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Title: **CHAPERONES**

Ref: 1574 Version 1

Classification:

Guideline

Directorate: Trustwide

Due for Review:

07/04/20

Responsible

for review: Medical Director

[Document Control](#)Ratified by: Medical Director  
Deputy Director of Nursing

Applicability: Healthcare Professionals

## 1. PURPOSE

- 1.1 The purpose of this policy is to provide clear guidance for healthcare professionals regarding their role and responsibilities in ensuring a suitable chaperone is available in order to provide protection for both the service user and healthcare professional, particularly when an intimate examination is involved.

## 2. SCOPE

- 2.1 This policy applies to all Trust employees, including locum, bank and agency staff and those in training posts, who are working on behalf of the Trust and involved in the direct care of patients.

## 3. EQUALITY STATEMENT

- 3.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No employee will receive less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation, or on the grounds of trade union membership'.

## 4. INTRODUCTION

- 4.1 South Devon Healthcare 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.

## 5. RESPONSIBILITIES

- 5.1 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.
- 5.2 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.

## 6. ROLE OF CHAPERONE

6.1 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, but staff are advised to consider being accompanied by a chaperone when:

- The patient requires intimate examination or care. This applies whether or not you are the same gender as the patient.
- The patient has a reduced level of consciousness
- Is intoxicated with alcohol or taken recreational drugs
- The patient has learning difficulties
- The patient has mental health issues
- The patient has recently received sedative or anaesthetic agents

This list is not exhaustive and clinical judgement should always be used.

6.2 The Trust considers the role to involve (this list is not exhaustive):

- Providing emotional support and reassurance to the patient
- Always respect and maintain the privacy and dignity of the patient
- 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 if required to do and competent to do so.
- Safeguarding both the patient and the health care professional
- Identifying any unusual or unprofessional behaviour on the part of the professional or the patient.

6.3 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.

6.4 The use of a chaperone:

- All patients should have the right, if they wish to have a chaperone present.
- 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.
- For patients with learning difficulties or mental health issues or for who English is not their first language, or through sight/hearing loss, requiring translations, it may be more appropriate if the chaperone is someone who is more familiar to the individual such as family member or carer. This decision should be recorded.
- In the case of life threatening situations the healthcare professional should use their professional judgement and where possible should seek advice from immediate line manager/supervisor.
- If the patient prefers to undergo an examination/procedure without the need of a chaperone this should be respected and recorded.

## 7. INTIMATE EXAMINATIONS/PROCEDURES

7.1 Intimate examinations can be embarrassing and/or distressing for patients and whenever you examine a patient you should be sensitive to what they may think of as intimate. This is likely to include the examination of breasts, genitalia or rectum, but could also include any examination where it is necessary to touch or even be close to the patient.<sup>1</sup>

7.2 When conducting intimate examinations 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.
- 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 Trusts policy to examination and treatment.
- When a patient decides not to give consent, he/she normally has the right to have their decision respected. The only exceptions to this are cases of life threatening situations as stated in section 6.4 above.
- Offer the patient a chaperone as per the guidance in Section 6 above.
- Ensure patient privacy is promoted when they are required to undress and dress and use drapes to maintain their dignity.

7.3 Anaesthetised or 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 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.

## Protocols & Guidelines – Document Control

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Ref: 1574	Title: Chaperones		
Date of Issue:	07 April 2017	Next Review Date:	07 April 2020
Version:	1		
Author:	Medical Director		
Index:	Trustwide		
Classification:	Guideline		
Applicability:	Healthcare Professionals		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief.		
Evidence based:	Yes		
References:	1. GMC Guide to Ensuring Good Medical Practice – Intimate Examinations and Chaperones (2013)		
Produced following audit:	No		
Audited:	No		
Approval Route:	See ratification	Date Approved:	5 July 2013
Approved By:	Medical Director Acting Director of Nursing & Patient Experience		
Links or overlaps with other policies:			
All TSDFT Trust strategies, policies and procedure documents.			

### PUBLICATION HISTORY:

Issue	Date	Status	Authorised
1	11 July 2013	New	Medical Director Acting Director of Nursing & Patient Experience
1	17 July 2015	Date change	Medical Director Deputy Director of Nursing
1	07 April 2017	Date Change	Medical Director
1	20 February 2018	Review Date Extended 2 Years to 3 Years	

## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Rapid (E)quality Impact Assessment (EqIA)** (for use when writing policies)

<b>Policy Title</b> (and number)		<b>Version and Date</b>	
<b>Policy Author</b>			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
<b>Who may be affected by this document?</b>			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
<b>Could the policy treat people from protected groups less favorably than the general population?</b>			
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religion/Belief (non)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage/ Civil Partnership		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>			
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language <sup>5</sup> used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)			
<b>Who was consulted when drafting this policy?</b>			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
<b>What were the recommendations/suggestions?</b>			
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts			
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
<b>Name of person completing the form</b>		<b>Signature</b>	
<b>Validated by (line manager)</b>		<b>Signature</b>	

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pdf.sdht@nhs.net](mailto:pdf.sdht@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**