# Clinical Policy

## Chaperone Policy

<table>
<thead>
<tr>
<th>Date Approved by:</th>
<th>Version</th>
<th>Issue Date</th>
<th>Review Date</th>
<th>Executive Lead</th>
<th>Information Asset Owner</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services Clinical practice Group</td>
<td>Three</td>
<td>August 2012</td>
<td>August 2015</td>
<td>Executive Director of Nursing &amp; Patient Safety</td>
<td>Head of Nursing</td>
<td>Matron Team – acute services</td>
</tr>
</tbody>
</table>

**Procedure/Policy Number**: CP0005.V3

**Procedure/Policy type**: Clinical Policy

**Date Equality impact assessment completed**: Outcome: Low

**CQC Outcome**: 1, 2, 4, 7, 21
# Chaperone Policy

## Contents

| 1. Introduction           | Page 3 |
| 2. Scope of Procedure     | Page 3 |
| 3. Responsibilities       | Page 3 |
| 4. Organisational arrangements | Page 4 |
| 5. Role of the chaperone  | Page 4 |
| 6. Intimate examination / procedures | Page 4 |
| 6.1 When conducting intimate examinations / care | Page 4 |
| 6.2 Anaesthetised / unconscious patients | Page 6 |
| 7. Intimate care          | Page 6 |
| 8. Summary                | Page 6 |
| 10. References            | Page 7 |
| 11. Appendices            | Page 9 |

  - Appendix 1 signature sheet

---

CP0005.V3 Chaperone Policy Page 2 of 9
1. Introduction

South Tyneside NHS Foundation Trust attaches the highest importance to ensuring that a culture that values patient privacy and dignity exists within the organisation.

The aim of this policy is to safeguard patients and staff during episodes of intimate care provided within the hospital and community environments and to provide a guide to best practice in conjunction with Professional Codes of Conduct and Trust Policies such as Consent to Examination, Privacy and Dignity, Safeguarding Adults policies.

Intimate and personal care is a key area of a person’s self-image and respect. The apparent intimate nature of many health care interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and occasionally, allegations of abuse, such as neglect, physical injury, emotional and sexual abuse. Not understanding the cultural background of a patient can lead to confusion and misunderstanding with some patients believing they have been the subject of abuse. It is important that healthcare professionals are sensitive to these issues and alert to the potential for patients to be victims of abuse. Very careful consideration should be given to patients who have previously had a traumatic intimate examination or who have been sexually assaulted in the past.

Chaperones should always be considered where a health professional is carrying out an intimate examination or procedure and should always be present where the examination / procedure is to be carried out on a minor or a person who lacks capacity e.g. a person with dementia, learning disability.

2. Scope of Procedure

This policy applies to all Trust employees working in a general inpatient unit within South Tyneside NHS Foundation Trust, including locum, bank and agency staff who are working on behalf of the Trust and are involved in the direct care of patients. This also includes any member of staff undergoing training, for example Medical Students, student nurses, radiographers, physiotherapists.

3. Responsibilities

All staff who are required to provide clinical care of an intimate nature are personally responsible for ensuring that their actions comply with this policy.

Ward / Department Managers should consider the needs of patients, when planning duty rota’s e.g. to ensure male & female staff are on duty, where possible, to ensure patient preference can be accommodated.
4. Organisational Arrangements

All staff including locum, bank and agency staff, who are required to undertake clinical care of an intimate nature will be made aware of this policy through induction training, supported by their line manager. This policy will be monitored by systematic review of feedback & complaints issues. Feedback from patient surveys will also identify compliance with the policy, as will benchmarking using the Integrated Audit Tool.

5. Role of chaperone

It is acknowledged that there is no common definition of a chaperone and that a chaperone may be required for a number of purposes, depending on the needs of the patient and the nature of the examination / procedure and treatment.

The Trust considers the role to involve:

- providing emotional support and reassurance to the patient
- maintaining the patient’s dignity, by only exposing the area requiring examination / treatment by using clothing, gowns, sheets
- ensuring bed areas are appropriately screened / doors closed & engaged signs used / privacy curtains drawn
- ensuring interruptions by other staff are only for emergency situations
- offering assistance during the examination / procedure e.g. handling of equipment / instruments
- safeguarding both the patient and the health care professional
- identifying any unusual or unprofessional behaviour on the part of the professional or the patient

Chaperones have a responsibility to:

- ensure that the individual understands why you are in attendance
- listen, observe and verify what is discussed and carried out

6. Intimate examinations / procedures

Intimate examinations include the examination of breasts, genitalia or rectum, (although other areas may also be classified as intimate by patients relating to their cultural beliefs). Intimate examinations and procedures can be stressful and embarrassing for patients.

6.1 When conducting intimate examinations/ care staff should:

Prior to the examination/procedure:

- Explain to the patient why an examination/procedure is necessary and give the
patient an opportunity to ask questions

- Explain what the examination/procedure will involve in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort. E.g. If the patient is to undergo breast examination it is necessary to explain the reason for examination of both breasts
- Always obtain the patient’s permission before the examination/procedure and be prepared to discontinue the examination/procedure if the patient asks
- A record of consent must be obtained according to the South Tyneside NHS Foundation Trust policy to examination and treatment. For example documenting in the healthcare record “patient gave verbal consent for the examination/ procedure to be undertaken”.
- For specific clinics where the nature of the visit will usually mean an intimate examination will take place e.g. one stop breast clinic, Genito – Urinary Medicine Clinic, Colposcopy Clinic, verbal consent must be sought from the patient as it is implicit due to the nature of the clinic that examination would be required
- When a patient decides not to give consent, he/she normally has the right to have his/her decision respected. Only in the circumstances of immediate necessity, when the individual is unable to understand the consequences of his/her refusal, should an intervention be made, e.g. when caring for a patient with severe mental health problems such as dementia, or a profound learning disability. Whenever possible in these circumstances, the main carer should be informed prior to the examination/procedure. If the patient does not have family then advice should be sought from the advocacy service (IMCA). Staff should refer to Trust Policy for Mental Capacity and complete MCA1, MCA2 to be completed if a best interests decisions is to be made
- All patients should have the right, if they wish to have a chaperone present irrespective of organisational constraints
- Where ever possible a chaperone should be a member of staff. If a chaperone is present, this should be recorded and a note made of the chaperone’s identity. If for justifiable reasons a chaperone cannot be offered, this should be explained to the patient and an offer made to delay the examination/procedure. This discussion must be recorded along with its outcome
- Ensure patient privacy is promoted when they are required to undress and dress and use drapes to maintain their dignity. Do not assist the patient in removing clothing unless it has been clarified that assistance is needed

During the examination/procedure:

- Keep discussion relevant and avoid unnecessary personal comments
- Avoid unnecessary discussion with other staff members
- Ensure the patient’s privacy and dignity is protected. Avoid other members of staff entering the room. Introduce any other staff present and check that the patient consents to them remaining

On completion of the examination/procedure:
Ensure the patient’s privacy and dignity is protected
Address any queries or concerns relating to the examination/procedure

6.2 Anaesthetised / Unconscious Patients

Where anaesthetic is required for an intimate examination or procedure this should be obtained in writing prior to the anaesthetic. If students are being supervised, undertaking an intimate examination/procedure, the supervising Consultant / Registrar must ensure that valid consent has been obtained from the patient prior to them undertaking any intimate examination/procedure under anaesthesia and that this is clearly documented.

If the patient is unconscious their privacy & dignity must still be maintained. Consideration should be given to ensure staff who are conducting intimate procedures do so when a colleague is present. It is likely in these circumstances that assistance will be necessary e.g. assisting with catheterising the patient / administering an enema.

7. Intimate Care

Intimate care is defined as the care tasks associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with or exposure of the sexual parts of the body, (although other body parts may also be classified as intimate relating to the patients cultural beliefs).

Where the member of staff is of the opposite gender to the patient, permission should be sought from the patient to deliver intimate care. Where the patient lacks capacity another member of staff should be present and wherever possible this must be a staff member should be the same gender of the patient.

If a patient choses to decline to have care delivered by a member of staff of the opposite gender the member of staff must inform the nurse in charge / department manager so that alternative arrangements can be put in place to ensure the care needs of the patient is delivered as soon as possible. This should be documented in the patient's health records.

If a patient declines to have a chaperone and the member of staff deems it necessary that one should be present to deliver intimate care, then the care should be delayed, except where patient safety would override this. The nurse in charge / department manager should be informed to enable a chaperone to be identified.

8. Summary

Clinical staff have a professional duty of care for patients, outlined in specific Codes of Conduct by professional bodies.
Undertaking intimate examination, treatment and care is integral to many aspects of patient care. Ensuring a chaperone is present provides reassurance and support to patients and protects staff.

Staff should be sensitive to differing expectations associated with race, ethnicity, culture, age and gender; and wherever possible staff of the same gender should be available to chaperone. It is recognised that those patients who are most vulnerable e.g. those who lack capacity, should be supported by a chaperone and this be documented in the clinical records.

This policy acknowledges that in situations of extreme urgency care will be delivered in the best interests of the patient and support offered by senior clinical staff after the situation has resolved.

Where due to organisational constraints there are delays in appropriate chaperones being available, this will be reviewed by the Ward / Department Manager and appropriate Matron / Clinical Business Manager.

9. **Equality, Diversity & Human Rights Statement**

The Trust is committed to promoting human rights and providing equality of opportunity; not only in our employment practices but also in the way we provide services. The Trust also values and respects the diversity of our employees and the communities we serve. In applying this policy, the Trust will have due regard for the need to:

- Promote human rights
- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups
- Consider providing more favourable treatment for people with disabilities

This policy aims to be accessible to everyone regardless of age, disability (physical, mental health or learning disability), gender (including transgender) race, sexual orientation, religion or belief or any other factor which may result in unfair treatment or inequalities in health or employment.

10. **References**


General Medical Council (2001 Intimate Examinations. [www.gmc.uk.org/standards/INTIMATE.HTM](www.gmc.uk.org/standards/INTIMATE.HTM)}
Health Professions Council (2008) Standards of conduct, performance and ethics


Nursing Midwifery Council (2008) Chaperoning Advice Sheet. NMC


Chaperone Policy

This sheet should be used to record the names of staff members who have read and understood the above policy document.

<table>
<thead>
<tr>
<th>Name (please print)</th>
<th>Job Title</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>