



Chaperones in Clinical Practice: Principles for Practitioners and Managers

Based upon the document '*Good working practice principles for the use of Chaperones during Intimate Examinations or Procedures within NHS Wales*' produced in March 2019 following collaboration within the NHS in Wales

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

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1. Policy Statement

This document provides guidance on the use of chaperones and applies to all Health Board staff undertaking a consultation, examination, treatment or providing care e.g. doctors, nurses, therapists, midwives and support staff who are carrying out these duties within their work, regardless of discipline or speciality.

The use of a chaperone safeguards the patient, service user or client [hereafter patient will be used generically] against the potential for actual or perceived abuse, during any examination, procedure or treatment regardless of gender. Similarly, the use of a chaperone safeguards the practitioner against a false allegation of abuse or inappropriate behaviour during a treatment or consultation.

The member of staff acting as a chaperone also provides the patient with an advocate during an examination or treatment and can re-iterate information given during the consultation as required.

The use of a chaperone offers mutual protection for the patient and practitioner during an examination or treatment.

This Document outlines:

The principles that staff are expected to apply when working with patients in situations where a chaperone should be considered

- The principles that managers are expected to apply when designing, operating or commissioning clinical services where a chaperone may be considered

The document is based on multiple documents following a collaborative review within NHS Wales of current policies and procedures available across NHS Wales, evidence based practise and where applicable, legislation.

2. Scope

This document applies to:

- All health and care practitioners, regardless of professional qualifications, whether employed by SBUHB, locum agency, bank staff or local authority
- All managers who design, operate or commission clinical services
- Any clinical situation where a chaperone should be considered, on SBUHB premises, or as part of services commissioned by SBUHB The principles in this document will:
 - Complement and not supersede existing legislative requirements to support children and adults at risk of harm or abuse, such as the Social Services and Well-being (Wales) Act¹; the Mental Capacity Act²; the Mental Health Act³.
 - Be considered⁴ in conjunction with the Mental Capacity Act (2005) and All Wales Consent to Examination or Treatment Policy.

3. Aims and Objectives

Purpose of these principles:

- To promote patients' and carers' confidence and trust in every clinical examination or procedure undertaken in SBUHB
- To describe safe and ethical principles for health and care professionals to apply in order to minimise the risk of complaints during clinical examinations and procedures
- To describe how managers can reduce the risk of complaints relating to the actions or behaviour of a health and care professional during a clinical examination or procedure

4. Definitions

Formal Chaperone

A formal chaperone is an appropriately trained person, whose role is to impartially observe the examination/ procedure undertaken by the Health Practitioner

Informal Chaperone

A person without formal training who is asked to observe the examination/ procedure undertaken by the Health or care practitioner

a) Key Characteristics of a Formal Chaperone

The General Medical Council (GMC) ethical guidance for Intimate Examinations and Chaperones in Good Medical Practise 2013⁵ states:

- "A formal chaperone should usually be a health professional and you must be satisfied that the chaperone will:
 - Be sensitive and respect the patient's dignity and confidentiality
 - Reassure the patient if they show signs of distress or discomfort
 - Be familiar with the procedures involved in a routine intimate examination
 - Stay for the whole examination and be able to see what the healthcare practitioner is doing, if practical

- Be prepared to raise concerns if they are concerned about the healthcare practitioner's behaviour or actions."

b) Benefits

To Patients

- To safeguard patients
- To show respect to the patient
- To provide support and reassurance during clinical events

To Health and Care Professionals

- To safeguard professionals
- To provide medico-legal support
- To discourage unfounded allegations of improper behaviour

To the Health Board

- To minimise risks of complaints

c) Qualifications to be a Formal Chaperone

Valid license to practise from a UK professional regulatory authority (e.g. GMC, NMC or HCPC)

d) Informal Chaperone

A relative or friend of the patient cannot be impartial and so is **not** suitable to act as a formal chaperone. However, any reasonable request by the patient to have such a person present, as well as a chaperone, should be considered

e) Lone Working

Where a healthcare professional is working in a situation away from other colleagues e.g. a home visit, Community Clinic, GP surgery etc., the same principles for offering and the use of chaperones must apply.

Where it is appropriate family members or friends may take on the role of informal chaperone.

In cases where a formal chaperone is appropriate, i.e. intimate examinations, it is best practice for the healthcare professional to reschedule the examination to a more convenient location. However, in cases where this is not an option, for example due to the urgency of the situation, because the practitioner is community based, or because the patient is unable to travel, then procedures must be in place to ensure that communication and record keeping are treated as paramount. Where advice on the best way to proceed is required, then decisions as to what should be done are to be made with the patient and the advice of a senior colleague sought if available.

Where the patient lacks mental capacity then all decisions are made in the patient's best interests. Decisions must be communicated to relevant parties and fully documented

5. Implementation/ Policy Compliance

a) Examination and Procedures

- Any examination or procedure in any setting is considered to be covered under this document
- The determination of whether the examination or procedure is 'intimate' depends on the individual patient and NOT the professional. Hence all examinations and procedures are covered
- Examinations/procedures also include those where close proximity or no physical contact occurs e.g. fundoscopy, medical photography and audio visual recording
- Examinations/procedures are NOT confined to what has been traditionally defined as 'intimate', for example physical contact involving the breast, genitalia or rectum
- Healthcare Practitioners must be culturally sensitive aware of, and respect patients' individual concepts of privacy, intimacy, dignity and what constitutes appropriate touch.

6. Patients

Patients can request a chaperone for any consultation, examination, investigation or procedure

- A patient may request to have chaperone and/ or to be examined by a healthcare practitioner of a specific **gender**. Wherever practical this request should be considered and supported.

Patients have a right to decline a chaperone, in principle, or decline the specific person offered. The Health and Care practitioner must document the patient's decision in the clinical record, and risk assess whether the examination or procedure should continue without a chaperone, or whether alternative arrangements are required. For example, seek advice from a senior, offer another practitioner, patient to return within a reasonable timeframe, offer an alternative procedure.

7. Health & Care Professionals Responsibilities

All Health and Care Professionals required to provide clinical care are personally responsible for ensuring they practice in accordance with the guidance provided by their professional regulatory bodies e.g. GMC, NMC, HCPC.

There should be an active offer of a chaperone to all patients before conducting any examination or procedure.

Health and care professionals must show respect, give explanations, obtain consent before an examination/ procedure, and ensure privacy, whether a chaperone is used or not. The presence of a third party in the room does not negate the need for this.

Health and Care Practitioners must:

- Explain to the patient why an examination is necessary and give them an opportunity to ask questions
- Explain what they are going to do before doing it covering all steps e.g. removal of clothing, provision of covers etc.
- If any of this differs from what the patient has been told before, explain why and seek their consent again
- Stop the examination if the patient asks you to
- Keep discussion relevant and not make unnecessary personal comments

a) No Suitable Chaperone Available

When no chaperone is available or the patient is unhappy with the chaperone offered, the health and care professional must consider the risks of proceeding with the examination or procedure or not pursuing it. For example, the patient could be asked to return within a reasonable timeframe, if this is considered to be clinically safe. The explanation and non-availability of a suitable chaperone must be recorded in the clinical record.

b) Documentation

Health and care Practitioners must record in the patient record

- That an active offer of a chaperone was made
- The patient's acceptance or refusal of a chaperone
- Any decision about continuing with or cancelling an examination or procedure and any alternative arrangements made
- The name and designation of the chaperone
- Incidents or complaints relating to the examination/ procedure or the use of chaperones is recorded in line with the Health Board policies and procedures
- The Formal Chaperone should record an entry in the clinical record to document their presence during the examination/ procedure

c) Reporting Concerns

All Health and Care Professionals and Formal Chaperones are personally responsible for reporting any concerns they may have about the care provided by a colleague(s) to a patient or patients, including examinations or procedures where a chaperone should be considered.

Any concerns relating to the examination/ procedure or the use of chaperones is recorded in line with the Health Board policies and procedures.

d) Supervision of Students

If students are being supervised undertaking an intimate procedure or examination the supervising practitioner must ensure that valid consent has been obtained from the patient before commencing.

8. Special Situations

a) Children and Young People

Children and young people who are undergoing intimate examinations should always have a chaperone present. Young people who are deemed to have mental capacity, have the same rights to consent and confidentiality as an adult.

GMC 2013 guidance states:

The capacity to consent depends more on young people's ability to understand and weigh up options than on age. When assessing a young person's capacity to consent, you should bear in mind that:

- a. At 16 a young person can be presumed to have the capacity to consent (see paragraphs 30 to 33).*
- b. A young person under 16 may have the capacity to consent, depending on their maturity and ability to understand what is involved.*

In an emergency situation the same principles would apply for children and young people as for adults.

A parent or carer, or someone already known and trusted by the child, may also be present during the examination or procedure to provide reassurance. Parents and guardians must receive an appropriate explanation of the procedure in order to obtain their informed consent to examination where the young person is unable to provide consent themselves.

b) Patients Who Lack Capacity to Give Consent

Staff must be aware and act in accordance with the Mental Capacity Act (MCA), 2005.

- 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 must be fully documented in the patient's record, along with the rationale for the decision.
- Adult patients who cannot give consent and consequently resist any intimate examination or procedure should be managed using the principles of the MCA including best interest decisions.
- Family or friends who understand their communication needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination

c) Emergency Situations

In an emergency or life threatening condition, where the **patient is able to give consent**, the principles in this guidance should be followed. However, where the **patient is unable to give consent** and a delay in the immediate care and treatment of the patient is likely to lead to harm, it is acceptable for clinicians to perform intimate examinations/ procedures without a chaperone. This should always be recorded in the patient's records and documentation should explain why no chaperone was provided.

9. Information and Instruction

a) Communication with Patients, Families and Carers

The **active offer of a chaperone** should be clearly advertised through:

- Patient information leaflets
- Within consulting rooms
- Within examination or procedure areas
- Notice boards in waiting rooms
- Websites
- Appointment letters
- Text messages
- Support groups

The active offer should be made as early as possible before the patient enters the examination/ procedure room. The active offer should be made using communication that is accessible, and available in a variety of media

b) Suitable Environment

Managers should ensure the environment to be used for examinations and procedures will provide privacy and dignity throughout the procedure. Managers should ensure that planning and operation of services takes into account the requirement for a supply of readily accessible chaperones at all times

c) Audit & Performance

Managers should regularly audit compliance with these principles for clinical areas under their responsibility and publish their data in quality, safety and governance meetings.

10. References

Social Services and Well-being (Wales) Act 2014
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Swansea Bay University Health Board

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