South Central Ambulance Service
NHS Foundation Trust

CHAPERONE POLICY

CSPP 32

South Central Ambulance Service NHS Foundation Trust
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DOCUMENT INFORMATION

Version:	2
Policy Lead:	Head of Safeguarding and Prevent
Executive Lead:	Director of Patient Care & Service Transformation
Professional Approving Committee:	Safeguarding Group and Patient Safety Group
Approved by Professional Approving Committee:	Safeguarding Group and Patient Safety Group
Implementation Date:	31st July 2021
Review Date:	31st July 2024

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1. INTRODUCTION

Patients can find some assessments or procedures distressing and may prefer to have a chaperone present in order to support them. It is good practice to offer all patients a chaperone for any intervention or where the patient feels one is required. Examples of intervention which may make the patient feel particularly vulnerable include the need to undress or intimate examinations involving the breasts, genitalia or rectum.

The intimate nature of many health care interventions, if not practiced in a sensitive and respectful manner, can lead to misinterpretation and the potential for allegations of sexual assault or inappropriate examinations. In these circumstances a chaperone will act as a safeguard for both patient and clinician.

For most patients, respect, explanation, consent and privacy 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.

All patients have the right, if they wish, to have a chaperone present during an assessment. Having a chaperone present does not alleviate the requirement to have informed consent for any assessment/procedure.

SCAS is committed to promoting equality of opportunity, celebrating, and valuing diversity and eliminating unlawful discrimination. We are committed to achieving equality for our patients and staff members by reducing discrimination in employment and service delivery on the grounds of age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

2. SCOPE

This policy applies to all staff employed directly or indirectly by SCAS, including students, volunteers and those on temporary contracts, secondments, other flexible working arrangements or commissioned services.

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This Policy will give staff the knowledge, understanding and guidance of when a chaperone is required and how to keep patients and themselves safe.

This policy applies equally to both male and female staff.

This policy specifically applies to all intimate examinations and procedures.

3. AIM

The aims of this policy are to:

- Ensure that patients' safety, privacy and dignity are protected during intimate examinations or procedures and delivery of clinical care interventions.
- Minimise the risk of staff actions being misinterpreted.
- Maintain patient safety, ensuring that correct processes are followed, and support is available whilst carrying out intimate, clinical examinations and interventions.
- Recognise that the Trust's Mental Capacity and Consent policies must be adhered to at all times.
- Produce a coordinated approach to the use of chaperones during assessments carried out by the Trust.

4. ROLES AND RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive is the executive member of the Trust Board with overall accountability in relation to safeguarding and patient experience.

4.2 The Executive Director of Patient Care and Service Transformation

The Executive Director of Patient Care and Service Transformation is the nominated director responsible for coordinating the management of the safeguarding agenda and patient experience.

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4.3 Medical Director

The Medical Director is the nominated director responsible for consent for treatment and ensuring that all clinicians deliver care in accordance with best practice.

4.4 Head of Safeguarding

The Head of Safeguarding has a responsibility for the development and implementation of systems and processes for safeguarding, working with partner agencies in line with local and national standards and legislation. This includes overall responsibility for policy development, education content guidance, and safeguarding supervision. The Head of Safeguarding is the named professional for Children and Adult Safeguarding.

4.5 SCAS Clinical Staff

All SCAS staff are required to act at all times to safeguard the health and wellbeing of their patients. Staff should be able to recognise when a chaperone may be required and when a medical emergency takes precedence over the need for a chaperone. They should be familiar with and adhere to Trust policies and procedures.

5. DEFINITIONS

Chaperone

Due to SCAS being an emergency service, SCAS do not have staff trained as formal chaperones or access to a formal chaperone service.

SCAS staff utilise colleagues as formal chaperones.

Frequently, SCAS utilise family members, carers, and friends of the patient to support patient during procedures if required.

There is no common definition of a ‘chaperone’ and the role varies according to the needs of the patient, the healthcare professional, and the examination or procedure being carried out. It is acceptable for a friend, relative or carer to be present during a procedure if that is the wish of the patient.

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Formal Chaperone

A health care professional, a health care support worker or a specifically trained non-clinical staff member.

A Chaperones role may vary and can include:

- Providing the patient with physical and emotional support and reassurance.
- Ensuring the environment supports privacy and dignity.
- Providing practical assistance with the examination.
- Safeguarding patients from humiliation, pain, distress or abuse.
- Providing protection to healthcare professionals against unfounded allegations of improper behaviour.
- Identifying unusual or unacceptable behaviour on the part of the healthcare professional.
- Providing protection for the healthcare professional from potentially abusive patients.

A Chaperone must:

- Be sensitive and respectful of the patient's dignity and confidentiality.
- Be familiar with the procedures involved in routine intimate examinations.
- Be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end.
- Ensure their presence at the examination is documented by the examining professional in the patient's notes or electronic record.
- Be prepared to raise concerns if misconduct occurs by informing a Team Leader, completing a Datix and informing the Head of Safeguarding via email as soon as practicably possible following the incident.

Informal Chaperone

Partner, Family Member, friend, legal guardian, Healthcare student, police officer, CFR.

Patient consent must be sought before requesting presence of informal chaperone.
A child should never be expected to act as a chaperone.

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An informal chaperone should always be someone acceptable to the patient.

Intimate examinations

A clinical assessment or examination that includes examinations of breasts, genitalia and / or rectum. Cultural and diversity influences may affect what is deemed 'intimate' to a patient. **Any genital full examinations will ONLY be performed by a suitably qualified Specialist Practitioner in an environment where they are authorised to undertake these procedures.**

Informed Consent

A patient's consent to a clinical procedure after being fully informed of all relevant facts and risks involved.

6. ABBREVIATIONS

- SCAS South Central Ambulance Service
- CFR Community First Responder
- HCP Health Care Professional

7. MAIN BODY

7.1 Emergency Care

It is acceptable for clinicians to perform intimate examination/procedure without a chaperone if the situation is an emergency or life threatening and speed is essential in the care or treatment of the patient, and the patient's condition means they are unable to be consulted for consent.

7.2 Use of Informal Chaperones

Informal Chaperones should be someone that they patient feels comfortable and safe to have present during clinical intervention, it should preferably be someone of the same sex or the patient's partner/parent.

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Staff must ensure they obtain explicit consent from the patient that they are happy for the person to be present and act as a chaperone during the clinician's examination.

Staff must ensure that the informal chaperone is fully informed as to the procedure which will be carried out and that they are present as a supportive mechanism for the patient and the lone worker. Staff must ensure they fully inform the chaperone of the procedures/ examinations that are about to take place and that they understand why these procedures/ examinations are being undertaken.

7.3 Children and Young people

Best practice recognises that all children under the legal age of consent (16 years) should be seen in the presence of another adult, this may be a parent or another responsible adult.

A parent or informal or formal chaperone must be present for any physical examination; the child should not be examined unaccompanied unless the child needs immediate clinical intervention to save a life. Parents and guardians must receive a full explanation of the procedure and reasons why the procedure is being undertaken in order to obtain their informed consent to the examination.

A parent, carer or someone already known and trusted by the child may also be present for reassurance.

For young adults, who are deemed to have mental capacity (16 years and over), the guidance that relates to adults is applicable.

If a child specifically requests for care without a chaperone, this must be discussed with them and their carer if safe to do so. Staff must establish why the child does not wish a family member or care present (if the reason is of a safeguarding nature then a safeguarding referral must be completed). Staff should consider whether the "intimate procedure" needs to take place as part of their care or whether this can be completed at hospital. This should be documented on the patient's clinical record.

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All staff must recognise that in an Emergency life-saving situation it is acceptable to provide care to a child without a chaperone present.

7.4 Adults with additional needs

When working with patients who have Learning disabilities and/or mental health problems, every effort should be made to ensure that they understand what you are telling them, and you have consent for treatment. In cases such as these a family member or carer may be the best placed to chaperone and may also be able to provide support in explaining to the procedure to your patient. Consider using any aids the patient may already have to assist you in communications with the patient.

Consideration should be given that for some patient groups any type of touch and/or interaction can cause distress. Staff should take into account whether a hands-on assessment is required at that point. If a patient is going to be taken to hospital for further assessment and is distressed by touch, SCAS staff may delay this hands-on assessment if clinically safe to do so and have this assessment completed at the receiving hospital. This will avoid duplication of assessment. If this is the case, then the clinician must document this fully in the patient's clinical record and explain the reasons for not carrying out a full hands-on assessment of the patient to the receiving hospital clinical staff.

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 should be abandoned and an assessment should be made of whether the patient can be considered competent or not under the Mental Capacity Act 2005. Unless it is a life-saving emergency situation the capacity assessment and best interest decision should be made by hospital or/and community physicians wherever possible.

8. TRAINING

All training with regard to this policy will be undertaken during staff face to face training. This will be delivered by either the Head of Safeguarding, the Safeguarding Team or specifically identified Education Manager that has undergone a training session with the Head of Safeguarding to deliver training on this policy.

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9. EQUALITY AND DIVERSITY

Staff should be sensitive to differing expectations with regard to race, culture, ethnicity, age, gender and sexual orientation, and wherever possible the chaperone should be of the same gender as the patient.

Staff should recognise that different race and cultures have different concepts of intimacy and that other areas of the body other than those provided within this policies definition may considered intimate.

Staff should make every effort to establish clear lines of communication with the patient, utilising family for interpretation (if appropriate) and language line.

10. MONITORING

Compliance will be monitored through the safeguarding specialist audits as part of the Frontline knowledge and awareness audit. These audits will be reported through to the safeguarding Group.

11. CONSULTATION AND REVIEW

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
Safeguarding Group	N/A just updated	
Patient Safety Group	N/A just updated	

12. IMPEMENTATION (including raising awareness)

This policy will be distributed via email and referred to during all forms of safeguarding training.

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13. REFERENCES

Equality Act 2010

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework

Department of Health Committee of Inquiry Report (2004), Independent Investigation into how the NHS handled allegations about the conduct of Clifford Ayling 78594-DoH-Ayling Report (bipsolutions.com)

NHS Clinical Governance Support Team (2015), Guidance on the Role and Effective Use of Chaperones in Primary Continuity Care Microsoft Word - NCGST CHAPERONE FRAMEWORK Final comments.doc (lmc.org.uk)

Independent investigation into governance arrangements in the paediatric haematology and oncology service at Cambridge University Hospitals NHS Foundation Trust following the Myles Bradbury case CUH-final-191015-report.pdf (verita.net)

Royal College of Emergency Medicine best practice guidelines chaperones in the emergency department 5v. Chaperones in the Emergency Department (March 2015).pdf (rcem.ac.uk)

14. ASSOCIATED DOCUMENTATION

- Safeguarding Adults policy
- Safeguarding children policy
- Allegations policy
- Consent policy
- Code of Conduct in Respect of Confidentially Policy
- Dignity at Work Policy
- Discipline and Conduct Policy

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Appendix 1: Review Table

Version	Reason for change	Overview of change
V2	Update to policy	No changes required

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