Chaperone Policy

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Extended until December 2022

What is in this policy
The aim of this Policy is to ensure that patients in our care are supported during treatments, investigations and procedures of an intimate nature undertaken within University Hospitals Bristol NHS Foundation Trust (UH Bristol). This policy aims to protect patients' dignity, enhance their understanding of the proposed intervention and to ensure that there is no inappropriate behaviour on the part of the professional(s) carrying out the intervention. University Hospitals Bristol NHS Foundation Trust also wants to provide a degree of legal protection for practitioners in the event of any misunderstanding or false allegations by patients and clients. The Policy has been developed taking a risk-based approach to clinical examinations of an intimate nature, in an attempt to develop a policy commensurate with the risk to patients and also to practitioners.

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revision**
01/06/2013	3	Head of Midwifery	Minor	First draft
01/03/2018	4	Safeguarding Lead Nurse	Minor	Safeguarding review of policy content following the publication of the Cambridge Policy.

Contents

1. Introduction

The aim of this policy is:

- to ensure that patients in our care are supported during treatments, investigations and procedures of an intimate nature undertaken within University Hospitals Bristol NHS Foundation Trust (UH Bristol);
- to protect patients' dignity, enhance their understanding of the proposed intervention;
- to ensure that there is no inappropriate behaviour on the part of the professional(s) carrying out the intervention;
- to provide a degree of protection for practitioners in the event of any misunderstanding or false allegations by patients and clients.

The policy has been developed taking a risk-based approach to clinical examinations of an intimate nature, to develop a policy commensurate with the risk to patients and also to practitioners.

2. Definitions

2.1 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.

For the purpose of this policy, a formal chaperone is defined as a member of UH Bristol staff who is present for the protection of the patient and the member of staff performing an intimate procedure (see 4.4, 4.5).

For this policy, the following definitions are used:

A formal chaperone: A healthcare professional, medical and registered staff and healthcare support workers, who have undertaken the Trust mandatory induction and safeguarding training.

Medical, nursing and midwifery students and allied health professional students, may be deemed suitable to undertake this role by registered practitioners, **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.

An informal chaperone: family member, friend, carer or legal guardian. A relative, carer or friend of the patient is not usually an impartial observer and **would not be a suitable formal chaperone.** 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. This should not be a child under the age of 16 (see 4.1).

The Trust strongly recommends that a formal chaperone is present for all intimate examinations.

Intimate examination, consultation or procedure: these include examinations of breasts, genitalia and rectum. Cultural and diversity influences may affect what is deemed 'intimate' to a patient.

3. Duties, Roles and Responsibilities

3.1 All Staff

Employees should ensure they understand, and where relevant, comply with the chaperone policy. The policy is applicable to ALL staff involved in intimate examinations of patients. Staff are also responsible for reporting any incidents or complaints relating to the use of chaperones, via the Datix system.

Employees must ensure they Complete the Trust's mandatory safeguarding and induction training programme.

3.2 Ward managers and departmental/ divisional managers

Ensure the implementation of the chaperone policy by relevant staff; ensuring all staff have undergone the Trust's mandatory safeguarding and induction training programme and investigating any incidents, complaints or concerns related to the use of chaperones.

4. Chaperones

i) Children under the age of 16 should not be present during an examination of an intimate nature (the exception is babies and small children who may be present with their parent e.g. for breast examination)
ii) Where a partner, relative or friend is present acting as support for the patient, the patient must be asked in private if they consent to that person being present during the examination. (See UH Bristol Domestic Abuse Policy). Verbal consent must be recorded in the patient's notes.
iii) The patient should understand and provide their informed consent to the proposed examination or procedure. In an emergency situation the examination or procedure can only take place without consent if when all means of communication have been exhausted, the examination or procedure is essential and the practitioner can justify their actions. A chaperone should always be present in these circumstances.
iv) Registered practitioners are considered to be suitably competent to undertake the role of a chaperone. Where nurse, midwifery assistant or students etc are identified as a suitable chaperone they should have been deemed suitable by a registered practitioner.

v) The appropriateness of the chaperone and person performing the examination should be discussed with the patient to ensure any cultural, religious or gender issues are sensitively addressed.

NOTE: There is no requirement for disclosure of sexual orientation by the patient or practitioner and total privacy and confidentiality in this regard must be maintained at all times. This policy attempts to acknowledge that a same gender chaperone may not be what is required in all situations.

5. Offering a Chaperone

i) All patients undergoing an intimate consultation, examination or procedure, MUST be offered the support of a chaperone and any other situation in which the patient feels a chaperone is required.
ii) Interventions that are a routine part of nursing care, which may have an element of intimacy, such as washing a patient, catheterisation, giving suppositories/pessaries, examining skin for tissue viability concerns do not usually require a chaperone.
iii) Individual patient needs must be considered at all times and staff should communicate clearly the nature of the intimate care and be aware that the patient may wish to be supported by a chaperone and such requests will be accommodated wherever possible.
iv) The patient's verbal consent should be gained, ensuring the privacy and dignity of the patient is preserved at all times.
v) If the examining practitioner determines that a chaperone should be present and the offer of a chaperone is declined by the patient, this should be noted in the appropriate section of the medical records. Staff **may** feel in certain circumstances that it is appropriate to ask the patient to sign a form to that effect. (See Appendix A)
vi) If the examining practitioner feels unsafe examining a patient in these circumstances, (when the offer of a chaperone has been declined) the practitioner may refuse to continue with the examination. **This does not apply in emergency situations**.
vii) Any practitioner, in the same way as the patient, may request a chaperone, regardless of the nature of the examination or procedure; such requests will be accommodated wherever possible.
viii) If a specific request for a chaperone is made by a practitioner or patient and chaperone cannot be provided, this should be recorded in the patient's medical record. The intimate consultation, examination or procedure only should only continue when the urgency of the situation requires an immediate response and is considered to be in the best interest of the patient.
ix) A separate opportunity for confidential or private conversation between patient and attending practitioner should be arranged, if this is required, prior to or following any clinical examination.

6. Children

In the case of babies or children, the role of the 'informal chaperone' is usually undertaken by a parent or carer, or someone who is known and trusted by the child. In the case of an older child/teenager, their consent should also be sought. A member of staff acting as a chaperone is not normally required in these circumstances.

There may be circumstances where it is not appropriate for the parent to be present, such as a forensic examination relating to child protection concerns. In these cases a member of staff should act as a chaperone.

The reasons for the examination should be made clear to the parent and the patient if the patient is old enough to understand. The parent and/or patient may request a chaperone.

All children and young people have the right to confidential sexual health advice on matters such as contraception, pregnancy and abortion.

Unaccompanied children should not be examined without the presence of a chaperone; the examining practitioner must also ascertain whether the child is capable of understanding the need for the examination or procedure. It is essential in these cases for consent to be obtained. This must also be documented in the patient's notes.

7. Adults with 'Care or Support Needs'

Where a patient has care or support needs (Care Act 2014) including learning difficulties or dementia, then routine nursing care interventions that may have an element of intimacy, such as washing a patient, catheterisation, giving suppositories/pessaries, etc. need to be carefully administered in order not to alarm or distress the patient. Nursing and medical staff should communicate the nature of the essential care and ensure the privacy and dignity of the patient is preserved at all times. It may be advisable to ask the patient if they would like their main carer to be present to act as support. A chaperone may also be advisable in some circumstances

If an intimate examination is to determine whether an adult has been abused, a chaperone MUST be present. Specialist advice should be sought, prior to the examination taking place from the Trust Safeguarding Nursing Team.

8. Providing care or treatment to 'People Who Lack Capacity'

A lack of mental capacity to make a decision or give consent to care or treatment can be affected by illnesses such as:

- A stroke or brain injury
- Delirium/acute confusion
- Substance misuse

- Dementia

The Mental Capacity Act 2005 (MCA) provides legal protection from liability for carrying out certain actions in connection with the care and treatment of people who lack capacity provided that:

- You have observed the principles of the MCA.
- You have carried out an assessment of capacity and reasonably believe that the person lacks capacity in relation to the matter in question.
- You reasonably believe the action you have taken is in the best interests of the patient.

It is important to remember at all times that lack of capacity may not be a permanent condition.

Provided staff have complied with the MCA in assessing a person's capacity and have acted in the person's best interest they will be able to diagnose and treat patients without their consent. For example:

- Carry out diagnostic examinations and tests.
- Undertake assessments.
- Carry out medical and dental procedures.
- Provide nursing care such as washing and dressing, intimate examinations.

It is important to keep a full record of what has happened, so that you can demonstrate that you have assessed capacity, reasonably believed it to be lacking, and then acted in what you reasonably believed to be in their best interest.

Whilst providing intimate care or undertaking invasive or intimate procedures for an adult who lacks capacity, nursing staff should ensure their privacy and dignity is preserved at all times. All efforts should be made to communicate with the patient to alleviate any distress that may be caused by the actions taken. A chaperone may be advisable in some circumstances.

Staff should consult senior staff/Trust Legal Department and the Trust Adult Safeguarding team if in doubt about a person's capacity to consent to treatment or whether a chaperone is advisable.

9. Policy Awareness

All healthcare professionals will be made aware of the existence of this Policy via Trust Induction, ward meetings, safeguarding and domestic abuse training and relevant appraisals. The Policy will be available on the Document Management Service.

A Patient Notice / Poster (Appendix B) will be displayed in key areas and a Patient Information Leaflet is available on the DM.

Clinics that routinely undertake examinations of an intimate nature should have reference to the Chaperone Policy in all patient information and letters, asking patients to indicate in advance if they would like a chaperone to be present to assist with accommodating such requests.

10. Guidance Notes for Managers/Heads of Nursing for Supporting Patients and Staff During Clinical Activity

This Policy aims to:

- Give reassurance to patients with regard to the professional nature of the intimate examination or intervention.
- Protect patients from harm, to demonstrate an understanding of a patient's vulnerability and show respect for their concerns.
- Provide a degree of legal protection for the practitioner in the event of any misunderstanding or allegation by the patient.
- Provide guidance during intimate procedures such as gynaecological, breast, testicular or rectal examinations or procedures.

10.1 Communication of the Policy

Heads of Division and Divisional Managers are accountable for the overall implementation of the Policy and in particular for ensuring that:

- All practitioners are aware of the requirement to offer/ provide a chaperone for patients undergoing intimate clinical examinations.
- Formal arrangements are in place to ensure compliance with the Policy.
- Personal Development Plans should reflect staff training and competency in chaperoning.
- There is adequacy of staff training and competence.

10.2 Accountability

All clinical staff are accountable for ensuring that:

- All procedures of an intimate nature are carried out in the presence of a chaperone as specified in the policy.
- Procedures requiring the presence of a chaperone will not be confined to the outpatient setting and clinical staff must consider the whole of the patient's journey when identifying such procedures.

- There is provision for appropriate staff and physical resources wherever possible to enable policy requirements to be met and that staff are aware of the Policy requirements.

Individual clinicians / practitioners are accountable for ensuring that:

- Patients are made aware of that they can request a chaperone during examinations of an intimate nature, or on other occasions according to the wishes of the patient.
- This may include the patient notice (Appendix B) in public areas, and should be reiterated to the patient verbally or in writing by practitioners before any clinical activity.
- Practitioners have adequately explained the proposed clinical activity and that the patient understands the reasons for the activity and any risks and benefits associated and the patient has formally consented to the clinical activity (Reference Consent Policy (number CG07).
- All discussions related to the above are clearly documented in the patient record. Where a practitioner requires a member of staff other than a nurse to act as a chaperone, she/he must be confident that the individual is suitable for this role.

11. References

American Medical Association. Use of chaperones during physical exams: Report of the Council on Ethical & Judicial Affairs (1998)

Cambridge University Hospitals NHS Foundation Trust (2016) Chaperones: Requirement for use of chaperones. Office of the Chief Nurse.

General Medical Council (2013) Maintaining a professional boundary between you and your patient. London: GMC

General Medical Council (2013) Sexual behaviour and your duty to report a colleague. London GMC

General Medical Council (1996). Standards of Practice – http://www.gmc-uk.org/standards_frameset.htm

Making Decisions. A guide for people who work in Health and social care (no Mental Capacity Act Implementation programme (MCIP) Crown Copyright (2006) Mental Capacity Act (2005) www.dca.gov.uk/legal-policy/mental-capacity

Royal College of Nursing. (2006) Chaperoning: the role of the nurse and the rights of the patient; guidance for nursing staff.

Speelman A, Savage J, Verburgh M. use of chaperones by general practitioners. British Medical Journal (1993); 307:986-7

Torrance CJ, Das R, Allison MC. Use of chaperones in clinics for genitor-urinary medicine: Survey of consultants. British Medical Journal (1999): 319: 159-60

Verita . Independent investigation into governance arrangements in the paediatric haematology and oncology service at Cambridge University Hospitals NHS Foundation Trust following the Myles Bradbury case (2015)

Webb R and Opdahl M. Breast and pelvic examinations: Easing women's discomfort, Canadian Family Physician (1996); 42: 54-8

12. Appendix A: Refusal of Offer of Chaperone Form

REFUSAL OF OFFER OF CHAPERONE

PLEASE *READ THIS FORM AND THE NOTES BELOW CAREFULLY*

Name of Patient (Mr/Mrs/Miss/Ms)	
Sex: Male / Female	
Hospital Number	
Name of Consultant/ Health Professional undertaking examination	
Medical treatment/Examination required	

CONFIRMATION FROM THE PATIENT

I confirm that I have been offered a chaperone to be present during the medical treatment referred to. I have been given every opportunity to ask questions and I am satisfied with the answers.

I wish to decline the offer of a chaperone and understand that the practitioner concerned may not wish to carry out the examination required without a chaperone being present.

I have read this form. I agree with and fully understand the content and the discussions I have had with the consultant/health professional present. I have asked all questions I wish to raise at this time and have received answers, which I understand. I have been given time to consider the options provided.

I also understand that if the examination does proceed without a chaperone present, it will be recorded in my medical record that I decline the offer of a chaperone and this will affect any subsequent claims I might make at a later date.

Patient

SIGNED	**DATE**
	PRINT NAME

This disclaimer form, once signed, will be placed with the patient's records. A copy of this completed form has given to the patient.

SIGNED	**DATE**
Consultant /Health Professional	**PRINT NAME**

13. Appendix B: Chaperone Policy Poster

NHS
University Hospitals Bristol
NHS Foundation Trust

Chaperone Policy

Our aim is to ensure that patients in our care are supported during treatments, investigations and procedures of an intimate nature undertaken within University Hospitals Bristol NHS Foundation Trust.

If you are to be examined by a doctor or other practitioner and would like another staff member present during your examination or at any time during your visit please speak to the receptionist when you arrive.

We will try wherever possible to meet your request for a chaperone.

Where appropriate, you can also be accompanied by a partner, friend, relative or carer as a supporter. It is <u>not appropriate</u> for children under the age of 16 to act as support.

14. Appendix C: Monitoring Table for this Policy

This policy will be monitored through the privacy and dignity group, Safeguarding Operational Groups and complaints.

Method	Frequency	Responsibility	Committee
Safeguarding Report	Annual	Strategic Safeguarding Lead Nurse	Safeguarding Steering Group
Safeguarding Quarterly Reports	Quarterly	Divisional Leads	Safeguarding Steering Group Child and Adult Operational Groups
Complaints	As required	Patient Safety Privacy and Dignity Group	Safeguarding Steering Group Child and Adult Operational Groups
Privacy and Dignity Group	Quarterly	[redacted] Head of Midwifery	Safeguarding Steering Group Child and Adult Operational Groups

15. Appendix D: Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Head of Midwifery
This document replaces existing documentation:	
Existing documentation will be replace by:	
This document is to be disseminated to:	All staff via Privacy and Dignity day
Training is required:	No
The Training Lead is:	[DITP - Training Lead Title]

Additional Comments
[DITP - Additional Comments]

16. Appendix E: Document Checklist

The checklist set out in the following table confirms the status of 'diligence actions' required of the 'Document Owner' to meet the standards required of University Hospitals Bristol NHS Foundation Trust Procedural Documents. The 'Approval Authority' will refer to this checklist, and the Equality Impact Assessment, when considering the draft Procedural Document for approval. All criteria must be met.

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
Title	The title is clear and unambiguous:	Yes
	The document type is correct (i.e. Strategy, Policy, Protocol, Procedure, etc.):	Yes
Content	The document uses the approved template:	Yes
	The document contains data protected by any legislation (e.g. 'Personal Data' as defined in the Data Protection Act 2000):	No
	All terms used are explained in the 'Definitions' section:	Yes
	Acronyms are kept to the minimum possible:	Yes
	The 'target group' is clear and unambiguous:	Yes
	The 'purpose and scope' of the document is clear:	Yes
Document Owner	The 'Document Owner' is identified:	Yes
Consultation	Consultation with stakeholders (including Staff-side) can be evidenced where appropriate:	Yes
	The following were consulted:	Trust Privacy and Dignity Group, Safeguarding Operational Groups
	Suitable 'expert advice' has been sought where necessary:	Yes
Evidence Base	References are cited:	Yes
Trust Objectives	The document relates to the following Strategic or Corporate Objectives:	Privacy and Dignity and CQC outcome 1 . Safeguarding Service Users from Abuse CQC 13

Equality	The appropriate 'Equality Impact Assessment' or 'Equality Impact Screen' has been conducted for this document:	Yes
Monitoring	Monitoring provisions are defined:	Yes
	There is an audit plan to assess compliance with the provisions set out in this procedural document:	Not Applicable

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
	The frequency of reviews, and the next review date are appropriate for this procedural document:	Yes
Approval	The correct 'Approval Authority' has been selected for this procedural document:	Yes

Additional Comments
[DCL - Additional Comments]