

Document level: Trustwide (TW)
Code: CP74
Issue number: 2.1

Chaperone and Intimate Examinations Policy

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Type of document	Policy
Target audience	All CWP staff
Document purpose	The purpose of the policy is to ensure that patients' safety, privacy and dignity is protected during intimate examinations. To ensure staff are protected when undertaking intimate examinations to minimise the risk of a Health Care Professional's actions being misinterpreted.

Approving meeting	Clinical Practice and Standards Sub Committee	Date 18/04/2019
Implementation date	18/04/2019	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) Policy
HR3.8	How to raise and escalate concerns within work (incorporating whistleblowing) policy
MH1	Mental Health Law Policy Suite
GR10	Equality, Diversity and Human Rights Policy
GR1	Incident reporting and management policy
CP10	Safeguarding adults policy
CP40	Safeguarding children's policy
GR4	Policy for the recording, investigation and management of complaints / concerns & compliments
CP35	Physical health pathway and policy

Document change history	
What is different?	<ul style="list-style-type: none"> Updated template Updated from a local to a Trust wide document Full review, including streamlining and simplifying of guidance to bring it fully in to line with national guidance.
Appendices / electronic forms	Easy read chaperone poster
What is the impact of change?	Improvement in guidance for staff in chaperone activity, enhancing the Trust's person centred approach to delivering care.

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	Consultation via the online policy discussion forum.

Corporate services	Consultation via the online policy discussion forum.
External agencies	N/A

Financial resource implications	None
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External references
<ol style="list-style-type: none"> 1. General Medical Council (2013) Intimate examinations and chaperones; https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones 2. Mental Capacity Act 2005; http://www.legislation.gov.uk/ukpga/2005/9/contents 3. CQC guidance; Guidance for providers – GPs - Nigel's surgery 15: Chaperone (2017) https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-15-chaperones 4. Independent investigation into governance arrangements in the paediatric haematology and oncology service at Cambridge University Hospitals NHS Foundation Trust following the Myles Bradbury case (2015) https://www.verita.net/wp-content/uploads/2016/04/Independent-investigation-into-governance-arrangements-in-the-paediatric-haematology-and-oncology-service-at-Cambridge-University-Hospitals-NHS-Foundation-Trust-following-the-Myles-Bradbury-case.pdf

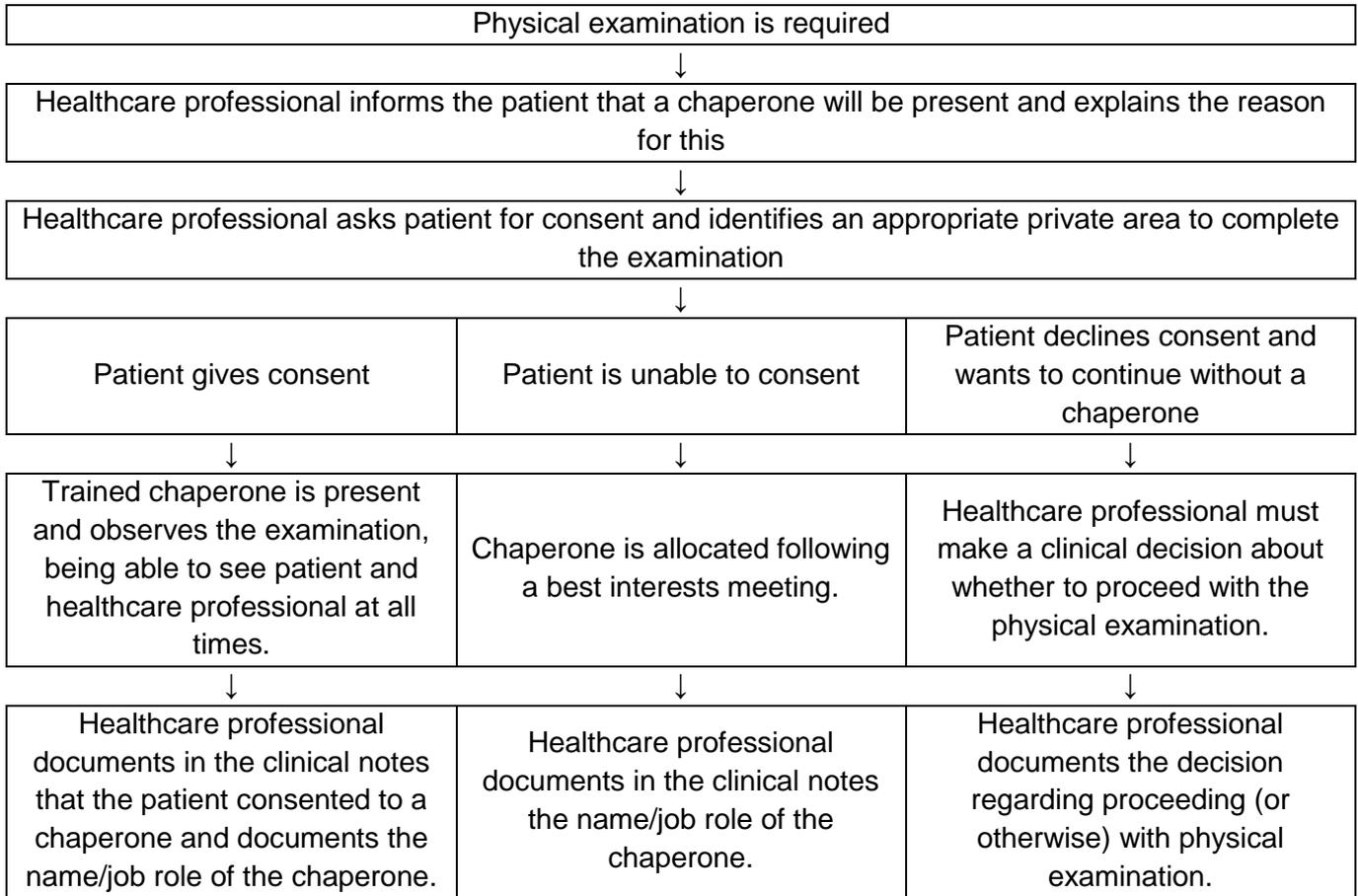
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Quick reference flowchart

For quick reference the guide below is a summary of actions required.



If someone with capacity declines the offer of a chaperone, they are entitled to do so and the healthcare professional must make a clinical decision about whether to proceed with the physical examination. This must not adversely affect the patient's health and must be fully documented within the clinical notes.

1. Introduction

This policy sets out guidance for the use of chaperones within the Trust and procedures that must be in place for intimate examinations.

Intimate examinations can be embarrassing 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 examination of the breasts, genitalia or rectum but could also include any examination where it is necessary to touch or even be close to the patient.

All patients must be routinely offered a chaperone during any intimate physical examination.

The following should be taken into account when undertaking any physical examination;

- Race
- Ethnic origins (including gypsies and travellers)
- Nationality
- Gender
- Culture
- Religion or belief
- Sexual orientation including lesbian, gay and bisexual people
- Age
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems

It is the health care professional's responsibility to offer a chaperone to the patient and to appropriately document the presence or decline of a chaperone within the clinical notes. If there is a member of staff more suitable to have this conversation about offering a chaperone, this duty can be delegated as appropriate.

Every effort must be made to meet a patient's request for a specific gender of clinician carrying out an intimate examination.

If either the patient or the healthcare professional does not want the examination to go ahead without a chaperone or if either is uncomfortable with the choice of chaperone available, the healthcare professional may offer to delay the examination to a later date when a suitable chaperone is available, so long as the delay would not adversely affect the patient's health.

All areas providing clinical care should ensure that information about the availability of chaperones is displayed for patients. See [appendix 1](#).

2. Role of the Chaperone

A chaperone is an appropriately trained member of staff whose role it is to independently observe the examination undertaken by the healthcare professional to provide a clinical safeguard for all parties.

A chaperone should;

- Be sensitive and respect the patient's dignity and confidentiality;
- Reassure the patient if they show signs of distress or discomfort;
- Be familiar with the procedures involved in a routine intimate examination;
- Stay for the whole duration of the examination and be able to see patient and healthcare professional at all times;

- Be prepared to raise concerns about the healthcare professional's behaviour or actions, if necessary.

Students must not act in the role of chaperone, unless they have received appropriate training.

A relative or friend of the patient is not an impartial observer and so would not usually be considered a suitable chaperone, however, they may be present during an intimate examination, with the patients consent, to provide support. They must not function in the role of a formal chaperone.

3. Consent

There is a basic assumption that every adult has the capacity to decide whether to consent to, or refuse a physical examination unless it is shown that they cannot understand information presented in a clear way.

On each occasion before a healthcare professional carries out a physical examination they must obtain the patients consent and document this within the clinical notes. Healthcare professionals should explain what they are going to do before they do it and, if this differs from anything the patient has been told before, explain why and seek the patient's permission.

Patients with communication needs or learning disabilities should always have formal chaperone support during physical examinations. If someone does not have capacity to consent, a chaperone must be provided for a physical examination where a best interest decision has been made.

For children under 16, there needs to be consideration of competence and parental consent.

Staff should refer to the Trust safeguarding policies ([CP10 - Safeguarding Adults Policy](#) and [CP40 – Safeguarding Children Policy](#)) and [Mental Health Law Policy Suite](#) for guidance in relation to this. The [Mental Capacity Act](#) also provides additional guidance.

If someone with capacity declines the offer of a chaperone, they are entitled to do so and the healthcare professional must make a clinical decision about whether to proceed with the physical examination. This must not adversely affect the patient's health and must be fully documented within the clinical notes.

4. Raising concerns

If a chaperone has concerns about a healthcare professional's behaviour or actions during an intimate examination, they must raise these without delay. This should be done via the team manager and an incident form should also be completed via the Trust incident reporting system; [Datix. GR1 Incident reporting and management policy](#) for further guidance. Advice should also be sought from the Trust safeguarding team; see Trust safeguarding policies [CP10 - Safeguarding Adults Policy](#) and [CP40 – Safeguarding Children Policy](#) for more information. Concerns may also be raised by staff via [HR3.8 How to raise and escalate concerns within work \(incorporating whistleblowing\) policy](#).

If a patient has any concerns in relation to the provision of a chaperone or the conduct of a health care professional, they may raise this with any member of staff and/or via the Trust complaints process; [GR4 Policy for the recording, investigation and management of complaints / concerns & compliments](#).

Chaperones

This service provides a trained chaperone to accompany all patient's during intimate examinations.

You may also have a family member or friend to support you during an intimate examination.

Thank you.

Having a Chaperone



A chaperone is a person who can be with you if you are having a physical examination.

A chaperone is

- A trained member of staff who will stay with you when you are having the examination.
- There to offer you any support that you need.
- There to help you to ask any questions you may have.

You can also have a family member or a friend to support you during an examination.



All patients can have a chaperone with them at a physical examination. Please talk to staff if you have any questions.