Tameside Hospital NHS
NHS Foundation Trust

Chaperone Policy

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EQUALITY IMPACT
The Trust strives to ensure equality of opportunity for all both as a major employer and as a provider of health care. This policy has therefore been equality impact assessed by the Internal Safeguarding Board to ensure fairness and consistency for all those covered by it regardless of their individual differences, and the results are shown in Appendix 2.

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VERSION CONTROL SCHEDULE

chaperone policy

Version Number	Issue Date	Revisions from previous issue
2.0	March 2014	Complete review of content
3.0	September 2015	Review of content to reflect local changes and monitoring process

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1 INTRODUCTION

This policy sets out guidance for the use of chaperones and procedures that should be in place for clinical consultations, clinical examinations, investigations and clinical interventions, particularly in relation to intimate procedures.

The Trust is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

The Trust recognises the diversity of clinical situations which cannot be fully covered in this policy, and therefore the accountability and responsibility for assessing, seeking advice for each unique clinical situation lies with the respective staff member.

This policy recognises the following principles which must always be considered :

- That all medical consultations, examinations and investigations are potentially distressing for individuals and those involving intimate procedures, for example the breasts, genitalia or rectum; or those requiring dimmed lights or the need to undress may make patients feel particularly vulnerable.

- For some people who use our services, whether because of mental health needs and/or learning disabilities, consultations, examinations or procedures of any nature may be threatening or confusing. A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.

- For most patients respect, clear explanation, consent and privacy provided to the individal, may take precedence over the need for a chaperone.

- The presence of a third party does not negate the need for adequate explanation and courtesy and cannot provide full assurance that the procedure or examination is conducted appropriately.

- No family member or friend of a patient should be expected to undertake any formal chaperoning role (ie supporting medical staff to conduct genitalia /breast examination) in normal circumstances unless explicitly requested by the patient and recorded.

- The presence of a chaperone during a clinical examination and treatment must always be clearly expressed as the choice of a patient for less intimate procedures *(however the default position should be that **all intimate examinations** are chaperoned unless explicitly refused by the individual and recorded)*

- The patient should at all times have the right to decline any chaperone offered. This must be documented in the patient's record and reasons noted.

- Chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient. However, the Trust considers it good practice to offer all patients a chaperone for any examination or procedure, particularly those involving intimate areas, and where the patient feels one is required, regardless of the gender of the examiner or patient.

- Reported breaches of the Chaperoning Policy should be formally investigated by the Divison, through the Trust's risk management and clinical governance arrangements and treated, if determined as deliberate, as a formal disciplinary and Safeguarding matter.

2 PURPOSE

The purpose of this policy is:

- To ensure that patients' safety, privacy and dignity is protected during intimate examinations or procedures and delivery of intimate clinical care interventions.

- To minimise the risk of a Health Care Pracitioners (HCPs), this can be any staff member, actions being misinterpreted.

- To maintain patient safety, that correct processes and support is available whilst carrying out intimate, clinical examinations and interventions.

- To act as safeguard for patients and staff against any unacceptable acts of behaviour during intimate examinations / intervention (or where appropriate other interventions).

- To recognise that the Trust Consent Policy and the Trust Respect Policy must be adhered to at all times.

3 SCOPE

This policy applies to all healthcare professionals (HCP) working within this Trust, including Students, Medical, Allied Health Professional, Nursing and Midwifery, Radiographers and other Therapists working with individual patients in clinic situations, wards, departments, and outpatients and in the patient's home. This policy also covers any non-medical personnel who may be involved in providing care. In this policy, all staff groups covered will be referred to as the "Healthcare Professional" (HCP). The use of the feminine gender equally implies the male and similarly the use of the male gender equally implies the female.

This policy applies to all clinicians directly employed on substantive or honorary contracts by the organisation and contractors whose contract specifies adherence to this policy.
All healthcare professionals have a responsibility to ensure they work in line with their own professional code of conduct.

This policy specifically applies to <u>all intimate examinations and procedures</u>
These are defined as any examination or procedure involving the rectum, genitalia or breasts. It also includes examinations or interventions involving the complete removal of outer clothing down to underwear or less. Other examinations could also be deemed intimate by some patients and HCPs need to be aware of cultural differences and what may constitute an intimate examination.

The Trust recognises that the HCP remains accountable for assessing and reviewing each case on an individual basis, and therefore should consider the use of chaperones for non intimate procedures, examinations and consultation where and if deemed appropriate for specific safety reasons.

This policy should be read in conjunction with the following policies:

- Equality and Diversity policy
- Safeguarding Adults and Safeguarding Children Policies
- Consent to Examination and Treatment
- Personal Safety & Lone Worker Policy
- Incident Reporting Policy
- Dignity and Respect Policy
- Raising a Concern Policy

4 DEFINITIONS

A Chaperone - The designation of the chaperone will depend on the role expected and the wishes of the patient i.e. either a passive/informal role or an active/formal role. There is no clear definition of a chaperone since this role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out.

This policy refers to 2 forms of Chaperones :

- Formal Chaperone may be referred to as a staff member, a person who acts as a witness for a patient and a HCP (ie Doctor) during an intimate medical examination or procedure being undertaken and may also assist the HCP to undertake the relevant procedure.

- Informal Chaperone may be referred to as a person who would not be expected to take an active part in the examination or witness the procedure directly. An example is a family member or friend i.e. a familiar person who may be sufficient to give reassurance and emotional comfort to the patient leading up to the intimate procedure and who may assist with undressing the patient. This person may act as an interpreter if deemed appropriate during this time.

5. FORMAL ROLE OF THE CHAPERONE

This implies a health professional such as a qualified Nurse, or a specifically skilled unqualified staff member e.g. Health Care Assistant (HCA). Where appropriate they may assist in the procedure being carried out and/or hand instruments to the examiner during the procedure. Assistance may also include clinical interventions and support provided to the patient when attending to personal hygiene, toileting and undressing/ dressing requirements.

The role of the formal chaperone is also to identify any unusual or unacceptable behavior on the part of the health care professional undertaking the intimate procedure. Should this occur they should immediately report any incident of inappropriate behavior, which also includes inappropriate sexual behavior/ intervention, to their line manager or another senior manager.

A chaperone will also provide protection and evidence for healthcare professionals against unfounded allegations of improper behavior made by the patient.

In all cases the presence of the formal chaperone should be present during the actual physical examination element of the consultation or procedure unless the patient requests otherwise. If the patient declines a chaperone, then HCP must assess the situation and record if this is appropriate in the patient's notes.

All confidential communication between the HCP and patient should take place on a one to one basis in the normal manner, after the examinations / procedures are complete - unless the patient requests to otherwise. It is the responsibility of the health care professional to ensure that any concerns they have regarding the examination or procedure are reported immediately to their line manager or senior manager

It is the responsibility of the health care professional to ensure that accurate records are kept of the clinical contact, which also include records regarding the acceptance or refusal of a chaperone. This may involve a range of communicatioin and recording methods including use of chaperone stickers.

It is the responsibility of the health care professional to access any information and training required which will assist and support them in their role as a formal chaperone.

Key functions of a formal Chaperone

This will be determined by the requirements of each unique situatioin. The main functions may include the following **:**

To provide emotional comfort and reassurance to patients during sensitive and intimate examinations or treatment.

To assist in an examination or procedure, for example handling instruments during IUCD insertion, ECG procedure.

To offer practical support during care interventions, such as undressing the patients, and attending to intimate toileting or hygiene requirements.

To act as an interpreter if appropriately skilled and trained to do so

To provide protection for the HCP against any potential allegations of improper behaviour.

To report any unusual or unacceptable behaviour on the part of the healthcare professional.

To act as safeguard for patients against unacceptable acts of humiliation, pain or distress and to provide support / protection against unacceptable acts of verbal, physical, social or other abuse.

To act as a safeguard for all parties (patient and HCP) and as a witness to continuing consent of the procedure. **However a chaperone cannot be a guarantee of protection for either the examiner or examinee**.

6 DUTIES

Chief Executive

The Chief Executive is ultimately responsible for ensuring effective corporate governance assurance within the Trust and therefore supports the Trust-wide implementation of this policy.

Executive Directors

Director of Nursing, Medical Director and Chief Operating Officer are responsible for endorsing the full implementation of this policy and its relevance to everyday practice within safeguarding, patient dignity, safety and delivery of quality care.

Senior Managers

The Manager's role is to ensure implementation of this policy and that the staff understand how the Chaperone Policy applies to them and their patients.

Managers are also responsible for ensuring that where necessary, local processes are developed and training given to planning staff rosters and skill mix to support the full implementation of this policy. Managers should review the effectiveness of the implementation, and take appropriate remedial action when they become aware of any acts or omissions that contravene it.

Line Managers

The Line Manager has a responsibility for ensuring formal chaperones are available within their respective areas, and that chaperones work within their scope of practice and are fully aware of this and associated policies. They also have a responsibility to ensure accurate records are kept of the clinical contact, which also include records regarding the acceptance or refusal of a chaperone. They also have responsibility for informing the senior manager if no suitable formal chaperone is available when required. They have responsibility for ensuring all formal chaperones are aware of their responsibilities at a local level and that appropriate use of chaperone posters and formal recording processes are in place within their areas of responsibility.

Health Care Professional

The health care professional is responsible for ensuring that patients are offered a chaperone as outlined in this policy, and for respecting the individual's choice to either request or decline formal and informal chaperone. This should be applicable within both an outpatient and inpatient setting. HCP is responsible for maintaining the accurate documentation including the consent given to proceed without a chaperone. They are also responsible for the escalation of concerns should these emerge during this process.

Students

Students can undertake the role of a formal Chaperone if the activity is deemed appropriate with their level of competence, commensurate with their stage of training, and where there is a specific learning and development opportunity associated with the task. An assessment would be undertaken by their mentor / practice educator in discussion with the student to determine this. The student has the right to engage or refuse to undertake the role as a formal Chaperone in accordance with their code of professional conduct.

Medical Students

In line with best GMC guidance, Medical students should only

- Act as a chaperone for patients examined by the relevant clinical supervisor
- Conduct non-intimate examinations on patients with their clinical partner present, or on their own during year 5 placements.

Medical student should not :

- Conduct intimate examinations on a patient without a clinically qualified chaperone being present (i.e. doctor or nurse)
- Act as chaperone to their clinical partner for intimate examinations.
- Conduct any intimate examination unsupervised even if the patient is happy for them to proceed with the examination.

7 POLICY STATEMENT

The relationship between a patient and a Health Care Professional is based on trust. He/she may not have any doubts about a patient they have known for a long time and feel it may not be necessary to offer a formal chaperone. Similarly there is evidence that many patients are not concerned whether a chaperone is present or not. However this should not detract from the fact that any patient of any gender is entitled to a chaperone if they feel one is required.

This policy is also for the protection of staff and as such should always be followed. The key principles of communication and record keeping will ensure that the Health Care Practitioner/patient relationship is maintained and will act as a safeguard against formal complaints, or in extreme cases, legal action against the Trust or the individual staff member.

8 THE CHAPERONE

The chaperone's main responsibility is to provide a safeguard for all parties (patients and practitioners), as a witness to continuing consent to the procedure/ examination. In order to protect the patient (male or female) from vulnerability and embarrassment, a chaperone should be of the same sex as the patient (unless otherwise stated by the patient). An opportunity should always be given to the patient to decline a particular person if that person is not acceptable to them for any reason. This must be recorded and escalated to the appropriate line manager. The patient will not be asked to give a reason in these cases, however their decision must be respected. The patient will be notified by the HCP that this may delay or even mean the procedure is Cancelled until another suitable Chapeone is allocated. The implications for this must be communicated and documented in the patients notes.

8.1 Offering a Chaperone

All patients should be routinely offered a chaperone for intimate procedures as outlined in this policy. This does not mean that every consultation needs to be interrupted in order to ask if the patient wants a third party present. The offer of a chaperone should be made clear to the patient prior to any procedure, ideally at the time of booking the appointment or prior to clinical interventioin being undertaken. Most patients will not take up the offer of a chaperone, especially where a relationship of trust has been built up with the HCP or where the examiner is the same gender as them. However this must be recorded in the patient's notes.

If the patient is offered and does not want a chaperone it is important to record that the offer was made and declined. If a chaperone is refused a healthcare professional cannot usually insist that one is present unless it is professionally appropriate to do for specific safety reasons. In this situation the HCP should discuss and seek advice before providing an explanation and the reasons for this with the patient.

The Trust accepts that patients may decline the offer a chaperone for a number of reasons which should be respected where possible. This may be because the patient feels relatively assured, is trusting of the professional relationship and feels comfortable for the HCP to undertake the procedure without a chaperone and or it may be they do not think it necessary for or require additional support privacy, or in some cases patients may feel embarrassed to have additional staff present.

Clinical situations where a chaperone should always be used are varied. However, there are some cases where the (usually male) doctor may feel unhappy to proceed without a formal chaperone.

This may be where a male doctor is carrying out an intimate examination, such as cervical smear or breast examination. Other situations may exist where there is a history of violent or unpredictable behaviour by the patient that is known when the patient attends to see another doctor or health professional.

Patients who lack capacity and therefore are unable to consent to specific procedures are considered most vulnerable and therefore a formal chaperone (and if appropriate informal) should be available.

For some patients, the level of embarrassment and anxiety will increase in proportion to the number of other additional staff also present.

The Trust advises that the use of a formal chaperone is always considered, particularly in relation to all INTIMATE EXAMINATIOINS which includes: (this list is not exhaustive)

- During gynaecological/intimate examinations or procedures.
- When examining the upper torso of a female patient.
- Intimate and invasive procedures/ examinations before or after sedation
- Intimate and invasive examinations as identified by HCP
- For patients with a history of difficult or unpredictable behaviour, this may or may not be attributable to mental health illness.
- For unaccompanied children.
- For vulnerable adults who lack capacity including those with a learning disability
- Intimate nursing and clinical care interventions e.g. attending to very intimate personal hygiene and toileting requirements

If the patient requests a chaperone when attending a clinic, and there is no one immediately available, they should be offered the choice of waiting until a chaperone can be found and being informed of the time this may take to locate one or rebooking for another day when arrangements for a chaperone can be put in place.

The Trust accepts that where an intimate examination needs to be carried out in a situation which is life threatening, or where speed is essential in the care of the patient; this may be done without a chaperone. It should, however be

recorded in the patient's medical/nursing record the reasons for this and full explanation provided as soon as possible after the procedure.

8.2 Where a Chaperone is needed and not available

It is the responsibility of all staff to follow guidelines specified in **Appendix 1**

Where a suitable formal Chaperone cannot be provided for a specific intimate procedure, a Trust incident form should be completed outlining the reasons and action taken. The immediate line manager must be notified and of any adverse implications this will have on the patient's care and/or treatment discussed with them. In all circumstances the patient must be notified that a chaperone is not available and noted in their notes. It is the HCP own discretion and not the Trust to proceed without the formal chaperone present but this decision remains with the HCP as they will be held accountable for answering any allegations made against them.

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 should he/she choose.

If the seriousness of the condition would dictate that a delay would have a negative impact then this should be explained to the patient and recorded in their notes. All attempts must be made to locate a suitable formal chaperone before a decision to continue or otherwise should be jointly reached and recorded in the patients notes. In cases where the patient is not competent to make an informed decision then the healthcare professional must use their own clinical judgment and record and be able to justify this course of action.

Similarly, male nurses are sometimes required to perform intimate tasks on female patients, such as bathing and or rectal vaginal procedures.The patient's consent should be sought prior to the procedure and a female nurse sought if the patient objects to undertake these processes. In all cases of intimate examinations and procedures a formal chaperone must be sought.

8.3 Training for Chaperones

It is advisable that members of staff who undertake a formal chaperone role should have undergone local training and/or full briefing of their role responsibilities so that they develop the relevant competencies and skills required for this role.
All staff should have an understanding of the role of the formal chaperone and the procedures for raising concerns.

This training should form part of the local ward / departmental induction and be facilitated by their respective line manager. Records of this should be retained in their training portfolios / files at a local level.

Training and briefing of staff who would act as formal chaperones must include the following:

Understanding of:

- What is meant by the term formal and informal chaperone
- What is meant by an "intimate examination"
- Why chaperones need to be present
- The rights of the patient
- The role and responsibility of a formal chaperone e.g. act as an advocate, ensure there is appropriate conduct during intimate examinations
- Policy and mechanism for raising concerns should they observe inappropriate or unacceptable behaviour
- The correct methods of recording the provison of (or refusal) of a chaperone in patient's records.

9. CONSENT

Consent is a patient's agreement for a health professional to provide care. Before HCP's examine, treat or care for any person they must obtain their valid
consent.

There is a basic assumption that every adult has the capacity to decide whether to consent to, or refuse, proposed medical intervention, unless it is shown that they cannot understand information presented in a clear way. Staff must refer to the relevant Trust Consent and Mental Capacity policies in relation to this.

Staff need to be mindful that by attending a consultation it is assumed by implied consent that a patient is seeking treatment.

However, in line with this policy HCP, must seek informed consent before proceeding with an intimate physical examination which should be recorded in the patient's notes. This means that the patient must be competent to make the decision, have received sufficient information to take and not be acting under duress.

When patients are not able to consent for themselves the HCPs should make the decision in the patient's best interests in line with relevent MCA Trust Policies and this must be documented in the patient's notes.

When a patient attends a clinic, surgery or allows a health professional into their home, it is taken for granted that they are seeking or accepting treatment, and thus implies that the consent to the recommended treatment by the health professional is given. However, informed consent should be obtained by word or gesture before any examination takes place. This must be documented in the patient's notes.

Where more explicit consent is required prior to intimate examinations or procedures, such as an individual who is a minor or has special educational needs, staff should refer to the Trust's Consent Policy.

In the case of any victim of an alleged sexual attack, valid written consent

must be obtained for the examination and collection of forensic evidence. In situations where abuse is suspected, great care and sensitivity must be used to allay fears of repeat abuse.

10. ISSUES SPECIFIC TO RELIGIION, ETHNICITY OR CULTURE

The ethnic, religious and cultural background of patients can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others. Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires investigation or imaging. Wherever possible, particularly in these circumstances, a same sex healthcare practitioner should perform the procedure.

It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a communication barrier. If an interpreter is available they may be able to double as an informal chaperone. In life saving situations every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

Health professionals should seek to reassure patients, and limit the degree of nudity and uncover only the part of the anatomy that is to be examined.
Language barriers may also be an issue if the healthcare professional is unsure of the patient's understanding. An interpreter, if available, could act as an informal chaperone. (This can also be either informal or formal chaperone that has the skills to translate accurately)

In every case the health professional should be able to demonstrate, if challenged, that they have taken all reasonable steps to protect themselves and the patient from allegations of improper behaviour.

11. ISSUES SPECIFIC TO LEARNING DIFFICULTIES/MENTAL HEATHAL PROBLEMS

For patients with learning difficulties or mental health problems that affect capacity, a familiar individual such as a named family member or professional Carer / HCP may be the best formal chaperone. This must be agreed and documented with the individual and the family member/Carer as part of the overall best interest decision making process.

A careful, simple and sensitive explanation of the technique is vital in these circumstances. These patient groups are more at risk of vulnerability and as such, will experience heightened levels of anxiety, distress and misinterpretation. This could potentially lead to a risk of concerns that may arise in initial physical examination such as "touch", one to one "confidential" settings in line with their existing or previous treatment plans history of therapy, verbal and other "boundary-breaking" circumstances.

Adult patients with learning difficulties or mental health problems who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned. In life threatening situations the healthcare professional should use professional judgment and where possible always discuss and engage with members of the relevant specialist teams within mental health and learning disabilities. In all circumstances the named mental health team members and learning disability nurse should be contacted where ever possible in advance to provide advice and specialist input regarding the planning of intimate procedures and the support individuals will require.

12. ISSUES SPECIFIC TO CHILDREN AND YOUNG PEOPLE

The care of Paediatric patients often needs to be managed on an individual case basis, due to the complexities and range of issues which apply to the safe Chaperoning of children and young people. However, it is essential to refer to the relevant polices; Please refer to the Paediatric and Safeguarding Children sections within TIS and contact the Senior Nurse AND the Senior Paediatric Nurse (Paediatric Sister, Paediatric Manager or Matron for Children's Services) on site (24/7) for advice and guidance.

13. COMMUNICATION AND RECORD KEEPING

Poor communication between a health professional and a patient is often the root of complaints and incidents. It is therefore essential that an explanation is given to the patient on the nature of any intimate examination i.e. what examination is proposed and the reasons why it is necessary. This will enable the patient to raise any concerns or objections and give informed consent to continue with the examination.

It is therefore essential that an explanation is given to the patient on the nature of any intimate examination i.e. what examination is proposed and the reasons why it is necessary. This will enable the patient to raise any concerns or objections and give informed consent to continue with the examination.

Details of the examination (including the presence or absence of a formal chaperone and their details which includes full name and contact number) must be documented in the patient's medical/nursing record.

The notes should also record if a formal chaperone has been offered, and if this has been accepted or **declined** by the patient.

14 CLINICAL CONSIDERATIONS

14.1 Mental Capacity

There is a basic assumption that every adult has the capacity to decide whether to consent to or refuse a proposed medical intervention, before

proceeding with an examination it is vital that the patient's informed consent is gained.

This means that the patient must:
- Have capacity to make the decision.
- Have received sufficient information and
- Not be acting under duress

Under the MCA 2005 there is legal protection for people who care for or treat someone who lacks capacity but any action taken must be in a patient's best interests and the least restrictive course of action.

Staff should refer to all the relevent Trust Consent and in particular Mental Capacity Act and Deprivatioin of Liberties Policies in all situatioins relating to any adult who does not have capacity.

14.2 Lone Working

Where a healthcare professional is working in a situation away from other colleagues e.g. home visit, out-of-hours activity, the same principles for offering and use of chaperones should apply. Where it is appropriate family members/friends may take on the role of informal chaperone only. In cases where a formal chaperone would be appropriate, i.e. intimate examinations, the healthcare professional would be advised 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 or because the practitioner is community based, then procedures should be in place to ensure that communication and record keeping are treated as paramount.

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

14.3 A Patient's First Intimate Examination

The conduct of a first intimate examination or procedure may influence a patient's confidence for future examinations and procedures and will require particular sensitivity from the examining doctor, HCP, chaperone and anyone else involved. Therefore, it is important that the HCP discusses and provides as much detail of the procedure in advance of any examinations. It is imperative that the HCP listens to and responds to any concerns and anxieties presented by the patient, in order to offer reassurance, degree of compassion and dignity through the use of supportive written or verbal information as indicated. Each individual will be unique and as such will require different levels of support and reassurance from the HCP.

14.4 Anaesthetised or Sedated Patients

Consent to intimate examinations must be sought before the patient is anaesthetised or sedated, except where this is implicit in the procedure to be undertaken. The appropriate departmental policy for completion of procedures and seeking consent must be followed. The above priniciples apply to

patients who may feel particularly vulnerable during and after the intimate examinations that require sedation.

14.5 During the Examination / Procedure

Appropriate facilities should be made available for patients to undress in a private, undisturbed area in order to maintain their dignity and privacy. There should be no undue delay prior to examination once the patient has removed any clothing. Delays due to any unforeseen circumstances must be communicated to the patient and appropriate use of blankets etc to cover up.

Intimate examination should take place in a closed room or, in ward settings, in screened bays which must not be entered without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages.

Where appropriate a choice of position for the examination should be offered for example left lateral, dorsal, recumbent and semi-recumbent positions for speculum and bimanual examinations. This may reduce the sense of vulnerability and powerlessness complained of by some patients.

Once the patient is dressed following an examination or investigation the findings must be communicated to the patient. If appropriate this can be used as an educational opportunity for the patient. The professional must consider (asking the patient as necessary) if it is appropriate for the chaperone to remain at this stage.

Any requests by the patient that the examination be discontinued during the examination should be respected. The reasons must be documented and implications of this sensitively explained to the patient. Any concerns raised by the patient regarding conduct or procedures used by the HCP must be escalated immediately to the appropriate line managers.

It is advisable that during an intimate examination, the HCP should:-

- Offer reassurance
- Keep discussion relevant
- Avoid unnecessary personal comments
- Encourage relevant question and discussion regarding the process
- Remain alert to verbal and non-verbal indications of distress from the patient
- Discontinue the process if there is any severe pain or distress evident from the patient
- Allow the patient time to respond to instructions given during the procedure
- Remain compassionate, courteous and mindful of the intimacy of the procedures the patient is undergoing

15 REVIEW

This policy will be formally reviewed 3 years after approval

16 MONITORING

Monitoring against this policy will be through the Trust Internal Safeguarding Group. The Trust Internal Safeguarding Group will note compliance through a triangulated trend analysis approach, noting the numbers of risk incidents, complaints and safegaurding incidents in relation to matters concerning chaperones, reported through the Quality & Governance Unit.
Divisions will be required to monitor local compliance against this policy at an operatioinal level which includes reporting incidents of non complinace through their respective divisional governance systems.

17 REFERENCES

- **Reference Guide to Consent for Examination or Treatment, Dept of Health**
  http://www.dh.gov.uk/assetRoot/04/01/90/79/04019079.pdf

- **GMC: Intimate examinations**
  http://www.gmc-uk.org/standards/intimate.htm

- **Royal College of Nursing: The role of the nurse and the rights of patients, Guidance for Nursing staff, July 2002. Publication code 001 446**
  www.rcn.org.uk

- **Chaperones for intimate examinations: cross sectional survey of attitudes and practices of general practitioners**, **3/12/04**
  http://bmj.bmjjournals.com/cgi/content/full/330/7485/234

- **Use and offering of chaperones by general practitioners: postal survey in Norfolk, 16/12/04**
  http://bmj.bmjjournals.com/cgi/content/full/330/7485/235?ehom

- **Attitudes of patients towards the use of chaperones in Primary care – Whitford DL, Karin M, Thompson G. British Journal of General Practice 2001; 51:381-3 Guidelines in Practice, July 2002 Vol 5 (7), 52-53** www.eguidelines.co.uk

- **Virtual chaperone enhances patient records 18 July 2003**
  http://www.bupa.co.uk/about/html/pr/180703_virtual_chaperone.html

- **12. Big Sister is watching you**, **The Economist 18 Nov 2004**
  http://www.economist.com/science/display

APPENDICES

Appendix 1
Chaperone Policy - - Staff Checklist: for consultation involving intimate investigations/procedures

- Establish there is a genuine need for an intimate examination and discuss this with the patient prior to the procedure taking place.

- Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions, and full explanation of what this involves.

- Offer a formal chaperone to support them through this or invite the patient to have a family member/friend present to act in informal chaperone capacity if this is relevant (i.e. leading up to the intimate procedure) If the patient does not want a chaperone, record that the offer was made and declined by the individual in the patient's notes.

- Obtain the patient's consent before the examination, and record that permission has been obtained in the patient's notes. Follow relevant policies where there are issues relevant to patient capacity.

- Be prepared to discontinue the examination at any stage should the patient request this and record the reason.

- Children should be given the opportunity to have parents present if they wish during the whole procedure. If a child does not wish a nurse to be present during an intimate examination then the parents can act as chaperones if this is deemed in his/ her best interest, ensuring that the role is fully explained and consent sought and recorded.

- Chaperone must at all times allow patient privacy to undress and dress through the use of drapes, screens, blankets.

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

- If a chaperone has been present throughout the process, record that fact and the identity of the chaperone in the patient's notes.

- Record any other relevant issues and escalate concerns immediately following the consultation or intervention.

- Ensure the individual is supported to dress fully after the procedure maintaining his/her full dignity and privacy at all times.

Appendix 2
EQUALITY IMPACT ASSESSMENT

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	Yes	Directs staff to follow appropraite policies for spefic disabilities, capacity matters
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	Yes	Staff training and use of supportive literature to raise awareness.