# The Newcastle Upon Tyne Hospitals NHS Foundation Trust

## Use of Chaperones Policy

<table>
<thead>
<tr>
<th>Version No:</th>
<th>2.1</th>
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<tbody>
<tr>
<td>Effective From:</td>
<td>29 November 2012</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>30 November 2015</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>******* 2012</td>
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<td>Ratified by:</td>
<td>ASPIRE</td>
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## 1. Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

All medical consultations, examinations and investigations are potentially distressing. Many patients find examinations, investigations or photography involving the rectum, genitalia and breasts, particularly intrusive (these examinations are collectively referred to in this guideline as “intimate examinations”). The fundamental principles of a patient’s right to privacy, dignity and respect, with full explanation and shared decision making with informed consent applies to all patients undergoing any examination but are particularly important in respect to intimate examinations and imaging of intimate areas.

Any consultation, examination procedure, treatment or care that is of an intimate nature must have valid informed consent, be practised in a sensitive and respectful manner and take into account personal preferences, cultural and religious wishes. The responsible healthcare professional should be aware of the risks, take steps to minimise them and provide a full explanation to the patient in advance of the examination. The General Medical Council advises that patients should ideally be offered a chaperone when intimate examinations are performed, further information can be found at: [http://www.gmc-uk.org/guidance/index.asp](http://www.gmc-uk.org/guidance/index.asp)

The use of a chaperone is not only for the protection of the patient but also for the protection of health care staff. It is important that health care professionals are sensitive to these issues and alert to the potential for allegations of abuse.

This policy is aimed at supporting safe practice and does not constrain clinical autonomy, clinical judgement is to be exercised at all times. Therefore, clinical need or emergency situations may over ride this policy. In exercising professional judgement, any deviation from this policy must be noted in the patient’s clinical notes and, if considered necessary reported through the Trust’s incident reporting process.

## 2. Scope

This policy applies to all healthcare staff working within NuTH, including: NMC registered nurses, midwives, health visitors, health care assistants, allied health professionals, medical students, junior and senior medical staff, consultants and...
radiographers, medical photographers working with individual patients in surgeries, wards, departments, out-patient clinic situations and in the patients home.

This policy covers patient consent and chaperone requirements in relation to all examinations. In all situations the gender of the chaperone should be discussed with the patient so they can make their preference known.

The purpose of this policy is to:

- ensure that all staff have the required understanding of their role in relation to providing care of an intimate nature
- safeguard the dignity, rights, safety and well being of patients and staff throughout consultations, examinations, treatment and care
- provide policies for good practice in relation to the use of chaperones
- provide guidance on difficult situations which may require a chaperone

3. Aims

Wherever possible, you should offer the patient the security of having an impartial observer (a ‘chaperone’) present during an intimate examination. This applies whether or not you are the same gender as the patient.

A chaperone does not have to be medically qualified but should ideally:

(a) be sensitive, and respectful of the patient’s dignity and confidentiality
(b) be prepared to reassure the patient if they show signs of distress of discomfort
(c) be familiar with the procedures involved in a routine intimate examination
(d) stay for the whole examination and be able to observe what the doctor/clinician is doing, if practicable
(e) be prepared to raise concerns about a doctor/clinician if misconduct occurs.

In some circumstances, a member of staff from the organisation in whose premises the examination or treatment is being undertaken or a relative or friend of the patient may be an acceptable chaperone.

If either you or the patient does not wish the examination to proceed without a chaperone present, or if either of you is uncomfortable with the choice of chaperone, you may offer to delay the examination to a later date when a suitable chaperone will be available if this is compatible with the patients best interests.

If a situation arises where you do not wish to proceed without a chaperone present but the patient has expressly declined one, you must explain the reasons behind your decision clearly to the patient and try to persuade them to have a chaperone present. Ultimately the patient’s clinical best interests must take precedence.

You may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone.
You should record any discussion about chaperones and its outcome. If a chaperone is present, you should record that fact and make a note of their identity. If the patient does not want a chaperone, you should record that the offer was made and declined.

4. Duties (Roles and Responsibilities)

4.1 Trust Board

The Trust Board is responsible to safeguard the dignity, rights, safety and well being of patients and staff throughout consultations, examinations, treatment and care. The Chief Executive has this ultimate responsibility.

4.2 Clinical care leaders (Matrons, ward sister/charge nurses, medical staff must ensure that

All staff are made aware of the existence and content of this Policy.

A culture of individualized, patient centred care exists with their wards and departments.

4.3 All staff

Have responsibility to be aware of this policy and be guides by its contest in their clinical practice.

5. Policy Guidance

Explain to the patient why an examination is required.

Explain what the examination will involve, including any potential pain or discomfort and allow the opportunity for questions, confirm the patient has understood.

Obtain and record the patient’s valid consent before the examination and record verbal consent in their medical notes. Be prepared to discontinue the examination if the patient asks you.

If there are any concerns regarding the patient’s capacity to give valid informed consent to the examination/treatment then a formal Mental Capacity assessment must be undertaken and if the patient is found to lack capacity then the Best Interests Decision making process should be followed. The Capacity Assessment forms MCA1 and 2 can be found at: http://intranet.xnuth.nhs.uk/mencapact/forms/index.aspx

If the patient has a valid and applicable Advance Decision to Refuse Treatment (ADRT) then this must be respected.

If the patient has a Lasting Power of Attorney (LPA) – for personal welfare, then the Trust legal department should be consulted to ensure that the LPA is registered with the Office of Public Guardian (OPG) and is applicable to the current situation.
In the case of non-intimate examinations a chaperone may be offered if clinically appropriate.

All patients have the right if they wish to have a chaperone present regardless of the nature of the examination.

If the patient has requested a chaperone and none is available at that time the patient must be given the opportunity to reschedule their examination. This should be recorded in the patient’s notes.

Respect the patient’s privacy and dignity at all times.

Do not assist the patient in removing clothing unless you have clarified assistance is required.

Keep discussion relevant and do not make any unnecessary personal comments.

Details of examination, grade, status and examiner’s signature along with the name and designation of the chaperone should be recorded in the patient’s clinical record.

The health professional should be able to demonstrate, if challenged, that they have taken all necessary steps to protect themselves and the patient from any allegation of improper behaviour.

5.1 Dignity and Respect

- Facilities should be available for patients to undress in a private, undisturbed, area. There should be no undue delay prior to examination once the patient has removed any clothing.
- Intimate examination should take place in a closed room or, in ward settings, in screened bays which must not be entered without consent while the examination is in progress. Examination should not be interrupted by telephone calls or messages, other than in a clinical emergency.
- Once a patient is dressed following an examination or investigation the findings and future actions must be communicated to the patient. If appropriate this can be used as an educational opportunity for the patient. The professional must consider (asking the patient as necessary) if it is appropriate for the chaperone to remain at this stage.

5.2 Consent

- Before proceeding with an examination it is vital that the patient’s valid and informed consent is obtained. For further guidance on the taking of consent please refer to the Trust policies on Consent To Examination And Treatment.
- If the patient lacks capacity to give valid and informed consent but the practitioner deems that an intimate examination is urgently required, the examination must be performed with a chaperone present and fully explained to the patient and documented in their medical records.
• If the seriousness of the condition means that a delay is inappropriate but no chaperone is available then this, if possible, should be explained to the patient and recorded in their notes. A decision to continue or otherwise should be jointly reached, between the clinician and the patient.
• If the patient is offered a chaperone but declines, record that the offer was made and declined in their medical notes.
• When examining unconscious or patients who lack capacity all staff should treat the patient with the same dignity and respect as if the patient were conscious and had capacity. A chaperone should always be present, during intimate examinations on unconscious or patients who lack capacity.

5.3. Specific Considerations/Sensitive Situations

• Patients may feel embarrassment at being examined by a member of the opposite sex.
• The ethnic, religious and cultural background of patients must be taken into account and any necessary adjustments made to meet their specific needs as appropriate.
• Pelvic examinations should not be carried out on non-English speaking patients without an interpreter/advocate being present, except in life threatening situations.
• Healthcare professionals should not proceed with any examination if they are unsure as to whether the patient understands due to language/communication barriers. In these circumstances use of the Interpreting Service (telephone as default) is advised. (An interpreter should be available) An advocate may be a accepted alternate where there are concerns regarding capacity.
• Healthcare professionals should be aware that whilst they may not be performing an intimate examination they should be wary of examining entirely alone especially when there are issues of concern with the patient e.g. violence, aggression, known sex offender etc
• Patients who have previously had a traumatic intimate examination or who have been sexually assaulted will need extra consideration as their needs may require further adjustments being made by the clinicians involved.
• In life threatening situations every effort should be made to communicate with the patient or next of kin by whatever means available before proceeding with the examination.
• For patients with learning disabilities the Learning Disability Liaison nurse should be contacted for advice and guidance. Advice and guidance regarding patients without capacity can be provided by the Mental Capacity Lead
• Where patients are sectioned under the Mental Health Act 1983 then Patient Services Coordinators should be contacted to obtain the Mental Health Guidance Pack.
• Children often have a parent or carer present at consultations. A staff member must also be present to act as chaperone.
In specific situations such as a child attending the X-Ray Department for a Skeletal Survey as part of a Child Protection Assessment two members of staff, one of whom must be a qualified nurse will chaperone and assist during the procedure.

All of the above applies equally to both male and female adults, children and young people and for both male and female examiners. It may be appropriate to seek advice from a senior colleague prior to examination in particularly sensitive situations.

6. **Equality & Diversity**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against any individuals or groups on any grounds. This document has been appropriately assessed.

7. **Monitoring**

The nature of this policy is such that formal monitoring or audit of practice is not possible. Care leaders across the organisation are required, through training, appraisal and supervision to ensure that all staff have the required understanding of their role in relation to providing care of an intimate nature. Incident and complaint data, facilities and environmental issues will be investigated and reported through established Trust processes.

8. **References**


(2) Mental Capacity Act 2005  

(3) Maintaining Boundaries, A Draft For Consultation. GMC  

Policy Author: Elizabeth Harris  
Head of Nursing  
RVI
**Policy Title:** Use of Chaperones Policy  
**Policy Author:** Elizabeth Harris, Head of Nursing RVI

<table>
<thead>
<tr>
<th>Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)</th>
<th>Yes/No?</th>
<th>You must provide evidence to support your response:</th>
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<tbody>
<tr>
<td>Race *</td>
<td>No</td>
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<td>Ethnic origins (including gypsies and travellers)</td>
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<td>Marriage and civil partnership *</td>
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**Comments:**

| Action Plan due (or Not Applicable): | N/A |

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Name and Designation of Person responsible for completion of this form: Elizabeth Harris, Head of Nursing RVI  
Date:____________________

Names & Designations of those involved in the impact assessment screening process: ________________________________________________________________

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.

**IMPACT ASSESSMENT FORM A**  
**October 2010**