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 during consultations, examinations, investigations and treatment or when providing care regardless of discipline or specialty.

The chaperone should be regarded as a third party and is present as a safeguard for all parties (patient and healthcare workers) and is a witness to continuing consent of the examination or procedure. However, a chaperone cannot be a guarantee of protection for either the examiner or examinee. 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.

All clinical consultations, examinations and investigations are potentially distressing to the patient or person undergoing them. Examinations, investigations, inspection or photography involving the rectum, genitalia or breasts are particularly intrusive and collectively referred to as “intimate examination”. As such, these can cause anxiety for both male and female patients and need to be practiced in a sensitive manner. Each patient will respond differently to these situations, depending on their individual beliefs, views, religion, culture and past experiences.

Both patients and clinical staff are vulnerable during an intimate examination. Whilst allegations of indecent assault during a clinical examination are rare, the use of a chaperone can safeguard both patient and Healthcare Professional. Good communication with the patient regarding the reason for examination and the technique to be used will help the patient to feel more at ease and avoid the Healthcare Professional’s intention or actions being misconstrued. Respect, explanation, consent and privacy are more important than the need for a chaperone for the majority of patients and appropriate technique, sensitive behaviour and expertise of staff are of paramount importance.

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 practice and where applicable, legislation.

Swansea Bay University Health Board (SBUHB) is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times, dignity and privacy is being respected, and the safety of everyone is of paramount importance. This Procedure defines who is responsible for obtaining a chaperone and sets out guidance for the use of chaperones and the procedures that should be in place for consultations, examinations, investigations and imaging.

If a member of the nursing team is designated as a formal chaperone, then the following should be noted:

The Nurse Staffing Levels (Wales) Act 2016 requires that the Health Board has a sufficient staffing level in place in all areas to be able to provide sensitive care to our patients. The impact on the nurse staffing level of this Procedure must therefore be explicitly considered for each service that falls within the scope of this Procedure and if necessary, either initiate a review of the nurse staffing level required in the clinical area (where the impact of meeting the requirements of this policy is considered to be particularly significant) or monitor the position so that any emerging or gradually increasing impact of the Procedure is considered during a routine nurse staffing level review

2. Scope

This document applies to applies to all healthcare professionals, clinical and support staff working within the Health Board including Pre-Registration Student Nurses and Midwives/Medical Students/ and Allied Health Professional Students on clinical placement. In the Procedure all staff groups will be referred to as the "healthcare professionals".

This document applies to the care of adults, young people and unaccompanied, Fraser competent, children.

The use of the feminine gender equally implies to the male and similarly the use of the male gender equally implies to the female

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) Act[1]; the Mental Capacity Act[2]; the Mental Health Act[3].
- Be considered[4] 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 to minimise the risk of healthcare professionals' actions being misinterpreted
- To promote the safety of healthcare professionals whilst carrying out intimate clinical examinations.

4. Definitions

There is no common definition of a chaperone, and their role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. However as based on the NHS Wales Good Working Practice Principles for the use of Chaperones (2019) a Chaperone is defined as "A formal chaperone is a person appropriately trained, whose role is to observe the examination/procedure undertaken by the Health Practitioner. Chaperones are present to support and protect patients and Healthcare Practitioners"

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 2013[5] 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 concerns and complaints

c) Qualifications to be a Formal Chaperone

Valid license to practice 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 should 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, or until a formal chaperone can be provided. 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.

Healthcare professionals should note that they are at increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present.

5. Implementation/ Policy Compliance

a) Offering a Chaperone

It is the responsibility of the healthcare professional undertaking the procedure to determine if the offer of a chaperone is required, take appropriate steps to obtain one, and ensure a suitable environment. A chaperone should be offered to all patients undergoing intimate examinations/ procedures irrespective of gender of either the patient or the healthcare professional. As well as during intimate examinations of patients, it is often appropriate to use a chaperone for history taking and less intrusive physical examinations, depending on the patient's wishes and the circumstances. In these circumstances, if the patient is offered and does not want a chaperone (and there is no concern about the mental capacity to make this informed decision/provide this consent as e.g. is often the case during pregnancy and childbirth care processes), it is important to record in the patient's medical record that the offer was made and declined. If a chaperone is declined, a healthcare professional cannot usually insist that one is present, and many will examine the patient without one present. Patients decline the offer of a chaperone for a number of reasons: for example, because they trust the clinician, think it unnecessary, require privacy, or are too embarrassed. However, even with the patient's consent, there are some cases where it may be inappropriate, or where the healthcare professional may be concerned, to proceed without a chaperone. For example, this may be where a healthcare professional is carrying out an intimate examination, such as catheterisation/rectal examination/vaginal

examination/ cervical smear or breast examination; or where there is a history of violent or unpredictable behaviour. In such instances this should be explained to the patient and a chaperone position negotiated. The healthcare professional should escalate the situation to their manager if a compromise cannot be agreed.

The patient also has the right to decline a particular person as chaperone. However, if the patient continues to refuse, and the practitioner does not feel it is appropriate to continue, alternatives will be considered. For example, arranging to see a different practitioner or arranging a different appointment, if the patient's clinical needs allow. These incidences will be clearly noted within the patient's medical notes (NHS Wales Good Working Practice Principles for the use of Chaperones, 2019).

Patients can request a chaperone. However, if a chaperone cannot be provided, e.g. due to operational constraints, they must be informed and asked whether they wish to continue with the procedure or examination and their decision recorded in their records (NMC, 2012). However, in line with the NHS Wales Good Practice Principles every effort will be made to provide a chaperone. If the patient has requested a chaperone and none is available at that time, the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe, if the delay would not adversely affect the patient's health. This will be explained to the patient and recorded in their medical records. A decision to continue or otherwise should be reached jointly and the patient should be given an opportunity to reschedule their appointments within a reasonable timeframe. (Ref: Good Working Practice Principles for the use of Chaperones During Intimate Examinations or procedures within NHS Wales, 2019)

b) Choice of Chaperone

The decision about who can chaperone the patient relies on agreement between the healthcare professional undertaking the examination as well as the chaperone, understanding what is required in relation to the nature of the situation and the function required of the chaperone at that time. The patient has the right to decline a particular person as chaperone. The chaperone is ideally a healthcare professional including a specifically trained preregistration Nurse or Midwife or Medical/Allied Health Professional student on clinical placement, or a non-clinical staff member, who meets the following criteria:

- Sensitive and respectful of the patient's dignity and confidentiality
- Prepared to reassure the patient if they show signs of distress or discomfort
- Familiar with the procedures involved in the procedure or examination
- Prepared to raise concerns about the healthcare professional if misconduct occurs
- Ideally be the same sex as the patient
- Ideally be able to liaise with the patient in a common language

At the patient's request or if deemed in the individual's best interest it is

acceptable for a friend, relative or carer to be present during a procedure with agreement of both patient and healthcare professional. This request should almost always be accepted to provide support and comfort for the patient. However, they are not formal chaperones and cannot witness in a legal sense or take part in the procedure and it does not negate the need for a trained chaperone to be present. It should not be assumed that it is acceptable to the patient for a family member or friend to remain present during procedures. Situations where this may not be appropriate include where a child or young person is asked to accompany their parent during an intimate examination.

c) 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

Healthcare Practitioners must record the details of the examination including presence/absence of chaperone and information given in the patient's health record. This could be the nursing, medical or therapy record according to circumstances.

The record should indicate:

- 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 are 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
- Assessment of Fraser competence in accordance with Fraser Guidelines

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 patient, including examinations or procedures where a chaperone

should be considered.

Any concerns relating to the examination/ procedure or the use of chaperones are 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

It is important that children are offered the provision of a chaperone. 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 to 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) Issues Specific to Diversity, Religion, Ethnicity or Culture

Consideration must be given to diversity, religion, ethnicity and culture and assumptions should not be made about preferences of groups based on age, sex, race etc. The ethnic, religious and cultural background can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others or consideration may need to be given to the Healthcare Professional being of a specific gender e.g. female for the purpose of examining female patients if required. Wherever possible, particularly in these circumstances, the healthcare professional performing the procedure needs to take this into account and act accordingly within professional boundaries.

If language is a barrier an interpreter should be made available to ensure the patient understands the information being given. If an interpreter is available, they may be present in addition to a formal chaperone if this is acceptable to the patient and the healthcare professional.

d) 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.

e) Safeguarding and Protecting Children and Adults at Risk

All staff have a statutory responsibility to safeguard and protect children and adults from harm, abuse and neglect. Any member of the healthcare team providing direct care to patients must be up to date with children and adult safeguarding training and aware of what constitutes abuse and neglect and their responsibility to recognise and report inappropriate behaviour / misconduct in accordance with the Social Services and Wellbeing Wales Act 2014 and Wales Safeguarding Procedures.

f) Protection of the Incapacitated, Unconscious or Sedated Patient

Wherever possible, patients in all clinical areas should, if physically incapacitated, have cognitive difficulties which have been assessed in line with the Mental Capacity Act (2005) Practice Guidelines, or are unconscious or sedated, be under the care of two members of staff, either directly or indirectly. All such patients should have two staff, one of whom should, wherever possible, be the same gender as the patient, available and aware of the care being administered when any intimate procedures are being undertaken, this includes pressure area care, the attachment of monitors/ECG leads, catheter care, intimate hygiene procedures and the inspection of wounds, pads etc.

Elderly and vulnerable patients without capacity must be protected in a similar way in accordance with the Mental Capacity Act (2005) Practice Guidelines Clinical

teams should undertake generic risk assessments relating to the care processes undertaken in their clinical areas. These risk assessments should inform the decisions taken in individual patient circumstances when making decisions as to whether a patient requires the direct, or the indirect, care of two staff members. Such decisions and their rationale should be documented in the individual patient's medical records.

All patients who are unconscious, incapacitated or sedated must be recorded as such in their records and in the nursing documentation and, as is good record keeping practice, a record kept of the names of both/all staff members responsible for their care, whether they have acted as a formal chaperone or been involved in undertaking procedures directly.

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. Further Information

Social Services and Well-being (Wales) Act 2014
https://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

Wales Safeguarding Procedures

Mental Capacity Act 2005 https://www.legislation.gov.uk/ukpga/2005/9/contents

Mental Health Act 2007

Mental Health Act 2007 (legislation.gov.uk)

Well-being of Future Generations (Wales) Act 2015

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Institute of Medical Illustrators. IMI National Guidelines A Guide to Good Practice. Version – V1. December 2016 https://www.imi.org.uk/wp-content/uploads/2019/01/2016_Nov_IMINatGuidelines_ChaperoneV1.pdf

Medical Defence Union - Chaperones (2017)

MDU-Guide to chaperones-202208090934.pdf (themdu.com)

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Genital examination in women I Royal College of Nursing | Royal College of Nursing (rcn.org.uk)

Swansea Bay University Health Board

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