



Policy
Chaperoning
Children/Young People

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Approved by: Childrens Services

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POLICY STATEMENT

This policy outlines the Health Boards position in relation to the chaperoning, children and young people during medical examination in acute care settings across the Health Board. This document supplements the health Board's chaperoning policy. The chaperoning of Children/young people essential for all medical staff who are working as lone workers examining children of all ages. The Nursing and midwifery council standard of conduct, performance and ethics (2008) identifies that the 'The Nurse must make the care of patients their first concern, treating them as individuals and respecting their dignity:

- For the purpose of good governance and for this document the term 'Child' is used to refer to infant, child and young person under the age of 18 years National Service framework:, Standard 7 DOH 2003.
- This policy aims to encourage good practice in relation to the chaperoning of Children/young people within the health care setting.
- This policy covers all children within the acute service

Aims & Objectives

- Children, young people and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding.
- Verbal consent should be obtained from the child or young person and the person (s) who has parental responsibility before the examination takes place if the child or young person is considered to have capacity to consent.
- Language line or an interpreter service should be used if the child, young person, parent(s) or carer do not speak English

- Cultural and religious practices of the family should be respected as far as is possible. Where this is not possible e.g. during child abuse medical examinations a full explanation must be given by the Professional conducting the medical.
- The physical examination of an infant, toddler, or child should always be performed in the presence of a parent or guardian. If a parent or guardian is unavailable or the parent's presence will interfere with the physical examination, such as in a possible case of abuse or parental mental health issues, a chaperone should be present during the examination
- The use of a chaperone should be a shared decision between the patient, family and HCP. The patient's wishes and comfort should determine the gender of the chaperone. If the patient chooses to have a chaperone, the chaperone should preferably be a nurse or medical assistant.
- The chaperone if a member of staff must know their role and responsibility.
- The chosen chaperone may assist the child or young person with dressing and undressing, but assistance with undressing should only be afforded if it is absolutely necessary.
- The name, designation and signature of the chaperone should be documented in the medical record
- If the patient declines the use of a chaperone, document this fact in the medical record
- Family members or friends should not be used as chaperones unless specifically requested by the patient and, if at all possible, only in the presence of an additional chaperone who is not a family member or friend.
- For competent adolescents and young adults the guidance relating to adults is applicable.
- 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

- b. A young person under 16 may have the capacity to consent, depending on their maturity and ability to understand what is involved.

General Medical Council (2007) *0–18 years: guidance for all doctors* London, GMC, paragraphs 24–26.

- c. If a young person lacks the capacity to consent, you should seek their parent's consent.

General Medical Council (2007) *0–18 years: guidance for all doctors* London, GMC, paragraphs 27–28.

- If the patient is an adolescent or young adult and the examination requires inspection or palpation of ano-rectal or genital areas and/or the female breast, a chaperone is recommended.
- If a child presents in the absence of a parent or guardian the healthcare professional must ascertain if they are capable of understanding the need for examination. In these cases it would be advisable for consent to be secured and a formal chaperone to be present for any examination.
- In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse. **Healthcare professionals should refer to local Child Protection policies for any specific issues.**
- For the rare situation in which the patient refuses an appropriate chaperone and the HCP is concerned that providing the examination might result in false allegations or medico legal risk, the HCP is not obligated to provide further treatment. If a patient request for a chaperone is not able to be accommodated, the patient may refuse to receive further treatment. If care is not provided, the HCP must discuss with the patient the risks of not receiving further care and offer alternatives, including being examined by another provider or seeking care elsewhere. This discussion should be documented in the medical record
- In life threatening or emergency situations or where speed is essential to the treatment or care of a child or young person it would be appropriate for a Doctor or Registered Nurse to perform an intimate examination of the patient.
- All staff involved in this process must follow their respective codes of professional conduct at all times.



Swansea Bay University Health Board

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