

CLINICAL GUIDELINE FOR CHAPERONES

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POLICY SUMMARY
These Clinical Guidelines applies to all Trust employees who have 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.
The Trust monitors the implementation of and compliance with this policy in the following ways;
The Director responsible for monitoring and reviewing this Clinical Guideline is Executive Nurse

Services	Applicable	Comments
Trust wide	✓	
Essex MH&LD		
CHS		

The Director responsible for monitoring and reviewing this Clinical Guideline is the Executive Nurse

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CLINICAL GUIDELINE FOR CHAPERONES

Assurance Statement

EPUT recognises the need to ensure good practice during patient consultation, physical examination, and treatment. These Clinical Guidelines aim to protect patients, staff, and the Trust against possible abuse and misinterpretation of words, actions, and omissions during such times. It follows the Principles contained in the Model Chaperone Framework (NHS 2005), The Code: Professional standards of practice and behavior for nurses and midwives (2015)

1.0 INTRODUCTION

- 1.1 EPUT is committed to providing a safe, comfortable environment whereby service users, staff, carers, and visitors can be confident that best practice is being followed and that the safety of everyone is of paramount importance.
- 1.2 These Clinical Guidelines adhere to local and national guidance and policy.
- 1.3 People who use our services, whether because of mental health, physical health and/or learning disabilities needs may find consultations, examinations, or procedures threatening and / or confusing. A Chaperone may help the service user through the process with the minimum of distress.
- 1.4 For most service user's respect, explanation, consent, and privacy take precedence over the need for a Chaperone.

2.0 SCOPE

- 2.1 These Clinical Guidelines applies to all Trust employees who have 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 A Chaperone within the Trust is someone who the patient wants as Long as the patient has capacity to make that decision. It could be a registered or non-registered staff such as a Doctor, Nurse, Psychologist, Social Worker or support worker/health care assistant. A chaperone is present as a safeguard for all parties (patient and practitioners) and is a witness to continuing consent of the procedure.
- 2.3 A specifically trained non-clinical staff member or recognised Chaperone, from an organisation such as MIND or the local authority, is also permitted to act as Chaperones within the Trust. If a patient has requested a chaperone and none is available at the time, the intimate examination must not be undertaken until a chaperone is available.

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- 2.4 It is the view of both the Medical Protection Society and the Trust that a family member does not fulfil the criteria for a Chaperone (with the exception of children, see section 5). A Chaperone is defined as, ‘someone with nothing to gain by misrepresenting the facts’. It may be inappropriate to expect a family member to be a chaperone. Where the patient has capacity, they should be consulted. Where a patient lacks capacity, the next of kin/carer should be consulted. Children and young persons are not appropriate chaperones for a procedure or intimate examination.

3.0 DEFINITIONS

- 3.1 There is no common definition of a Chaperone and the role varies considerably depending on the needs of the service user, the healthcare professional, and the procedure being carried out.
- 3.2 In principle, Chaperones:
- act as safeguards against humiliation, pain, or distress; this includes protection against verbal, physical, sexual, or other abuse
 - use, or access, resources for those who communicate in a language other than English to understand the procedure, such as Braille, or Sign Language, among others
 - provide physical and emotional comfort and reassurance during sensitive and intimate consultations, examinations, or treatment
 - provide protection to healthcare professionals against: unfounded allegations of improper behaviour, or potentially abusive patients
 - offer practical support to service users
 - identify unusual or unacceptable behaviour by a healthcare professional or service user
- 3.3 All consultations, examinations, and procedures are potentially distressing; those involving: the breasts, genitalia, rectum, or those requiring dimmed lights, or the need to undress, the disclosure or discussion of abuse may make service users feel particularly vulnerable.
- 3.4 The phrase “consultation, examination, or procedure” should be interpreted in the sense of covering physical, emotional, and psychological matters. A consultation or examination can be sensitive or intimate without being physically so, e.g. when discussing issues of abuse or other traumatic events.
- 3.5 The administration of intra-muscular injections, suppositories, pessaries, and personal physical care are all considered to be intimate procedures.

4.0 IMPLEMENTATION

- 4.1 All clinical directorates are responsible for implementing these clinical guidelines.
- 4.2 It is good practice to offer service users a Chaperone for consultations, examinations, or a procedure, including the administration of medication, where the service user feels a Chaperone is required. This offer can be made through a number of routes including prominently placed posters, leaflets, and verbal information prior to, and during, an actual consultation.
- 4.3 In a community domiciliary setting the referral to the service may not specify a patient's wish to have a chaperone present. In the main community health clinicians operate as lone workers. Where a patient requests a chaperone every effort should be made to ensure one is present. However, where this is not possible the patient must be advised when someone will be available and the risks of delay in treatment discussed and documented.

5.0 FAMILY, CARERS, FRIENDS, AND UNDER 18s

- 5.1 The involvement of a family member, carer, or friend does not constitute a Chaperone for any formal or legal purpose and it is inappropriate for them to take an active part in an examination or procedure, or to witness them directly.
- 5.2 Children over 16 years can consent to clinical examination, consultation or treatment themselves, without their decision about a chaperone being referred to their parents or guardians. However it is good practice to involve the parents in this decision, if the young person agrees.
- 5.3 A person with parental responsibility can consent for a child under 16 years unless the child is deemed to be "Gillick competent". In the case of children, a chaperone should be a parent or carer or alternatively someone already known and trusted by the child. In this event, the healthcare professional must clearly explain the role of the parent, carer or other trusted adult. If they are not available then their consent should be sought in advance, for a member of staff to chaperone.

Children can be accompanied by a parent, guardian or friend, but this does not negate the need for a properly trained chaperone to be present in accordance with the policy.

- 5.4 The healthcare professional should be aware however that very occasionally there may be issues around coercion/grooming/abuse involving a "trusted adult". Practitioners should avoid giving the impression that young people cannot access services without a parent. Practitioners should consider the effect a chaperone can have, as their presence can deter young people from being frank and from asking for help".

- 5.5 Healthcare professionals must:
- Explain information to the child in age appropriate language.
 - Record in the health record where parents, carers, other trusted adults or member of staff have acted as chaperone.
 - Record in health records where the offer of chaperone has been declined.
- 5.6 A service user may request a family member, carer, or friend to be present during a consultation, examination, or procedure and, in general, this should be respected. Where the staff member has concerns regarding the relationship between the service user and the other person this should be discussed with the service user prior to the consultation, examination, or procedure.
- 5.7 The involvement of a family member, carer, or friend does not restrict staff from requesting a Chaperone if the staff feel it is appropriate.
- 5.8 A child or young person under the age of 18 years of age cannot act as a Chaperone, nor should they be present during a procedure or examination. However, if the child is providing comfort to a parent or other family member, and will not be exposed to unpleasant experiences, it may be acceptable for them to be present.

6.0 ROLE OF THE CHAPERONE

- 6.1 A Chaperone is present as a safeguard for all parties and is a witness to continuing consent for the procedure or examination. A Chaperone has the following specific responsibilities:
- 6.1.1 If possible try to gain an understanding of the purpose of the consultation, examination, or procedure and how it will affect the practitioner's decision making, and if required assist in explaining it to the service user.
- 6.1.2 Be confident that the practitioner has given a comprehensive explanation of the consultation, examination, or procedure in such a way that the service user can understand, including any possible level of discomfort etc. the service user may expect.
- 6.1.3 Explain to the service user that their role as a Chaperone is there to support them, to give them the opportunity to ask questions, and to express concerns and act as their advocate during the consultation, examination, or procedure.
- 6.1.4 As a Chaperone ensuring the environment supports privacy and dignity.
- 6.1.5 Ensure that the intimate consultation, examination, or procedure is part of the service user's Care Plan and be certain that the service user agrees to the consultation, examination, or procedure before the process begins.

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- 6.1.6 Healthcare Practitioners who are acting as a Chaperone may, if appropriate, assist in the consultation, examination, or within their level of competence such as undressing/dressing patients, provide emotional comfort and reassurance to patients.
- 6.1.7 The identity of the Chaperone, and their role during the consultation, examination, or procedure, must be documented in the service user's paper or electronic record.
- 6.1.8 The Chaperone must not leave the room whilst an intimate consultation, examination, or procedure is taking place, and must remain in a position as to be able to witness to the consultation, examination, or procedure directly.
- 6.1.9 In the event that the Chaperone must leave the room the consultation, examination, or procedure must be halted until the Chaperone returns. During this time the service user's privacy and dignity must be maintained.

7.0 PRACTICE

- 7.1 Any consultation, examination, or treatment is subject to consent by the service user. The Trust's Consent to Examination or treatment Policy, CLP16 will be followed.
- 7.2 Physical examinations will be carried out in accordance with the Trust Clinical Guideline on Physical Healthcare for In-patients, CG55.
- 7.3 The appropriate Care Plan(s) (CLP30) and associated Clinical Risk Assessment (CLP28) will be completed / reviewed prior to any examination or procedure in accordance with Trust Policy and Procedure.
- 7.4 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 does not want a Chaperone it must be recorded that the offer was made and declined.
- 7.5 The right to have a Chaperone of the same gender must always be respected.
- 7.6 Staff are advised to request a Chaperone, or another member of staff, to be present when carrying out sensitive or intimate consultations, examinations or procedures even when the service user does not request one, or declines. Where a member of staff is working in a situation away from other colleagues' e.g. home visit, out of hours, the same principles for offering and using a chaperone apply. Staff should note that they are at increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present. Where it is appropriate family members or friends may take on the role of informal chaperone. In cases where a formal chaperone is appropriate staff should consider rescheduling the examination where possible. Clinical record keeping should be treated as paramount. Lone working practices should conform to the Trust's Lone Working Policy.

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- 7.7 There are some cases where staff may feel unhappy to proceed without an appropriate Chaperone but the service user objects, for example, a male Doctor with a female service user. In these situations it may be possible to arrange for another, more appropriate, staff member or another appointment in which the consultation, examination, or procedure can appropriately take place with a Chaperone acceptable to the service user.
- 7.8 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.
- 7.9 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 Trust Policy CP3 (Adverse Incidents, Including Serious Incidents (SI)).
- 7.10 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 user's 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. It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a language barrier and/or deafness. Staff to use, or access, resources for those who communicate in a language other than English to understand the procedure, such as Braille, or Sign Language, among others. With the aid of an interpreter, staff should identify who the patient would like as a chaperone. The use of children as interpreter and/or chaperone is inappropriate.
- 7.11 Under the Mental Capacity Act 2005 there is legal protection for people who care for or treat someone who lacks capacity but any action taken must be in a patient's best interests and the least restrictive course of action. For further information regarding consent and the Mental Capacity Act please refer to Trust Mental Capacity Policy & Procedures (MCP2 and MCPG2 Appendix 1).
- 7.12 For patients with issues related to diminished Mental Capacity (this includes patients with Learning Difficulties), a familiar individual such as a family member or carer may be the best Chaperone. Best practice would indicate a planned approach to investigative intervention and / or examination, for patients with a lack of mental capacity, in order to alleviate concerns and distress caused by a lack of understanding and comprehension. In life saving situations every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.
- 7.13 The Trust has a Zero Tolerance approach to violence and aggression and in such circumstances the Zero Tolerance Policy (CP22) must be followed

8.0 CHAPERONE TRAINING

- 8.1 Registered Professionals are responsible for ensuring they remain up-to-date on all aspects of their role, specified by their Registrant Body, and should utilise available resources for this within the Trust.
- 8.2 Training on the Safeguarding Adults and Children, Mental Capacity Act/Deprivation of Liberty Safeguards include chaperoning within the course content.

9.0 RESPONSIBILITY

- 9.1 The responsibility for the development of these Clinical guidelines resides with the Clinical Governance & Quality Team, Risk Management Department and Practice Development Team.

10.0 MONITORING & REVIEW

- 10.1 The Clinical Governance & Quality Team is responsible for the monitoring and review of these clinical guidelines.
- 10.2 The Risk Management Department (RMD) will monitor any reported incidents and inform the relevant people when a report is received. The relevant people are those in accordance with the Adverse Incidents, Including Serious Incidents (SI) Policy (CP3). These people include:
- Trust Safeguarding Adults and Children Lead
 - RMD Manager
 - Human Resources Department (where staff are accused)
 - Trust Litigation Officer
 - Trust Local Security Management Specialist (LSMS)
- 10.3 These Clinical Guidelines will be reviewed by the Clinical Governance & Quality Team not less than once every three years, or sooner if a significant change or incident occurs.
- 10.4 Amendments will be made as a result of (but not limited to) developments in Trust procedures, National Guidance, and Legislative enactments, amendments, repeals, and recessions.
- 10.5 A Clinical Audit of compliance to these clinical guidelines will be considered as part of the regular review of the Trust Compliance program.

11.0 REFERENCES

- 11.1 This Policy should be read and applied in conjunction with all relevant Trust Policies, most particularly:
- Complaints Policy (CP2)
 - Adverse Incidents, Including Serious Incidents (SI's), Policy (CP3)
 - Record Management Policy (CP9)
 - Restricted Practice Policy (RM05)
 - Consent to Examination or Treatment Clinical Guidelines (CLP16)
 - Lone Worker Policy (RM17)
 - Clinical Risk Assessment and Management (CLP28)
 - Care Programme Approach (CLP30)
 - Safeguarding Children Policy (CLP37)
 - Safeguarding Adults Policy (CLP39)
 - Physical Healthcare Clinical Guideline (CG55)
 - Zero Tolerance Policy and Procedure (CP22)
 - Mental Capacity Policy & Procedures (MCP2 and MCPG2 Appendix 1)
 - DH Reference guide to consent for examination or treatment, second edition 2009 (www.dh.gov.uk/publications)

END