Chaperones: Requirement for use of chaperones

Key messages
- Patients have a right to a chaperone.
- Patients should be aware of the Cambridge University Hospitals NHS Foundation Trust (CUH) chaperone policy.
- It is mandatory for healthcare professionals to have a formal chaperone present when performing intimate examinations.
- No child, young person or adult at risk of abuse should be examined without a chaperone being present.
- 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.

1 Scope
This policy applies to all employees Trust-wide, including locum, bank and agency staff working on behalf of the Trust and involved in the direct care of patients, and any others who may be asked to chaperone patients.

It 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).

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

3 Definitions
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.
Office of the chief nurse
Nursing directorate

For this policy, the following definitions are used:

**A formal chaperone**: A healthcare professional, with appropriate chaperone training:

- Medical and registered staff and healthcare support workers, who have undertaken the Trust orientation training, and/or the Trust mandatory in-service training updates.
- Medical, nursing and midwifery students, and Allied Health Professional students, who are in their final year, and where there are no practice concerns from their learning institution or the Trust, may volunteer to undertake the chaperone role **provided** that they are aware of the role and responsibilities chaperoning entails, and they are aware of the mechanisms for raising concerns during or after the examination in which they are participating (either the CUH or their learning institution’s ‘raising concerns’ policy, as well as informing their clinical supervisor and the manager of the clinical area).

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**: family member, friend, legal guardian, non-clinical staff member, medical or junior healthcare student.

**It is mandatory within the Trust that a formal chaperone is present for all intimate examinations.**

**Intimate examinations**: these include examinations of breasts, genitalia and rectum. Cultural and diversity influences may affect what is deemed ‘intimate’ to a patient.

(For a ‘checklist’ of measures to undertake prior to examination, please see appendix 1).

4 **Introduction**

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.

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

5 Responsibilities

5.1 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.

5.2 Ward managers and departmental/ divisional managers

Ward managers and departmental/ divisional managers are responsible for the implementation of the chaperoning policy; ensuring staff have undergone the Trust mandatory training programme and investigating any incidents related to the use of chaperones.

5.3 The role of the 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
Office of the chief nurse
Nursing directorate

- 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

6 Chaperone process

6.1 Good practice

It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required.

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, unless the examination is an intimate examination or procedure, when a chaperone is mandatory.

An intimate examination is defined as an examination of the breast, genitalia or rectum and applies to both female and male patients. (An exception to this may be made for the examination of male breast tissue, decided on a case-by-case basis).

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.

Information on consent can be found in the Trust’s consent policy for examination, treatment and post mortem.

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.

During the examination the examiner should:
Office of the chief nurse
Nursing directorate

- be courteous at all times
- offer reassurance
- keep all discussion relevant to the examination and avoid personal comments
- remain alert to any verbal and non-verbal signs of distress from the patient
- respect any requests for the examination to be discontinued
- document the name and presence of the chaperone in the patient’s notes or electronic record

6.2 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.

6.3 Where a chaperone is declined by the patient

If the patient has declined a chaperone for an intimate examination, 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. Exceptions to this are specified within this policy.

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.

6.4 Where a suitable chaperone is not available

Every effort should be made to provide a chaperone. 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.

6.5 Patients with individual needs

Patients with communications needs or learning disabilities must have formal chaperone support from healthcare professionals.

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
Office of the chief nurse
Nursing directorate

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.

Information on documenting MCA within Epic can be found in the Epic tip sheet: completing a mental capacity assessment.

Information on mental capacity can be found on Connect (article ID 16113).

6.6 Issues specific to children and young people under the age of 18 years

It is mandatory at CUH for all children and young people under the legal age of consent (16 years) to be seen in the presence of another adult.

This may be a parent, acting as an informal chaperone. A parent or informal or formal chaperone must be present for any physical examination; the child should not be examined unaccompanied. Any intimate examination must be carried out in the presence of a formal chaperone.

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

A parent or carer or someone already known and trusted by the child may also be present for reassurance.

For young adults, who are deemed to have mental capacity, the guidance that relates to adults is applicable.

Children and young adults being prepared for ‘transition’ to adult services (see the adolescent transition in care guideline) (usually after the age of 14 years) may be seen for consultation or assessment without their parents/carer at their request and with parental consent. That they are undertaking transition, as per Trust policy, should be recorded in the EPIC record.

However, any physical examination requires a chaperone. If they specifically request review without a chaperone, this must be discussed with them and their carer, and documented in the notes or electronic record, as for section 6.3 above. Physical examination should not proceed without a chaperone.

6.7 Maternity

Midwifery practice, by definition, involves intimate contact with women throughout pregnancy, in labour and postnatally. 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.

Consent should be obtained, and documented, for all intimate examinations on pregnant or post-partum women by midwives (eg vaginal examinations, induction of labour, 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 choice 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, 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 (but see emergency care below).

6.8 Other specialties at CUH:

(a) Physiotherapy and gynaecology services: Specific procedures:

- Male/ female continence and pelvic floor training
- Psychosexual physical training
- Training patient in changing of indwelling vaginal ring pessary
- Training patient to self-catheterise
- Physiotherapy treatment of upper quadrant restrictions following breast cancer treatment

These procedures involve a close collaborative approach to care, and one where the patient may be required to demonstrate their learning to a healthcare professional. The presence of a third party may inhibit the quality of this learning, although this must not be assumed and it is strongly recommended that a formal chaperone is present if at all possible. If after discussion of the need for a formal chaperone, the patient does not wish a third party to be present, for these listed procedures only, they may sign the approved Trust form waiving this requirement. The discussion with the patient must be documented and the form must be scanned into the patient record.

(b) Mammography services:

The Ionising Radiation Medical Exposure (IRME) safety guidance states that the number of people present, including staff, should be at a minimum wherever possible. Society and College of Radiographers (SCoR) guidance also notes that mobile mammography units may not be roomy enough to accommodate extra staff, although two members of staff will always be present in the unit. For these reasons, while women undergoing mammography screening should be offered the opportunity to have a chaperone if they wish, it is not mandatory. Practitioners need to document a discussion with women about chaperoning, and ensure they operate within the (SCoR) protocols.
If a service believes they have a procedure not listed above, but which fulfils the same criteria for a patient to decline a chaperone, the service should apply to the chief nurse or deputy chief nurse for consideration to be given by the Joint Safeguarding Committee for exemption.

Staff are still expected to portray the presence of a chaperone as a positive presence in assuring patients of safe care.

6.9 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.

6.10 Anaesthetised patients

Prior to intimate examination, or supervised examination by a student, on an anaesthetised patient, the patient should be appropriately consulted and a written, signed consent obtained in advance.

6.11 Emergency care

It is acceptable for clinicians to perform intimate examinations without a chaperone if the situation is an emergency or 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.

6.12 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.

It is not necessary to request a chaperone for assisting infants and young children with care, such as nappy changing, unless there are special circumstances as outlined in this policy (see section 6.5 above).
6.13 Other circumstances

A formal chaperone must be used when examining or treating patients:

- who are unconscious or intoxicated with drugs or alcohol, or
- for whom English is not their first language, causing communication difficulties
- who are vulnerable for other reasons not specified in this policy

7 Monitoring compliance with and the effectiveness of this 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. A formal chaperone is always present when performing intimate examinations (KPI 100%).
4. All children, young adults or adults at risk of abuse are seen or examined with a chaperone present (KPI 100%).
5. The identity and presence of a chaperone is documented in the patient record (KPI 100%).
6. The indication for not having a chaperone present is documented (eg emergency care) (KPI 100%).

Monitoring will be carried out by the offices below. The results will be reviewed by the Joint Safeguarding Committee and relayed to the board via the quarterly quality reports. Any shortfalls which occur will be dealt with by the Joint Safeguarding Team, and an urgent action plan to address them appropriately will be compiled. Where appropriate, advice from partnership agencies will be sought.

<table>
<thead>
<tr>
<th>KPI monitoring:</th>
<th>Responsible office:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient awareness (1)</td>
<td>Patient experience/ audit</td>
</tr>
<tr>
<td>Staff knowledge (2)</td>
<td>Patient experience/ audit</td>
</tr>
<tr>
<td>Documentation standards (3-6)</td>
<td>Patient experience/ audit</td>
</tr>
</tbody>
</table>

8 References

9 Associated documents

- Adolescent transition in care guideline
- Consent policy for examination, treatment and post mortem
- Grievance and dignity at work policy
- Gynaecology intimate consultations, examinations, investigations and chaperoning policy
- Privacy and dignity policy
- Raising concerns (‘whistleblowing’) procedure
- Safeguarding adults policy
- Safeguarding children policy

See also:
- Epic tip sheet: Completing a mental capacity assessment

Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

Disclaimer

It is your responsibility to check against the electronic library that this printed out copy is the most recent issue of this document.

Document management

<table>
<thead>
<tr>
<th>Approval:</th>
<th>Management executive (ME)- 22 December 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owning department:</td>
<td>Office of the chief nurse</td>
</tr>
<tr>
<td>Author(s):</td>
<td>Joanna Bellamy and Sharon McNally</td>
</tr>
<tr>
<td>Pharmacist:</td>
<td>n/a</td>
</tr>
<tr>
<td>File name:</td>
<td>Chaperone policy version4 Dec 2017.doc</td>
</tr>
<tr>
<td>Version number:</td>
<td>4</td>
</tr>
<tr>
<td>Local reference:</td>
<td>Document ID: 37799</td>
</tr>
<tr>
<td>Review date:</td>
<td>December 2019</td>
</tr>
</tbody>
</table>


Appendix 1: Checklist for chaperones

1. Establish there is a genuine need for an examination and discuss this with the patient.

2. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.

3. Offer a chaperone and explain who the chaperone would be and what their role would be.

4. If the patient would like a chaperone but no one is available, or the patient is not happy with the available chaperone, rearrange the appointment for a time when a suitable chaperone is available.

5. If the practitioner would like a chaperone present but the patient does not agree, postpone the appointment until a suitable solution can be found, or refer the patient back to the GP (unless it is an emergency situation).

6. Obtain the patient’s consent before the examination and be prepared to discontinue the examination at any stage at the patient’s request.

7. Record that consent has been obtained in the patient’s notes.

8. Once the chaperone has entered the room give the patient privacy if he/ she needs to undress. Use drapes/ screens to maximise the patient’s privacy and dignity.

9. Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep discussion relevant and avoid personal comments.

10. Record the identity of the chaperone, relationship to the patient, and whether a ‘formal’ or ‘informal’ chaperone, in the patient’s notes.

11. Record any other relevant issues or concerns immediately following the consultation.