



# Chaperone policy

DOCUMENT INFORMATION	
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<b>Ratifying committee/group:</b>	Patient Safety Group
<b>Date of ratification:</b>	22nd March 2018
<b>Date of Issue:</b>	31 <sup>st</sup> May 2018
<b>Review due by:</b>	31 <sup>st</sup> May 2021
<b>Version:</b>	<b>V1.1</b>

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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.

1.2. The intimate nature of many health care interventions, if not practised 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.

1.3. 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.

1.4. 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.

1.5. 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**

2.1. 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.

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

2.3. This policy applies equally to both male and female staff.

2.4. This policy specifically applies to all intimate examinations and procedures.

### **3. Aim**

3.1. The aims 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.
- Minimise the risk of staff actions being misinterpreted.
- Maintain patient safety, that correct processes and support is available whilst carrying out intimate, clinical examinations and interventions.
  
- Recognise that the Trusts 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

4.1.1. 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

4.2.1. 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.

4.3. Medical Director

4.3.1. The medical director is the nominated director responsible for consent for treatment and ensuring that all clinicians deliver care in accordance to best practice.

4.4. Head of Safeguarding

4.4.1. 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

4.5.1. All SCAS Staff are required to act at all times to safeguard the health and well-being 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 the Trusts policies and procedures.

## **5. Definitions**

### **5.1. Chaperone**

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

5.1.2. SCAS staff utilise colleagues as formal chaperones.

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

5.1.4. 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.

### **5.2. Formal Chaperone**

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

5.2.2. A Chaperones role may vary and can include:

5.2.2.1 Providing the patient with physical and emotional support and reassurance

5.2.2.2 Ensuring the environment supports privacy and dignity

5.2.2.3 Providing practical assistance with the examination

5.2.2.4 Safeguarding patients from humiliation, pain, distress or abuse

5.2.2.5 Providing protection to healthcare professionals against unfounded allegations of improper behaviour

5.2.2.6 Identifying unusual or unacceptable behaviour on the part of the healthcare professional

5.2.2.7 Providing protection for the healthcare professional from potentially abusive patients

5.2.3. A Chaperone must:

5.2.3.1 Be sensitive and respectful of the patient's dignity and confidentiality

5.2.3.2 Be familiar with the procedures involved in routine intimate examinations

5.2.3.3 Be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end

5.2.3.4 Ensure their presence at the examination is documented by the examining professional in the patient's notes or electronic record

5.2.3.5 Be prepared to raise concerns if misconduct occurs by informing a Team Leader, complete a Datix and informing the Head of Safeguarding via email as soon as practically possible following the incident.

### 5.3. Informal Chaperone

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

5.3.2 Patient consent must be sought before requesting presence of informal chaperone.

5.3.3 A child should never be expected to act as a chaperone.

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

### 5.4. Intimate examinations

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

### 5.5. Informed Consent

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

## 6. Abbreviations

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

## 7. Main body

### 7.1 Emergency Care

7.1.1 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

7.2.1 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.

7.2.2 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.

7.2.3 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**

7.3.1 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.

7.3.2 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.

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

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

7.3.5 If a child specifically request 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.

7.3.6 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**

7.4.1 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.

7.4.2 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 patients clinical record and explain the reasons for not carrying out a full hands on assessment of the patient to the receiving hospital clinical staff.

7.4.3 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 where ever 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.

## **9. Equality and Diversity**

9.1 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.

9.2 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.

9.3 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**

10.1 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 Patient Safety Group.



Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
Detail each criterion and/or process(es) within the policy which should be monitored/audited for compliance.	Detail how the monitoring/audit is to be undertaken ensuring each point of the process(es) is(are) covered. Include the recommended scope and size of the monitoring, e.g. audit 10% of the records from all areas of the Trust.	Detail the responsible person/post for carrying out the audit	Detail the committee which will review the audit and action plan	Detail the frequency of monitoring e.g. quarterly, annually

## 11. Consultation and Review

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
Patient Safety Group		
Staff consultation	17 <sup>th</sup> of April for 21 days	

## 12. Implementation (including raising awareness)

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

### 13. Reference

- Equality Act 2010
- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>)
- Department of Health Committee of Inquiry report (2004), Independent Investigation into how the NHS handled allegations about the conduct of Clifford Ayling (<https://www.bipsolutions.com/docstore/pdf/8221.pdf>)
- NHS Clinical Governance Support Team (2015), Guidance on the Role and Effective Use of Chaperones in Primary Continuity Care ([https://www.lmc.org.uk/visageimages/guidance/2007/Chaperone\\_model%20framework.pdf](https://www.lmc.org.uk/visageimages/guidance/2007/Chaperone_model%20framework.pdf))
- Independent investigation into governance arrangements in the paediatric haematology and oncology service at Cambridge University Hospitals NHS Foundation Trust following the Myles Bradbury case (<http://www.verita.net/wp-content/uploads/2015/10/CUH-final-191015-report.pdf>)
- Royal college of Emergency medicine best practice guidelines chaperones in the emergency department ([https://www.rcem.ac.uk/docs/College%20Guidelines/5v.%20Chaperones%20in%20the%20Emergency%20Department%20\(March%202015\).pdf](https://www.rcem.ac.uk/docs/College%20Guidelines/5v.%20Chaperones%20in%20the%20Emergency%20Department%20(March%202015).pdf))

### 14. Associated documentation

- SCAS Safeguarding policy
- Allegations policy
- Consent policy
- Code of Conduct in Respect of Confidentiality Policy
- Dignity at Work Policy
- Discipline and Conduct Policy

### 15. Appendix 1: Review Table

Version	Reason for change	Overview of change

## 15. Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

Lead Director / Officer	Working Group	Committee	Board Ratification
As appropriate	As appropriate	As appropriate	Required
Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Chief Executive + Director of Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Director of Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Director of Patient Care	Clinical Review Group	Quality and Safety Committee	Required
HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Director Operations	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Director of IT	Information Governance Steering Group	Quality and Safety Committee	Committee decision
Director Operations	As appropriate	Quality and Safety Committee	Committee decision
Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision

### 16. Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy Chaperone policy

Officer completing assessment A Heselton

1. What is the main purpose of the strategy, function or policy?
To give guidance to staff when undertaking intermate examinations of vulnderable adults and children
2. List the main activities of the function or policy? (for strategies list the main policy areas)
To give guidance to staff
3. Who will be the main beneficiaries of the strategy/function/policy?
All patient facing staff
<p>1. Use the table overleaf to indicate the following:-</p> <ul style="list-style-type: none"> <li>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?</li> <li>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?</li> </ul>

		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
<b>GENDER</b>	Women	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
	Men	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
<b>RACE</b>	Asian or Asian British People	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
	Black or Black British People	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
	Chinese people and other people	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
	People of Mixed Race	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
	White people (including Irish people)	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
	<b>Disabled People</b>	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
	<b>Lesbians, gay men and bisexuals</b>	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
	<b>Trans people</b>	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
<b>AGE</b>	Older People (60+)	Yes		To protect vulnerable persons and staff when undertaking intimate examinations

	Younger People (17 to 25) and children	Yes		To protect vulnerable persons and staff when undertaking intimate examinations
	<b>Faith Groups</b>	yes		To protect vulnerable persons and staff when undertaking intimate examinations
	<b>Equal Opportunities and/or improved relations</b>	Yes		To protect vulnerable persons and staff when undertaking intimate examinations

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	<b>Yes</b>	<b>No</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intended</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Level of Impact</b>	<b>High</b>	<b>Low</b>
	<input type="checkbox"/>	<input type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		

e

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.

Signed

A handwritten signature in black ink, appearing to read "A. Heselton". The signature is written in a cursive style with a large, stylized "A" and "H".

Name A Heselton

Date 16<sup>th</sup> April 2018



**17. Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment**

Name of Function, Policy or Strategy:.....

.....

Officer completing assessment:.....

Telephone.....

**Part A**

Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

2. Summarise the likely negative impacts:-

.....

.....

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	
Sexuality/Transexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likley impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of reserach/report
Gender	

Race	
Disability	
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No

**6**

**Part B**

Complete this section when consultation and research has be carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....  
.....  
.....  
.....  
.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes  No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....  
.....  
.....  
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....

## 18. Appendix 5: Ratification Checklist

### Section 1: To be completed by Author prior to submission for ratification

<b>Policy Title</b>	Chaperone policy
<b>Author's Name and Job Title</b>	A Heselton Head of Safeguarding
<b>Review Deadline</b>	May 2012
<b>Consultation From – To (dates)</b>	April 17 <sup>th</sup> 2018 for 21 days
<b>Comments Received? (Y/N)</b>	
<b>All Comments Incorporated? (Y/N)</b>	
<b>If No, please list comments not included along with reasons</b>	
<b>Equality Impact Assessment completed (date)</b>	16 <sup>th</sup> of April 2018
<b>Name of Accountable Group</b>	Patient Safety Group
<b>Date of Submission for Ratification</b>	22 <sup>nd</sup> of March 2018

### Section 2: To be completed by Accountable Group

<b>Template Policy Used (Y/N)</b>	Yes
<b>All Sections Completed (Y/N)</b>	Yes
<b>Monitoring Section Completed (Y/N)</b>	Yes
<b>Date of Ratification</b>	22 <sup>nd</sup> of March 2018
<b>Date Policy is Active</b>	May 31 <sup>st</sup> 2018
<b>Date Next Review Due</b>	May 31 <sup>st</sup> 2021
<b>Signature of Accountable Group Chair (or Deputy)</b>	
<b>Name of Accountable Group Chair (or Deputy)</b>	Helen Young