Party June 2008.
- Royal College of Nursing (6 November 2023). Genital examination in women - [click here](#) (Accessed 16 November 2024.)
- Royal College of Nursing (2002). Chaperoning: The Role of The Nurse and The Rights of Patients. London (Reprinted in 2006).
- Royal College of Emergency Medicine. Cohen et al. (March 2015). Chaperones in Emergency Departments - [click here](#)

15.0 SOURCES OF ADVICE AND FURTHER INFORMATION

Further advice and information regarding this policy can be obtained from:
Operational and Professional Managers

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted regarding any queries on the content of this policy.

APPENDIX 1

Risk Assessment

An individual risk assessment may inform a decision indicating the need for a chaperone.

The designation of the chaperone will depend on the role expected and the wishes of the service user i.e. either a passive/informal role or an active/formal role.

Informal Chaperones

- The role of informal chaperone can be fulfilled by a family member, friend, legal guardian, non-clinical staff member, medical or junior healthcare student. An informal chaperone would not be expected to take an active part in the examination or witness the procedure directly. This person should be able to give reassurance and emotional comfort to the service user; this person may assist the service user with undressing/dressing if deemed appropriate.
- Children under sixteen are not to be used as a chaperone.

Formal Chaperones

Family or friends should not undertake the role of formal chaperone. They may be present in an informal capacity at intimate examinations/procedures at the invitation of the service user. A formal chaperone should be a health professional such as a registered Nurse/Midwife, or a specifically skilled unregistered staff member e.g. health care assistant (HCA).

Where appropriate they may assist in the procedure being carried out and/or hand instruments to the examiner during the procedure. Assistance may also include providing support to the service user with undressing/dressing.

A formal chaperone is required when undertaking an intimate examination or procedure where there is evidence of a risk or potential vulnerability identified and where a formal chaperone may mitigate risk/safeguard. The list below is an example of when this may occur, however is not exhaustive.

A service user; -

- Who is semi-conscious or unconscious.
- Who is intoxicated with alcohol or drugs.
- Who is a child or young person under the age of eighteen.
- Who has a cognitive impairment or learning disability.
- Where there are identified communication difficulties.

In a legal situation, the ability of the Trust to defend a false accusation may be jeopardised if a formal chaperone is not present when required.

A formal chaperone should:

- Be sensitive and respect the service user's dignity and confidentiality.
- Reassure the service user if they show signs of distress or discomfort.
- Be familiar with the procedures involved.
- Remain for the whole examination and be able to see what the HCP carrying out the treatment, examination or procedure is doing.
- Be prepared to raise concerns if they are concerned about the HCP's behaviour or actions.

Chaperones must be able to identify any unusual or unacceptable behaviour on the part of the HCP, and should immediately report any incidence of inappropriate behaviour, which includes inappropriate sexual behaviour, to their line manager or another senior manager.

A chaperone will also provide protection to HCP's against unfounded allegations of improper behaviour made by the service user.

In all cases the presence of the chaperone should be confined to the physical examination part of the consultation or procedure unless the service user requests otherwise.

Where an examination is inappropriate or not consented, it may constitute a criminal or civil offence.

Confidential HCP/service user communication should take place on a one-to-one basis after the intimate examination/procedure unless the service user requests otherwise.

In situations where a registrant is present and assisting the procedure/examination, the registrant can be considered as the chaperone.

Service user preferences for a chaperone may vary according to gender, age, ethnic group, the established relationship/trust between the service user and HCP, and other factors.

The service user should always have the opportunity to decline a particular person as a chaperone if that person is not acceptable to them for any reason. Staff may have to consider their own vulnerability and need for protection.

Exceptions

In emergencies where a chaperone is unavailable this should always be noted and reasons recorded, should the HCP decide to proceed without a chaperone.

Communication and Record Keeping

It is the responsibility of the HCP who has carried out the examination or procedure to ensure that accurate contemporaneous records are kept, which includes records of consent and the acceptance or refusal of a chaperone. If a chaperone is accepted the name and designation of the chaperone must be recorded.

Poor communication between a HCP and service user is often the root of complaints and incidents. It is essential that an explanation be given to the service user on the nature of any intimate examination/procedure i.e. what the examination is proposed and the reason why it is necessary. This will enable the service user to raise any concerns or objections and give informed consent to continue with the examination. Information should be given in a format and language that is accessible and appropriate to support the service user to make the decision.

Risk assessments should be completed, reviewed, and updated to reflect any risks identified, for the service user undergoing the procedure and for the staff carrying out the procedure.

Lone Working

Where a HCP is working in a situation away from other colleagues e.g. a community setting, out-of-hours centre, single-staffed treatment rooms the same principles for offering chaperones apply including the use of individual care plans and risk assessments being completed and updated as required.

Where it is appropriate and agreed by the service user and the HCP a family member/friend may take on the role of an informal chaperone.

In cases where a formal chaperone would be appropriate, e.g. intimate examinations, treatment, procedures, and care: the HCP may consider rescheduling the intervention to a more convenient location or be accompanied by a professional colleague by prior arrangement. In cases where this is not an option e.g. treating/caring for service users who live alone in the community, HCP's should be aware that communication and record keeping are paramount.

APPENDIX 2

Service User Rights

- The service user has the right to a chaperone for any examinations particularly examinations that they feel may be intimate.
- The service user has the right to a chaperone of the same sex.
- The service user has the right to a chaperone who has been trained and understands their examination.
- The service user has the right to have their dignity and privacy respected.

Dignity and Respect

- Attention must be given to the environment where intimate examinations/procedures are to take place to ensure that service users are comfortable, and that equipment required is readily available.
- The service user's full dignity and privacy must be maintained at all times.
- Facilities must be available for service users to undress in a private, undisturbed area. There is to be no undue delay prior to the intimate examination/procedure once the service user has removed their clothing. Intimate examinations/procedures must take place in a closed room or well screened-off area that cannot be entered whilst the intimate examination/procedure is in progress. The HCP carrying out the intimate examination/procedure should offer assistance with and be present during undressing, only if necessary.

Provision of a Chaperone

- The offer of a chaperone can be made through a number of routes including in an initial appointment letter, prominently placed posters, leaflets, and verbally.
- All service users are entitled to request a chaperone to be present for an examination or procedure, although not all requests will be able to be fulfilled.
- When possible, intimate examinations/procedures should be pre-arranged to ensure that an appropriate chaperone is available to attend the appointment.

- When it is not clear ahead of a consultation that an intimate examination or procedure is required, the offer of a chaperone must be discussed at the time of the examination.
- Where the presence of a chaperone may intrude in a confiding practitioner service user relationship, the chaperone will be confined to the physical examination. One to one communication must therefore take place after the examination and after the chaperone has withdrawn.
- A service user may also decide to ask the chaperone to leave at any time. If the HCP is unhappy to continue with the consultation in this situation, then this should be explained to the service user, documented in the service user's records and, if appropriate, arrangements for another appointment made.

Unavailability of a Chaperone

- If the service user requests a chaperone and none is available, the procedure must be rescheduled within a reasonable timeframe and when a chaperone can be provided. The rationale for rescheduling and the related discussion should be recorded in the service users notes.
- Should the service user prefer to undergo the examination/procedure without the presence of a chaperone, this must be respected, and their decision documented. The HCP must feel comfortable with this decision and the service user must be made aware that some procedures might require the presence of another person.
- The HCP providing care can request a chaperone be present.
- The service user may wish not to have a chaperone present. In this situation, the HCP may also refuse to continue the examination or procedure without a chaperone in attendance. Should this occur the reason why the consultation was discontinued must be clearly explained to the service user and documented in the service user's record.
- The final decision to continue without a chaperone lies with the HCP undertaking any intimate examination or procedure.

Consent and Capacity

- Health and social care professionals are generally required to obtain the informed consent of the service user before undertaking any examination, treatment or procedure deemed necessary for the care of the service user.
- To be valid, consent must be reasonably informed, and the freely expressed wish of the service user to the full examination, treatment, or procedure they are to undergo. Consent may be expressed in writing, given verbally, or implied through the action of the service user. Failing to obtain an effective consent from the service user may render the HCP liable to a criminal charge of assault, or a claim in tort for trespass to the person.
- On occasions, it will be necessary to provide care and treatment to service user who lack capacity. In these circumstances, staff must be guided by the Mental Capacity Act NI 2016.

Role of the Chaperone

- A chaperone is a person who is present during a physical examination as a safeguard for all parties (service user and HCP) and is witness to continuing consent for the procedure. Their role can vary considerably depending on the needs of the service user, the HCP and on the examination or procedure being carried out. Chaperones are expected to have an understanding of the role being requested of them and their specific responsibilities within that. The HCP should advise the service user what they will be doing during the procedure/ examination.
- It is advisable that members of staff who undertake a chaperone role have an understanding of the role, including:
 - What is meant by the term chaperone.
 - What is an intimate examination/procedure.
 - Why chaperones need to be present.
 - The rights of the service user.
 - Their role and responsibility.
 - Policy and mechanism for raising concerns.

In broad terms, a chaperone's role can be considered in any of the following areas:

- Providing emotional support comfort and reassurance to service users.
- To identify the rare occurrence of unusual or unacceptable behaviour on the part of the HCP.

- To provide a degree of protection to HCP's against unfounded allegations of improper behaviours.

The Chaperone may fulfil other roles such as:


- Assisting in the examination, for example handing instruments.
- Acting as an advocate.
- Helping the HCP manage unexpectedly concerning or aggressive behaviours from the service user.
- All discussions between the service user and the chaperone must be professional, courteous, kept relevant and unnecessary personal comments avoided.
- Attempts at using humour in a situation to relax the service user may be perceived as inappropriate and misplaced and should be avoided.
- Although chaperones will offer reassurance and may encourage the service user to ask questions, they must not enter into clinical discussion or offer their personal opinions about the service users condition with the service user and/ or the HCP.
- Chaperones must adhere to Trust Infection Prevention and Control Policies.
- Chaperones must allow service users to undress and dress in private. If appropriate, it is expected that the chaperone will offer assistance with dressing and undressing if required. The service user must never be fully undressed, only the area being examined should be exposed. In the cases of full body examination, the service user must be examined in stages to retain dignity. The use of a sheet or drape is always advisable during intimate examinations/procedures.
- The chaperone is required to observe the examination and therefore must be in full view of the service user and HCP at all times. They must remain alert to verbal and non-verbal signs of service user distress and, inform the HCP.

APPENDIX 3

Please make **ANY** member of the clinical staff aware if you wish to have a **CHAPERONE** present during **ANY** part of your appointment with us today

We will do our best to comply with your wishes

Please note: This can be a **FRIEND, FAMILY MEMBER** or another **MEMBER OF STAFF**
It is at **YOUR** discretion



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Quality Care - for you, with you

Chaperone Poster Courtesy of Belfast Health and Social Care Trust

