

Promoting Dignity:

Policy and procedural guidance on the use of Chaperones during intimate examination and care of Patients

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Key Messages

This policy applies to all healthcare professionals/care staff working in NHS Lothian including locum, bank and agency staff who, on behalf of NHS Lothian, are involved in the direct care of the patients.

All patients should be offered a chaperone or be invited to have a relative or friend present with them during any examination or procedure. Their personal preference should be documented in their healthcare record.

In particular patients who are required to undress as part of their management are entitled to have a chaperone present. Likewise all staff who are involved in intimate examination and / or care are entitled to have a chaperone present.

The relationship between a patient and healthcare practitioner/care worker is based on trust.

The principles of this document should be adhered to within all healthcare settings where a patient is required to undress as part of their treatment regime, procedure and / or examination.

The key principles of communication and record keeping will ensure that the practitioner/patient relationship is maintained.

The policy can be found at [Homepage>Healthcare>Clinical Guidance](#)

Minimum Implementation Standards

Good Practice for Managers

- Has identified the staff in his or her area to whom this policy applies and has given the policy (or selected excerpts) to them.
- Has assessed the impact of the policy on current working practices, and has an action plan to make all necessary changes to ensure that his or her area complies with the policy.
- Has set up systems to provide assurance to him or her that the policy is being implemented as intended in his or her area of responsibility.

Good Practice for Employees

- Has read the policy (or selected excerpts) and considered what it means for him or her, in terms of how to conduct his or her duties.
- Has completed any mandatory education or training that may be required as part of the implementation of the policy.
- Has altered working practices as expected by the policy.

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Policy on the use of Chaperones during intimate care and examinations of Patients

INTRODUCTION

NHS Lothian attaches the highest importance to ensuring that a culture that values patient privacy and dignity exists within the organisation. This policy applies to the care of patients who require clinical support of an intimate nature. Intimate and personal care is a key area of a person's self-image and respect. The apparent intimate nature of many health care interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and occasionally allegations of abuse. Not understanding the cultural background of a patient can lead to confusion and misunderstanding with some patients believing they have been the subject of abuse. It is important that healthcare professionals are sensitive to these issues and alert to the potential for patients to be victims of abuse. Refer to [Edinburgh Lothian and Borders Guidelines: Adult Support and Protection: Ensuring Rights and Preventing Harm 2010](#) and [Edinburgh and Lothian Interagency Child Protection Procedures 2007](#) and [NHS Lothian Child Protection Procedures](#). This policy has been developed taking into account our duties under the Patient and Public Involvement agenda and also to meet our requirement with regards to the Equality and Diversity Framework.

AIM

To safeguard staff and patients against allegations of abuse / inappropriate behaviour during patient examination and to provide guidance on how the role of the chaperone should be implemented within the clinical environment. The implementation of this guidance should also ensure that patient's dignity is respected and support is provided to the patient during examination.

SCOPE OF POLICY

This policy applies to all healthcare professionals/care staff working in NHS Lothian including locum, bank and agency staff who, on behalf of NHS Lothian, are involved in the direct care of the patients.

The principles of this document should be adhered to within all healthcare settings where a patient is required to undress as part of their treatment regime, procedure and / or examination.

RESPONSIBILITIES

All staff who are required to provide clinical care of an intimate nature are personally responsible for ensuring that their actions comply with this policy.

ROLE OF THE CHAPERONE

Patients should be offered a chaperone or be invited to have a relative or friend present with them during any examination or procedure. Their personal preference should be documented in their healthcare record.

In particular patients who are required to undress as part of their management are entitled to have a chaperone present. Likewise all staff who are involved in intimate examination and / or care are entitled to have a chaperone present.

There is no common definition of a chaperone and their role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. Broadly speaking, their role may encompass any of the following areas:

- To provide emotional comfort and re-assurance to patients
- To assist in the examination, for example handing instruments during a sterile procedure.

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- To assist with undressing patients
- To provide protection to healthcare professionals against unfounded allegations of improper behaviour
- To assist in the patient understanding what is going to happen.
- In very rare circumstances, to reduce the risk of personal or professional attack against the clinician and in addition
- A formal chaperone should be able to identify unusual or unacceptable behaviour on the part of the healthcare professional undertaking the examination.

A chaperone is present as a safeguard for all parties (patient and practitioners) and is a witness to continuing consent of the procedure. However, a chaperone cannot be a guarantee of protection for either the examiner or examinee.

It is acknowledged within healthcare settings that every intervention with a patient may not necessitate a chaperone, however a risk assessment of a situation should always be undertaken prior to the commencement. Wherever a chaperone has been offered and declined this should be clearly documented in the healthcare records where the examination has continued.

TYPE OF CHAPERONE

The designation of the chaperone will depend on the role expected of him/her and of the wishes of the patient. Consideration is required as to whether the chaperone is required to carry out an active role, e.g. participating in the examination or procedure, or to have a passive role, such as providing support to the patient during the procedure. A chaperone may be deemed informal or formal.

Informal chaperone

In some cases a patient may prefer to have a family member, carer or friend present during the intimate examination, this is a decision for the patient and staff should respect their choice and document the identify of the chaperone. Many patients are re-assured by the presence of a familiar person and, in most cases, such a request should be accepted. However, staff should be aware that an informal chaperone would not provide them with protection against unfounded allegations of improper behaviour. A situation where this may not be appropriate is where a child (definition of a child in Scotland is 12 years of age, or where they have capacity to understand) is asked to act as chaperone for a parent undergoing an intimate examination. A child may not be necessarily relied upon to act as a witness to the conduct or continuing consent of the procedure. However, if the child is providing comfort to the parent and will not be exposed to unpleasant experiences, it may be acceptable for him/her to be present. It is inappropriate to expect an informal chaperone to take an active part in the examination or to witness the procedure directly.

Interpreters are not expected to act as chaperones.

Formal Chaperone

A formal chaperone is a registered health professional or Health Care Support Worker. This individual will have a specific role to play in terms of the consultation/investigation and this role should be made clear to both the patient and the person undertaking the chaperone role. This could include assisting with undressing or assisting in the procedure being carried out. In these situations, staff will have had sufficient training to understand the role expected of them.

Intimate examination is an invasion of privacy and the issue is one of perception rather than reality, however for some patients the gender of the examiner and the chaperone may be

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relevant, in particular where the patient may have been the victim of sexual abuse and staff, wherever possible should ask the patient what they would prefer. Protecting patients from vulnerability and embarrassment means that the chaperone would usually, wherever appropriate, be the same sex as the patient.

Patients have the right to choose the gender of the chaperone, particularly transgender patients.

The patient should always have the opportunity to decline a particular person as a chaperone, if that person is not acceptable to them. At no time should the patient be made to feel uncomfortable or their care be compromised as a result of that decision.

TRAINING

The induction of new clinical staff should include instruction on the appropriate conduct of intimate examination. Trainees should be observed and given feedback on their technique and communication skills in this aspect of care.

Chaperones should be prepared and competent for the role and administrative and clerical staff should not be used for the purpose unless they have received instruction and are deemed competent.

Chaperones should be aware and have knowledge of the following areas:

- The term chaperone
- What is meant by an intimate examination
- Why a chaperone needs to be present
- The rights of patients
- Their role and responsibility
- Policy and mechanism for raising concerns.

Where bank and agency staff are being used it should be confirmed that they are aware of the chaperone's role before being asked to undertake this duty.

It is the responsibility of the chaperone and their line manager to ensure that they feel comfortable and competent to carry out the role of the chaperone.

ISSUES SPECIFIC TO CHILDREN

In the case of children, a chaperone would normally be a parent or carer or alternatively someone known and trusted or chosen by the child. In some circumstances children may be accompanied by a minor of the same age, however in such an event a formal chaperone must be present. For competent adolescents, i.e. 12 and over the guidance relating to adults is applicable.

In situations where abuse is suspected, great care and sensitivity must be used to allay fears of repeat abuse and any examination for suspected child abuse or neglect needs to be performed by a paediatrician experienced in the area whose findings (and potentially evidence) stand up to questioning.

In situations where abuse is suspected please refer to the [NHS Lothian Child Protection Procedures](#).

Available from [NHS Lothian](#) > [Corporate](#) > [A-Z](#) > [Workforce Development](#) > [Learning and Development](#) > [Public Protection](#) > [Child Protection](#)

Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding. If a child presents in the absence of a parent or guardian, the healthcare professional must ascertain if they are

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capable of understanding the need for examination. In these situations, it is necessary for consent to be secured and recorded and a formal chaperone to be present for any intimate examinations.

INTIMATE EXAMINATIONS PROCEDURE

Intimate examinations include the examination of breasts, genitalia or rectum. Intimate examinations and procedures can be stressful and embarrassing for patients.

Staff are expected to offer a chaperone or invite the patient (if appropriate and in advance if possible) to have a relative or friend present during the intimate examination/procedure. Where a friend or relative is assuming the role of chaperone this should be recorded. If for justifiable reasons a staff chaperone cannot be offered, this should be explained to the patient and an offer made to delay the examination/procedure. This discussion must be recorded along with any outcome, inclusive of the examination going ahead without a chaperone.

All patients should have the right, if they wish, to have a chaperone present irrespective of organisational constraints.

Prior to conducting any procedure/examination staff should risk assess the situation and if the staff believe that they or the patient are vulnerable then a chaperone must be provided.

When conducting intimate examinations, prior to the examination procedure, healthcare professionals/care staff will:

- Explain to the patient why an examination/procedure is necessary and give the patient an opportunity to ask questions
- Explain what the examination/procedure will involve in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort which they may experience
- Always obtain the patient's permission before the examination/procedure and be prepared to discontinue the examination/procedure if the patient asks. (See also the [NHS Lothian Consent Policy 2010](#))
- Where a patient is not able to fully understand the information given, it is the responsibility of the member of staff to explore ways of presenting the information in a more accessible manner e.g. Use of interpreters or other communication support
- When a patient withholds consent, his or her decision should be respected unless the examination is to preserve life or the treatment is covered by a Section 47 Certificate completed in accordance with the Adult with Incapacity (Scotland) Act 2000
- If treatment is being administered under Section 47 Adult with Incapacity 2000 Certificate, there must be a chaperone present
- Give the patient privacy to undress and dress and use drapes to maintain the patient's dignity. Do not assist the patient in removing clothing unless it has been clarified that assistance is needed

During the examination/procedure:

- Keep discussion relevant and avoid unnecessary personal comments
- Avoid unnecessary discussion with other staff members
- Ensure the patient's privacy and dignity is protected

On completion of the examination/procedure:

- Ensure the patient's privacy and dignity is protected
- Address any queries or concerns relating to the examination/procedure
- Ensure that the patient is left comfortable and offer wipes, tissues etc

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INTIMATE CARE

Intimate care is defined as all care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with, or exposure of, the sexual parts of the body (although other body parts may also be classified as intimate in some cultures).

Some examples include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads.
- Providing catheter/stoma care.
- Bathing/Showering
- Washing intimate parts of body
- Changing sanitary towels or tampons
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries
- Applying/renewing dressings to intimate parts of the body

In some areas of the service, there is a requirement at times to search patients. At such times, healthcare professionals/care staff should refer to and follow the local Search Policy.

Intimate care should normally be provided by a member of staff of the same gender as the patient. On occasions when intimate care cannot be provided by a member of staff of the same gender, the following issues should be taken into account:

- The wishes of the person requiring care
- The consequences of the person not receiving the care
- Whether the urgency of the care needed makes it an immediate necessity (for example, resulting from an episode of incontinence)
- The length of time before a same gender member of staff can be present

Wherever possible routine care should be provided by a member of staff acceptable to the patient, in general terms this usually means same sex, however it is recognised that this is not always possible and each situation needs to be assessed on an on going basis. Where a patient indicates that they are unhappy for care to be provided by specific staff members this may require to be followed up and action taken, if required.

At all times consideration must be given to the urgency of the support/care required and should action require to be taken by a member of staff whom the patient deems unacceptable this must be recorded along with the rationale for doing so. For example, when intimate personal care has been required and a member of staff of the same gender has been requested but is not available, but the care has been delivered then this must be brought to the attention of the Nurse in charge. In addition, each occurrence should be noted in the patient record noting the following details

- Date
- Time
- Care given
- Immediate necessity which led to care being given by a member of the opposite sex
- Reason why a member of the same gender was not available

It is the responsibility of the staff team, through record keeping, to monitor the frequency of same gender staff not being available for intimate personal care needs. Record keeping will highlight staffing or procedural implications and enable line managers to take considered and responsive action.

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Risk assess what is appropriate in meeting the intimate/immediate care needs of patient.

VULNERABLE PATIENTS

The consent of a next of kin or designated other should be obtained for those people who are unable to provide consent to intimate care, for example receiving intimate care from someone of the opposite sex. Where this is not achievable the details of the actions taken must be recorded.

Please refer to the [Principles and procedure of care management for adult patients \(16+\) with cognitive impairment within a generic hospital setting](#) and the [Caring for adult patients \(16+\) with learning disabilities within a generic hospital setting policy, principles and procedures](#).

LONE WORKING

Some healthcare professionals will be working in situations away from other colleagues, such as out of hours centres, home visits, to carry out tasks, e.g. inserting or changing a catheter. In these situations, the same principles for offering and making use of chaperones should apply. Family members/friends may take on the role of informal chaperone where appropriate. Where a formal chaperone would be appropriate, i.e. intimate examinations, the healthcare professional would be advised to reschedule the examination to a more convenient location. However, where this is not an option, for example due to the urgency of the situation or the practitioner is community based, then prior discussion will be required with line manager and a clear records of this discussion documented. Local procedures / guidance should be made available. Please refer to the [NHS Lothian Lone Worker policy](#).

COMMUNICATION

Most causes of patient complaints relate to the failure on the patient's part to understand what the healthcare professional was doing in the process of treating him/her. The healthcare professional must explain clearly the nature of the examination to the patient and offer a choice on whether to proceed with that examination at that time. The patient will then be able to given an informed consent to continue with the consultation.

For patients who may have limited ability with English please refer to the NHS Lothian Interpreting and Translation policy, which is available on the intranet.

RECORD KEEPING

Details of the examination, including presence/absence of a chaperone and information given, must be documented in the patient's healthcare records.

If the patient, however, expresses doubts or reservations about a procedure and the healthcare professional feels the need to re-assure them before continuing then there will be a requirement to record this in the healthcare records. The records should make clear from the history that an examination was necessary.

In situations where concerns are raised or an incident has occurred and a report is required, this should be completed immediately after the consultation. There will be a need to refer to NHS Lothian policies on raising concerns.

SUMMARY

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The relationship between a patient and healthcare practitioner/care worker is based on trust. Practitioners may have no doubts about a patient they have known for a long time and feel it is not necessary to offer a formal chaperone. However, this should not detract from the fact that any patient is entitled to a chaperone if he/she feels one is necessary and continual review of patient's wants must take place.

The key principles of communication and record keeping will ensure that the practitioner/patient relationship is maintained.

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