

# NHS WEST ESSEX CLINICAL COMMISSIONING GROUP

## CHAPERONE POLICY AND PROCEDURAL GUIDELINES

WE CCG Policy Reference:  
WECCG29

<p><b>Brief Description (max 50 words)</b></p>	<p>This policy outlines the approach and process to be followed by any clinician prior to examination or clinical treatment, where a patient has asked for a chaperone to be present.</p> <p><b>Acknowledgement:</b> This policy has been produced using the original documents <i>Chaperone Policy</i> and <i>Chaperone Procedural Guidelines</i> written by SEPT. The CCG has the permission of SEPT.</p>
<p><b>Target Audience</b></p>	<p>All CCG Staff employed by WECCG, including those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank or agency basis</p>

<b>Version Number</b>	2
<b>Accountable Officer</b>	Director of Nursing & Quality
<b>Responsible Officer</b>	Designated Nurse, Safeguarding Childrens Team
<b>Date Approved</b>	7 <sup>th</sup> November 2017
<b>Approved By</b>	Quality Committee
<b>Date Summary presented to Board</b>	25 <sup>th</sup> January 2018
<b>Review Date</b>	June 2020
<b>Stakeholders engaged in development/review</b>	Named GP's, Named Nurses in Provider Organisations, Medical Director, Designated Looked After Children's Nurse, Policy Review committee
<b>Equality Impact Assessment</b>	Completed

**SUSTAINABILITY STATEMENT:** We declare that NHS West Essex Clinical Commissioning Group will demonstrate commitment to promoting environmental and social sustainability through our actions as a corporate body and as a commissioner. We aim to reduce our carbon footprint by 28% from a 2013 baseline by 2020.

### Amendment History

Version	Date	Reviewer Name(s)	Comments
1	Xxxx 2015	Designated Nurse Safeguarding Children	Policy reviewed to reflect legislative changes and safeguarding national agenda
2	October 2017	Designated Nurse Safeguarding Children	Policy reviewed to reflect legislative changes and

**CONTENTS**

<b>CHAPTER</b>	<b>TITLE</b>	<b>PAGE</b>
1	Introduction	3
2	Scope	3
3	Responsibility	3
4	Implementation	4
5	Definition of a Chaperone	4
	Training for Chaperones	4
6	Roles and Responsibilities	5
7	Practice	5
8	Monitoring & Review	6
	References	7

**1. INTRODUCTION**

- 1.1 The Policy sets out guidance for the use of chaperones for all care interactions between clinical practitioners and service users, particularly in relation to intimate procedures, but should be used for any consultation, examination or investigation that makes a service user feel vulnerable.
- 1.2 An intimate examination includes examinations of breasts, genitalia and rectum. Cultural and diversity influences may affect what is deemed 'intimate' to a service user.
- 1.3 Respect, explanation, consent and privacy remain vital components of all consultations, examinations and procedures.
- 1.4 The use of a chaperone safeguards the service user against the potential for actual or perceived abuse, during any examination, procedure or treatment regardless of gender. Similarly the use of a chaperone safeguards the practitioner against false allegation of abuse or inappropriate behaviour during a treatment or consultation. The member of staff acting as a chaperone also provides the patient with an advocate during an examination or treatment and can re-iterate information given during the consultation as required.  
The use of a chaperone offers mutual protection for the patient and practitioner.
- 1.5 All patients, regardless of age, gender, ethnic background, culture, sexual orientation, or mental status have the right to have their privacy and dignity respected

## **2.0 SCOPE**

- 2.1 This Policy applies to anyone who has a legitimate cause to consult, examine, treat, or provide care to service users and does not detract from any Professional Guidance, Standards, or Codes of Practice.
- 2.2 Chaperoning within the CCG is only undertaken by individuals who have been specifically trained.

## **3.0 RESPONSIBILITY**

- 3.1 The responsibility for the development of this Policy resides with the Nursing and Quality Directorate.
- 3.2 It is the responsibility of the practitioner undertaking the consultation, examination or treatment to determine if a chaperone is required, take appropriate action to obtain and record consent, and ensure a suitable environment.
- 3.3 It is the responsibility of the service manager to ensure the policy is adhered to and that there are adequately trained chaperones.

- 3.4** If an allegation of abuse or assault is raised against a member of staff or organisation then the relevant safeguarding policy must be adhered to.

## **4.0 IMPLEMENTATION**

- 4.1** All service users are entitled and encouraged to request a chaperone be present for any consultation, examination or treatment thus empowering and enabling service users to have confidence in the service they are receiving. At times it may not be possible to have a chaperone and the service has the right to decline the procedure and an appointment rescheduled when a chaperone can be present.
- 4.2** A chaperone must be present for any 'intimate' examination or procedure.
- 4.3** Parents cannot act as a chaperone for their child when there is a need for an intimate examination.
- 4.4** The involvement of a family member, friend or carer does not constitute a formal chaperone as they are not impartial. A service user may request that a family member, friend or carer be present during a consultation, examination or procedure and this is general should be respected.
- 4.5** No child, young person or vulnerable adult should be seen without a chaperone being present when an intimate examination if required.
- 4.6** When a service user declines a chaperone it is the practitioner's responsibility to discuss with them the reason for the chaperone and document the outcome. Every effort must be made to alleviate service users concerns from having a chaperone present.
- 4.7** Children and young people being prepared for 'transition' to adult services may be seen for consultation or assessment without parents/ carer at their request with parental consent. However any physical examination requires a chaperone (as outlined within this policy). All decisions must be documented in the patient records.



## **5.0 DEFINITION OF A CHAPERONE**

- 5.1** There is no common definition of a Chaperone, however they should be specifically trained and have a full understanding of the role that is being requested of them. A Chaperone is present as a safeguard for all parties and is a witness to the continuing consent to the procedure.

### **5.2 CHAPERONES:**

- Provide physical and emotional support and reassurance during consultations, examinations or treatment.
- Provide protection to healthcare practitioners against unfounded allegations of improper behaviour and complaints and in rare incidents protects colleagues against an assault.
- Offer practical support to service users.
- Identify unusual or unacceptable behaviour by a healthcare professional.
- Where appropriate and trained to do so, assist the practitioner.
- Ensure the environment maintains privacy and dignity.
- The chaperone must be identified within the documentation.

### **5.3 TRAINING FOR CHAPERONES**

Staff members who undertake a formal chaperone role must have undergone training such that they develop the competencies required for this role. These include an understanding of:-

- What I meant by the term chaperone
- What is an “intimate examination”
- Why chaperones need to be present
- The rights of the patient
- Their role and responsibility
- Policy and mechanism for raising concerns.

## **6.0 ROLES AND RESPONSIBILITIES**

- 6.1** It is the responsibility of the health practitioner undertaking the examination, investigation or procedure to determine if a chaperone is required. Consent must be obtained and recorded and a suitable environment sought.
- 6.2** It is the responsibility of the service manager to ensure the policy is adhered to and that there are appropriately trained chaperones available.
- 6.3** In the case of an allegation of abuse against a member of staff then the managing allegations against the workforce policy must be complied with.

## **7.0 PRACTICE**

- 7.1** Any consultation, examination, or treatment is subject to consent by the service user. The CCG’s Policy and Procedural Guidance on Consent will be followed.
- 7.2** The service user has the right to object to an individual Chaperone and in this event another Chaperone must be found. If the service user is offered and declines a Chaperone it must be recorded.

- 7.3** Practitioners must be aware of the implications of the mental capacity Act (2005) and cognitive impairment. If a service user's capacity to understand the implications of consent to a procedure, with or without the presence of a chaperone, is in doubt, the procedure to address mental capacity must be undertaken.
- 7.4** The right to have a Chaperone of the same gender must always be respected.
- 7.5** A Chaperone must be present when carrying out intimate consultations, examinations or procedures. If the practitioner decides it is not appropriate to undertake the procedure without a chaperone the reasoning must be documented.
- 7.6** In these situations another staff member or another appointment Chaperone must be given when a chaperone acceptable to the service user can be present.
- 7.7** If the service user has requested a Chaperone and none is available the service user must be given the opportunity to reschedule their appointment within a reasonable time-frame. If the seriousness of a situation would dictate that a delay is inappropriate then this should be explained to the service user and entered into their record. A decision to continue, or otherwise, should be jointly reached.
- 7.8** Concerns relating to the conduct of a staff member, Chaperone, service user, or other person during an intimate consultation, examination, or procedure must be reported immediately in accordance with CCG Policy (Incident reporting, Including Serious Untoward Incidents (SUIs)).
- 7.9** The cultural values and religious observances of service users can make intimate consultations, examinations, and procedures difficult and stressful for all. Staff must be sensitive to service users' needs, and their specific requirements must be fully understood (through the use of interpreters, if appropriate), and wherever possible be fully complied with, prior to and during intimate consultations, examinations, or procedures.
- 7.10** The CCG has a Zero Tolerance approach to violence and aggression.

## **8.0 MONITORING & REVIEW**

- 8.1** The Nursing and Quality Directorate is responsible for the monitoring and review of this Policy and its Procedural Guidelines.
- 8.2** The Nursing and Quality Directorate will monitor any reported incidents related to chaperone.
- 8.3** This Policy and its Procedural Guidelines will be reviewed by the Nursing and Quality Directorate not less than once every three years, or sooner if a significant change or incident occurs.

- 8.4** Amendments will be made as a result of (but not limited to) developments in CCG procedures, National Guidance, and Legislative enactments, amendments, repeals, and recessions.

**REFERENCES:**

NHS Clinical Governance Support Team (2015), Guidance on the role and effective use of Chaperone in Primary Continuity Care.

<https://www.cuh.nhs.uk/about-us/our-profile/policies-and-procedures>

Guidance on the role and effective use of Chaperones in primary and community care settings. Model Chaperone Framework. NHS Clinical Governance Support Team. June 2005

- Intimate examinations GMC 2013 – [http://www.gmc-uk.org/guidance/ethical\\_guidance/21168.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp)
- Reference guide to consent for examinations of treatment, department of health <https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>