Mid Essex Hospital Services NHS
NHS Trust

CHAPERONE POLICY	Type: Policy Register No: 05118 Status: Public once ratified

Developed in response to:	Best Practice
Contributes to CQC Regulation	9.10

Consulted With	Post/Committee/Group	Date
	Nursing and Midwifery Executive Group	January 2015
Ronan Fenton	Chief Medical Officer	July 2015
Lyn Hinton	Deputy Chief Nurse	June 2015
	Heads of Nursing	July 2015
	Lead for Adult Safeguarding	July 2015
	Clinical Directors	July 2015
	Lead Nurses	June 2015
Diane Roberts	Named Midwife	July 2015
Julie Green	Dementia Specialist	July 2015
Sandie Morton-Nance	Hospital Liaison Nurse Specialist – LD	June 2015
Professionally Approved	Cathy Geddes, Chief Nurse	June 2015

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Author/Contact for Information	Sue Wright, Named Nurse for Safeguarding Children
Policy to be followed by (target staff)	All healthcare professionals
Distribution Method	Intranet and website
Related Trust Policies (to be read in conjunction with)	04080 Informed Consent Policy 09127 Interpreting and Translating Policy 08086 Clinical Record Keeping Standards 04064 Safeguarding Children and Young People 0-18 Policy 08078 Lone Worker Policy Privacy and Dignity Best Practice Guidance Safeguarding Medical Examination Protocol

Document Review History

Review No	Reviewed by	Issue Date
1.0	Chris Craven	October 2010
2.1		
2.2	Sue Wright	November 2014
3.0	Sue Wright, Named Nurse for Safeguarding Children	15 December 2015
3.1	Jo Myers - 6 month extension request due MSB standardisation	16th November 2018
3.2	Susan Kent – 3 month extension due to MSB harmonisation	17th June 2019

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1.0 Purpose

1.1 The purpose of this policy is to provide guidance and instructions as to the Trust' expectation in regard to the use for all staff involved in the provision of direct patient care; this guidance aims to provide reassurance to both healthcare staff and clients.

1.2 Whilst this policy will provide instructions when a chaperone must be used, it is accepted that practitioners may identify additional circumstances when the presence of a chaperone will be considered to be in the best interests of either the client and/or staff member; in such circumstances a chaperone should be used.

1.3 This policy should be read in conjunction with the related Trust policies listed.

1.4 The policy provide specific guidance in relation to the use of Chaperones for children and young people and vulnerable groups.

2.0 Equality and Diversity

2.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

2.2 The EIA (Equality Impact Assessment) form has been completed and the following categories are included and addressed to include: race and ethnicity, religion, faith and belief, disability, sexual orientation, age, transgender people, social and carers.

2.3 Staff should be sensitive to the differing expectations associated with race, ethnicity, culture, age, gender and sexual orientation and whenever possible staff of the same gender as the client should be used to chaperone.

(Refer to Appendix B for details of the EIA form)

3.0 Policy Statement

3.1 No child, young person or vulnerable adult should be seen or examined without a chaperone being present. It is mandatory for health care professionals to have a formal chaperone present when performing intimate examinations. The definitions used within this policy are included within appendix A.

3.2 The relationship between a client, their doctor and other healthcare professional is based on trust. All clients and staff could be considered vulnerable at some stage during the consultation process, treatment or care; it is essential therefore that the safety, privacy and dignity of the client must remain of paramount importance.

3.3 The Nursing and Midwifery Council (NMC), the General Medical Council (GMC), the Royal College of Obstetricians and Gynaecologists and the Royal College of Nursing and Midwifery (RCN, RCM) have all published chaperoning guidance.

The NMC in September 2013 stated:

> "People in the care of nurses and midwives have the right to request a chaperone when undergoing any procedure or examination. If a chaperone cannot be provided, the person must be informed and asked whether they wish to continue with the procedure or examination. Their decision should be recorded in their records.
>
> Nurses and midwives have a professional duty to assist people in their care in making decisions regarding their treatment or care, by providing them with sufficient information. Nurses and midwives must ensure that the person in their care has

been provided with - and understands - a full explanation of the procedure or examination to be carried out.

Where intimate procedures or examinations are required, nurses and midwives should ensure that they are aware of any cultural, religious beliefs or restrictions the person in their care may have, which prohibits this being undertaken by a member of the opposite sex. Any preferences and/or objections to care management should be identified as early as possible to eliminate the potential of causing any unnecessary offence. The individual requirements of the person should be respected and the preference documented in the appropriate records"

3.4 The client must give their consent for the procedure / examination to take place after a full explanation of what will be involved and given the opportunity to request a chaperone to be present. Where a young person (16-18) is in transition to adult services they may be seen without a parent or carer at their request but a formal chaperone must be present. In a case where the client is either not competent or unable to give consent the NMC recommend that the nurse should attempt to determine whether the client has indicated a preference in the past, which could be applied to the circumstances. If there are no known wishes, the criteria for care/treatment must be that it is in the client's best interests.

3.5 Clients have the right to request that a trusted adult be present whilst any consultation, examination, care or treatment is carried out. It is mandatory that for all children and young people attending MEHT to be seen or examined with a chaperone (either formal or Informal) present. Any intimate examination or procedure must be carried out in the presence of a formal chaperone.

3.6 It is mandatory for staff to be formally chaperoned when performing any intimate examination or procedure on any adult client, regardless of the gender of the examiner.

3.7 Managers should endeavour to ensure that where male and female staff are employed that there is a mix of staff on duty at any one time.

3.8 In the rare event that a client requests a specific gender chaperone before being examined in outpatients and a suitable chaperone cannot be located within a reasonable timescale, this appointment will not be "suspended" in terms of appointment targets as the appointment will be deemed to have taken place.

3.9 Every effort must be made to find an appropriate chaperone; the lead nurse should support this process.

3.10 Any instances of non-compliance with this policy should be recorded via Datixweb; an electronic clinical incident risk event system.

4.0 Scope of Policy

4.1 This policy is to be applied Trust wide and is a requirement applicable to all Trust employees including locum, bank and agency staff who work on behalf of the Trust who involved in the direct care of clients irrespective of location. The guidance also covers any non-medical personnel who may be involved in providing care. In this guidance all staff groups covered will be referred to as the "healthcare professional". The use of the feminine gender equally implies the male and similarly the use of the male gender equally implies the female.

5.0 Consent

(Refer to the policy entitled 'Informed Consent policy'; register number 04080)

5.1 Consent is a client's agreement for a health professional to provide care. Before any examination, treatment or care is delivered consent must be obtained from the client. Every adult is considered to have the capacity to consent to, or refuse proposed medical intervention, unless it is shown that they cannot understand information presented in a clear way.

5.2 By attending a consultation it is assumed by implied consent that a client is seeking treatment. However, before proceeding with an examination it is vital that the client's informed consent is obtained. This means that the client must; be competent to make the decision; have received sufficient information to make such a decision and not be acting under duress.

5.3 Where a client may lack capacity to consent to examination a mental capacity assessment must be undertaken if over the age of 16 years.

5.4 Healthcare staff should be aware that touching a client without their consent is considered an assault, consent must be obtained prior to examination.

5.5 Appropriate explanations and adequate information should be given to the clients prior to any procedure being undertaken. If necessary, an interpreter should be provided (refer to point 5.6)

5.5 Easily understood literature and diagrams should be provided where possible to support verbal explanations to enable the informed consent process. The Lead Nurse for Learning disability may be able to provide support and guidance.

5.6 Further guidance is available on the use of interpreters within the policy entitled 'Interpreting and Translating Policy, (09127)

5.7 Consent can be verbal or by gesture but there should be an indication that the client understands what the doctor or healthcare professional is going to do and that they have agreed to the examination. Written consent is not usually necessary.

5.8 If a client expresses any doubts or reservations the healthcare professional should document this in the client's medical record.

5.9 A record of any chaperone present should be recorded in the client's medical record which should include the name of the chaperone. If the client refuses to have a chaperone, this must also be documented.

5.10 Within Maternity Services, midwives may examine pregnant clients and deliver a baby without a chaperone but should gain verbal consent that it is acceptable to the client. They should always check that it is acceptable to the client for a partner/relative to be present during such examinations and deliveries. Consent may be withdrawn at any point and it is essential that if this occurs the procedure or examination stops until the patient's opinion is clarified.

5.11 If a client does not wish a relative to be present the healthcare worker may need to support the client in asking the relative to leave. This may be the client's opportunity to disclose domestic or other abuse.

6.0 Lone Working

6.1 Where a healthcare professional is lone working e.g. home visit, out-of-hours centre, the same principles for offering and use of chaperones should apply; in such circumstance children must not be examined without the presence of a chaperone; this could be facilitated by an informal chaperone such as a family member or friend. In cases where a

formal chaperone is indicated such as an intimate examination, then the healthcare professional must reschedule the examination to a more convenient location.

6.2 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.

(Refer to the policy entitled 'Lone Worker Policy'; register number 08078)

7.0 Communication

7.1 Healthcare professionals must be sensitive to the client's physical and psychological needs when undertaking an intimate examination and ensure that a full explanation is given how the examination will be conducted to reduce the risk of misinterpretation of any action taken. It must be considered that some clients may view any examination which requires the healthcare professional to touch or be in close proximity to them as intimate; in such circumstances a formal chaperone is advised.

7.2 Good communication can reduce the risk of complaints and misunderstanding; it is imperative that the client knows what is proposed. It is the responsibility of the healthcare professional to ascertain if the client is concerned in any way about the proposed examination and to allay any anxieties or defer if this is not achieved.

8.0 Chaperone Role

8.1 The process of chaperoning can provide reassurance to both the client and healthcare professional and reduce the risk of concern of improper conduct.

8.2 It is expected that the chaperone will introduce themselves to the client; the health care professional undertaking the procedure or examination will record who was present within the healthcare records.

8.3 Whilst it is preferable to use a formal chaperone, a trusted relative, guardian or friend will be considered as a chaperone at the request of the client. The name and relationship to the client of this person will be recorded within the healthcare records. The health care professionals present must conduct themselves appropriately at all times and ensure that the confidentiality of the client is maintained.

8.4 The chaperone's role is to ensure that the client's privacy, dignity and interest are protected at all times throughout the consultation, examination, treatment or care. They may provide assistance to the client with dressing or undressing if required and may assist with the consultation, investigation or procedure if deemed competent to do so. Support and reassurance should be given throughout the examination or procedure.

8.5 The chaperone must remain with the client until the examination is complete.

8.6 In the event that the chaperone witnesses any inappropriate behaviour during the examination process then they have a duty to report this to a member of the Senior management team. Following a verbal report, the member of staff must complete a clinical incident reporting form (DATIX).

8.7 In the event that a client makes a verbal complaint, this must be immediately reported to a member of the senior management team; where appropriate the Complaints and Patient Administration Litigation Service (PALS) team will be involved. If this involves a child or

young person the Management of Allegations against Staff policy must be instigated immediately

9.0 When to Use a Chaperone

9.1 Some clients may prefer not to have a chaperone present during a consultation; if it is considered that a chaperone should be present then this will be discussed with the client. Further advice should be sought and any actions or decisions will be recorded in the healthcare records.

9.2 A formal chaperone will be required when examining or treating:

- clients who are semi-conscious or unconscious
- clients who are intoxicated with alcohol or drugs which include those which are known to have a hallucinogenic or sedating effect
- Clients where English is not their first language
- Clients who have a Learning Disability
- Any client considered vulnerable for any reason
- If the client appears nervous or appears to have reservations about the examination
- For intimate examinations

9.3 A formal chaperone must be present whenever an intimate examination/procedure is to take place, regardless of the gender of the examiner.

9.4 In the case of children under 16 years of age a chaperone is always required when an examination for child protection procedures is being undertaken.

10.0 Issues Specific to People with Learning Disabilities/Autism

10.1 In the case of clients with learning disabilities/autism, best practice would indicate a planned approach to all investigative interventions. Therefore contact with the hospital Liaison LD Nurse or Safeguarding Lead Nurse should be enacted in order to facilitate an improved and effectual client experience.

10.2 This client group is a vulnerable one and issues may arise with physical examination; making reasonable adjustments must include the provision of a chaperone; this should be identified prior to any procedure.

10.3 A chaperone will be necessary to support the clinical examination, the chaperone will provide support and reassurance to the client, witness the continuing consent to a procedure, and on occasion provide practical help to the clinician. The role of the chaperone provides a safeguards to both the client and the healthcare professional during consultation, examination, treatment and care and may provide additional protection for the health care professional from clients with learning disabilities/autism who are known to present with behaviours which are challenging.

10.4 For clients with a learning disability/autism, a familiar individual such as a family member or carer may act as an informal chaperone as they will be familiar with the individual's needs, fears and methods of communication. The choice of using a family member, Carer, CNS – LD or Community LD Nurse or trusted adult should be considered whilst acknowledging the need to safeguard such vulnerable groups.

10.5 Many people with learning disability will still have capacity to give consent for themselves given the appropriate support. For those who do not have capacity, decisions should be made based on 'best interest principles'.

10.6 A vulnerable adult who is deemed to have capacity has the right to consent or refuse treatment and may make their own decision regarding the presence of a chaperone, in such circumstances their right to decline a chaperone must be respected however the healthcare professional should decide whether it is appropriate to continue with the examination. This must be recorded within the healthcare records identifying that the presence of a chaperone was declined and what action taken.

10.7 By checking the information held within the client's Health Action Plan or hospital passport, information can be accessed on preferred communication method and choice of carer can be established. The document will highlight any known risks and there will also be reference to any consent issues which may help with assessing the person's mental capacity.

11.0 Children and Young People under 18 years of age

11.1 It is mandatory that a chaperone (formal or informal) must be present for all children and young people attending MEHT for an examination.

11.2 Where a young person is in transition to adult services they may be seen without a parent or carer at their request but a formal chaperone must be present. If this is declined by the young person then an assessment of risk should be undertaken and the outcomes recorded within the healthcare records.

11.3 No child or young person should be seen "out of hours" without the presence of a chaperone.

11.4 Full explanations should be given in relation to the examination or procedure and consent obtained.

11.5 Any complaint or disclosure from the child or young person must be taken seriously; the Management of allegations policy will be implemented and the complaint formally investigated.

12.0 During the Examination / Procedure

12.1 There should be no undue delay prior to examination once the client has removed any clothing. Intimate examination should take place in a closed room or in ward settings screened bays must not be entered without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages.

12.2 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 clients.

12.3 Once the client is dressed following an examination or investigation the findings must be communicated to the client. If appropriate this can be used as an educational opportunity for the client. The professional must consider (asking the client as necessary) if it is appropriate for the chaperone to remain at this stage. Consent may be withdrawn at any point; in such circumstances the examination will be discontinued.

13.0 Maintaining Privacy and Dignity

13.1 In order to maintain privacy and dignity the following points should be addressed:

- Provide the client with a private space in which to undress and dress themselves
- Pull curtain across properly

- Provide a client with a gown if necessary
- Close the doors to any public areas
- Avoid over-exposure of the client
- Only help the client to remove or replace clothing if they ask for or appear to need help
- Always knock or call before entering

13.2 During an intimate examination healthcare professionals should:

- Offer reassurance
- Be courteous
- Keep discussion relevant
- Avoid unnecessary personal comments
- Encourage question and discussion
- Remain alert to verbal and non-verbal indications of distress from the client which may indicate withdrawal of consent.

14.0 Communication and Record Keeping

(Refer to the guideline entitled 'Clinical Record Keeping Standards'; register number 08086)

14.1 The most common cause of client complaints is a failure on the client's part to understand what the practitioner was doing in the process of treating them. It is essential that the healthcare professional explains the nature of the examination to the client and offers them a choice whether to proceed with that examination at that time. The client will then be able to give an informed consent to continue with the consultation.

14.2 Details of the examination including presence/absence of chaperone and information given must be documented in the client's medical records. This could include formal GP records, nursing notes, Client Medication Records for pharmacists or therapists record cards.

14.3 If the client expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing then it would be good practice to record this in the client's notes. The records should make clear from the history that an examination was necessary.

15.0 Policy Communications and Implementation

15.1 The policy will be made available on the Trust intranet and website by Governance. All staff will be informed of this revised policy.

15.2 Senior Sisters, Lead Nurses, Senior Midwives and Heads of Departments will be responsible for implementation within their departments.

15.3 The approved policy will be notified in the Trust Staff Focus that is sent via email to all staff.

16.0 Auditing and Monitoring

16.1 Compliance with this policy will be undertaken through client satisfaction and clinical audit and evaluation of risk event forms.

16.2 Six monthly in-client and out-client surveys are completed to evaluate continuing compliance of this policy. Any areas of concern are identified in the appropriate improvement action plan.

17.0 References

Nursing Midwifery Council (2015) The Code for Nurses and Midwives

www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Chaperoning

Nursing and Midwifery Council (2006) Chaperoning.

e-mail advice@nmc-uk.org

Royal College of Nursing (2006) Vaginal and pelvic examination; guidance for nurses and midwives. RCN: London.

Royal College of Nursing (2006) Chaperoning: The role of the nurse and the rights of patients

Reference Guide to Consent for Examination or Treatment, Dept of Health

http://www.dh.gov.uk/assetRoot/04/01/90/79/04019079.pdf

General Medical Council (2013): Intimate examinations and Chaperones

With thanks to the Isle of Wight Health Care NHS Trust (2005) Chaperone Policy and Cambridge University Hospitals NHS Foundation Trust

Appendix A

Definitions

1. Chaperone

A chaperone is an impartial observer who in terms of this policy is either:

- A Formal chaperone, who is a healthcare professional or
- An Informal Chaperone who is a family member, friend or legal guardian

2. Intimate Examination – General Medical Council Guidance

Intimate examinations i.e. involving examinations of the breasts, genitalia and rectum, can be stressful and embarrassing for clients. When conducting intimate examinations you should:

- Explain to the client why the examination is necessary and give the client an opportunity to ask questions
- Explain what the examination will involve in a way that the client can understand so that the client has a clear idea of what to expect including any potential pain or discomfort
- Obtain the clients permission before the examination and be prepared to discontinue the examination if the clients ask you to. You should record that permission has been obtained
- Keep discussion relevant and avoid unnecessary personal comments
- Offer a chaperone or invite the client (in advance if possible) to have a relative or friend present. If the client does not want a chaperone you should record that the offer was made and declined. If a chaperone is present, you should record that fact and make a note of the chaperones identity
- Offer a chaperone but if for practical reasons this is not possible, you should explain that to the client and if possible offer to delay the examination to a later date. Record this discussion and its outcome
- Give the client privacy to undress and dress and use drapes to maintain the client's dignity. Do not assist the client in removing clothing unless you have clarified with them that your assistance is required.

Appendix B

Mid Essex Hospital Services NHS
NHS Trust

Equality Impact Assessment (EIA)

Chaperone Policy:

Equality or human rights concern. ***(see guidance notes below)***	**Does this item have any differential impact on the equality groups listed? Brief description of impact.**	**How is this impact being addressed?**
Gender	The areas where some clients may be seen and examined may not be single sex	Privacy and best practice guidance is applied
Race and ethnicity	Language may be a barrier for some clients.	Interpreters are made available when required. Staff training have mandatory equality and diversity training.
Disability	There may be individuals who have a disability who use, visit or work within the Trust.	All client areas are accessible by wheelchair or lift. Risk assessments completed for clients
Religion, faith and belief	This would depend on individual needs and requirements.	There is access to the multi faith chaplaincy team who offer advice and support for all clients, relatives/carers and staff.
Sexual orientation	All people who use, visit or work within the service are treated the same regardless of their sexual orientation.	All complaints would be fully investigated and responded to if they arose. Staff training offered for equality and diversity.
Age	Childrens examination areas are separated from adults.	Staff to complete appropriate nursing assessments and referrals made as identified. Staff to attend safeguarding training for children and vulnerable adults.
Transgender people	All people who use, visit or work within the services are treated the same regardless of their sexual orientation.	Staff to attend training offered for equality and diversity. All complaints would be fully investigated and responded to if they arose
Social class	No information provided currently relating to Chaperone requests for clients or users.	Provide information for all clients to MEHT.
Carers .	Some carers may have difficulty attending with relative as transport/financial concerns	Provide information leaflets and public transport, parking costs. Ensure staff communication is encouraged to support the carers.

Date of assessment: July 2015

Names of Assessor (s)…Sue Wright, Head of Child Safeguarding