



Chaperone Policy

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Initiated by	Date	Author (s)
Lampard Action Plan	17 th October 2017	Named Professional for Safeguarding & Freedom to Speak up Guardian
Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
Draft V0.1	October 2017	New Policy drafted by Named Professional for Safeguarding & Freedom to Speak up Guardian
Draft V0.1	30 th October 2017	Recommended at Clinical Quality Safety Group (CQSG)
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POL067 - Chaperone Policy

Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
Draft V0.2	15 th September 2020	Safeguarding Group
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Draft V1.0	01 October 2020	Safeguarding Group Chairs meeting for approval
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V3.0	19 June 2023	Approved at Compliance and Risk Group

POL067 - Chaperone Policy

Document Reference	Health & Social Care Act 2008 (regulated Activities) Regulations 2014; KLOE S1 The Health Care Act 2014 Directorate: Clinical Quality
Recommended at Date	Safeguarding Group Chairs Meeting 7 June 2023
Approved at Date	Compliance and Risk Group 19 June 2023
Review date of approved document	September 2025
Equality Analysis	7 June 2023
Linked procedural documents	EEAST Policies & Procedures: Safeguarding Vulnerable Adults Policy Safeguarding Vulnerable Children & Young People policy Capacity to Consent Policy Domestic Abuse policy JRCALC Clinical Guidelines
Dissemination requirements	All staff via intranet & through line managers for staff who do not have access to IT.
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair

POL067 - Chaperone Policy

discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

Contents

Paragraph		Page
1.0	Introduction	6
2.0	Purpose	6
3.0	Definitions	7
4.0	Responsibilities	8
5.0	Potential Complications	10
6.0	Issues specific to Children	10
7.0	Issues specific to religion/ethnicity or culture	11
8.0	Patients with individual needs	11
9.0	Lone working	12
10.0	Good Practice	12
11.0	Reporting concerns	14
12.0	References	14

Appendices

Appendix A	Equality Analysis
Appendix B	Monitoring Table

1.0 Introduction

The East of England Ambulance Trust (EEAST) covers 7,500 square miles with a population of around 6.2 million people. EEAST receives more than a million emergency calls per year. It is committed to working closely with its patients, staff and commissioners to ensure that it has the capacity and capability to respond positively to the growing expectations and rising aspirations of its patient population.

EEAST places patient safety and clinical quality at the heart of all its work and is committed to delivering high standards of patient care in a pre-hospital environment that is both safe and sensitive to the patients' needs and which respects the patients dignity and privacy at all times. It monitors the delivery of clinical practice through its clinical audit programme to assess patient confidence and satisfaction and to improve patient safety and ultimately the patient experience. Arising from this work and responding to external reports and recommendations such as the Myles Bradbury 2015, Clifford Ayling inquiry & Kerr/Haslam Inquiry 2005 EEAST has introduced this chaperone policy to protect and safeguard both patients and staff during clinical examinations and treatment which are regarded as intimate care and is committed to promoting a comfortable environment where patients and staff can be confident that best practice is being followed.

2.0 Purpose

The purpose of this policy is to ensure that patients' safety, privacy, and dignity is always protected and will give staff the guidance of when a chaperone is required and how to keep patients and themselves safe. All staff need to be aware of their responsibilities for reporting any concerns they may have about the care provided by colleague(s) to a patient. Further information can be found in the safeguarding policies and raising concerns policy.

This policy applies to staff, Apprentices, volunteers and commissioned services who are employed by East of England

Ambulance Service Trust (EEAST) including those who are registered with a professional body such as the Health Care Professions Council (HCPC), Nursing & Midwifery Council (NMC) and General Medical Council (GMC) and those that are not registered and provide patient care and will provide a co-ordinated approach to the use of chaperones during examinations and procedures carried out within EEAST.

While many patient contacts are undertaken completely appropriately in a one-to-one setting, there are clearly circumstances when examinations should be appropriately undertaken in the presence of a chaperone. Allegations of inappropriate behaviour or allegations that turn out to be malicious are very rare, but when they do arise, they can be exceedingly stressful and challenging for all concerned and should be avoided by following and implementing this policy.

All staff should refer to EEAST's Capacity to consent policy for further information.

3.0 Definitions

All clinical examinations and investigations are potentially distressing. Patients can find examinations, investigations and/or treatment procedures involving breasts, genitalia or rectum particularly intrusive (these examinations are collectively referred to as "intimate examinations"). Specifically, staff need to be cognisant when undertaking ECGs & administration of rectal medication as well as exposure of any parts of the body during patient assessments. For most patients, a thorough, explanation of the examination and the reasons for it takes precedence over the need for a chaperone. The presence of a chaperone does not remove the need for adequate explanation and consent, and neither can it provide full assurance that the procedure or examination is conducted appropriately. Therefore, staff should risk assess each clinical situation that they are called to and to offer each patient a chaperone to protect the patient and themselves.

Type of chaperone

Informal Chaperone

Many patients feel reassured by the presence of a familiar person and in almost all cases this request should be accepted. A situation in which this may not be appropriate is when a child is asked to be a chaperone for a parent who is undergoing an intimate examination. They may not necessarily be relied upon to act as a witness to the conduct or continuing consent of the procedure. It is inappropriate to expect an informal chaperone to take an active part in the examination or to witness the procedure directly.

Formal Chaperone

A formal chaperone implies a health care professional, such another member of staff. This individual will have a specific role to play in terms of the examination and this role should be made clear to both the patient and the person undertaking the chaperone role. This may include assisting with undressing or assisting in the procedure being carried out. In these situations, staff should have had sufficient training to understand the role expected of them. In most cases, it is not appropriate for a non-clinical member of staff to comment on the appropriateness of the procedure or examination, nor should they feel able to do so.

4.0 Responsibilities

All staff, Apprentices, volunteers and commissioned services have a responsibility to read, understand and take full responsibility to adhere to the requirements of this policy and its appendices.

All staff, apprentices, volunteers and commissioned services have a specific responsibility to address concerns that they become aware of.

Staff are responsible for assessing each clinical situation and to offer the patient a chaperone as required. Such discussions, decisions,

POL067 - Chaperone Policy

consent and examinations and treatment must be recorded on the Patient Care Record (PCR) or electronic Patient Care Record (ePCR).

Clinical management as follows:

- Patients should be given a full explanation of the procedure to be carried out.
- The patient should be given the opportunity to ask any questions.
- Explain what the examination 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.
- A chaperone should be offered to all patients undergoing intimate procedures (or for any other procedure if the patient requests it). Formal chaperones can be other members of staff.
- Any patients who have physical disabilities or immobility which may require a chaperone to assist with removal of clothing or moving the patient.
- The chaperone should ideally be a member of staff of the same sex as the patient (if this is not possible then this must be documented). Along with why arranging a chaperone was not able to be facilitated.
- If no member of staff can assist then a person the patient is happy with can act as an informal chaperone.
- Consideration for a translator who can act as a chaperone for patients who do not have English as a first language.
- Consideration of a heightened awareness towards domestic violence/coercion and control influences if using family or friends to assist with translation (please refer to Trust Domestic Abuse Policy)
- Privacy and dignity should be maintained during the procedure.
- Ensure patients' privacy during the examination and when they are dressing and undressing e.g. blinds on the ambulance, use of sheets, use of blankets, gowns etc.
- Give the patient privacy to undress and dress, and keep them covered as much as possible to maintain their dignity; be cautious of assisting to remove a patients clothes unless they have asked you to, or you have checked with them that they need some help.

POL067 - Chaperone Policy

- Throughout the procedure the HealthCare Professional staff should be aware of any verbal or non-verbal signs which may indicate that the patient is becoming distressed. Any request that the procedure be discontinued must be respected, unless it is an emergency.
- Keep the discussion relevant and do not make unnecessary personal comments.
- The presence of a chaperone and why the procedure is necessary must be recorded on the PCR/ePCR. If the patient does not want a chaperone staff should record that the offer was made and declined.
- A chaperone should also be discussed/offered – even if patient is same sex as the attending Health Care Professional.
- All staff are responsible for reporting any concerns they may have about the care provided by a colleague(s) to a patient or patients.

If students are being supervised undertaking an intimate procedure or examination the supervising member of staff must ensure that patient is fully aware of the student's status and has obtained consent from the patient before commencing any examination.

5.0 Potential Complications

Where intimate procedures or examinations are required, staff should ensure that they are aware of any cultural, religious beliefs or restrictions the person in their care may have which prohibits this being undertaken.

6.0 Issues specific to Children

In the case of children a chaperone would normally be a parent or carer or alternately someone (a trusted adult over the age of 18 years of age.) for example a relative, family member or someone known to the child in a professional capacity or chosen by the child. For competent young adults (>13 years old) the guidance relating to adults is applicable. Parents or guardians must receive an appropriate explanation of the procedure in order to obtain their informed consent to examination. It is best practice that when any

intimate examination is being carried out a chaperone should be present.

The age of consent is 16 years, but young people have the right to confidential advice on contraception, pregnancy and abortion and it has been made clear that the law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation. However, the younger the person, the greater the concern about abuse or exploitation. Children under 13 years old are considered of insufficient age to consent to sexual activity, and the Sexual Offences Act 2003 makes clear that sexual activity with a child under 13 is always an offence.

7.0 Issues specific to Religion/Ethnic or Culture

The ethnic, religious and cultural background of some women can make intimate examinations particularly difficult, for example, Muslim and Hindu women have a custom against being touched by men other than their husbands. It would be appropriate to check with the patient first, as it may not be apparent from a person's appearance or gender whether they follow a certain religion or cultural belief. Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that needs assessing. Whenever possible particularly in these circumstances a female member of staff should perform the procedure.

8.0 Patients with individual needs

For patients with learning difficulties or mental health problems that affect capacity, a familiar individual such as a family member or carer may be the best chaperone. Family or friends who understand their communications needs and can minimise any distress caused by the procedure could also be invited to be present throughout any examination. A careful simple and sensitive

explanation of the technique is vital. This patient group is a vulnerable one and issues may arise in initial physical examination.

Staff must be aware of the implications of the Mental Capacity Act (2005) and cognitive impairment. If a patient'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 assess mental capacity must be undertaken. This should be fully documented on the patient care record, along with the rationale for any best interest decision that is made on behalf of the patient.

9.0 Lone working

When staff are working solo the same principles for offering and use of chaperones should apply. Where it is appropriate family members/friends may take on the role of informal chaperone. Documentation should detail who the chaperone is.

Staff should be aware that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present.

10.0 Good practice

Adequate information and explanation as to why the examination or procedure is required should be provided and where necessary, easy to understand literature and diagrams can support this verbal information. In addition, careful and sympathetic explanation of the examination technique to be used should be given throughout the procedure being carried out. It is unwise to assume that the patient understands why certain examinations are being conducted or why they are done in a certain manner.

The most common cause of patient complaints is the patient's not understanding what the member of staff was doing during the process of treating them. It is essential that staff explain the nature of the examination to the patient and offers a choice whether to

POL067 - Chaperone Policy

proceed with the examination at that time. The patient will then be able to give informed consent to continue with the treatment.

It is acceptable for clinicians to perform intimate examinations without a chaperone if the situation is an emergency or life threatening and speed is essential in the care or treatment of the patient, and the patient's condition means they are unable to be consulted for consent. This should be recorded on the patient care record. Staff should make sure they always act in a professional manner.

Even if a patient declines the offer of a chaperone, staff may feel that in certain circumstances it would be wise to have a chaperone present for their own comfort/protection:

- Staff should explain that they would prefer to have a chaperone, explain that the role of the chaperone is in part to assist with the procedure and provide reassurance. It is important to explore the reasons why the patient does not wish to have a chaperone and to address any concerns they may have.
- If the patient still declines, staff will need to decide whether they are happy to proceed in the absence of a chaperone. This will be a decision based on both clinical need and the requirement for protection against any potential allegations of an unconsented examination/improper conduct.
- Another option to consider is whether it would be appropriate to ask a colleague to undertake the examination (although the chaperone issue may still prevail).
- A further option would be to consider referring the patient to secondary care for the examination (although the chaperone issue may, again, still prevail).
- Staff should always document that a chaperone was offered and declined, together with the rationale for proceeding in the absence of a chaperone. If a chaperone is present, then it is important to record their identity and to inform the patient of this.

A chaperone should be considered when examining or treating patients in all situations, but special consideration should be made in:

- Those who are unconscious or intoxicated with drugs or alcohol.
- For whom English is not their first language, causing communication difficulties making it clear that an interpreter has been used to support in explaining the examination in advance & the role of the chaperone.
- Children under the age of 16 years.
- Who are in vulnerable groups for other reasons not specified in this policy.

11.0 Reporting concerns

In any situation where concerns are raised or an incident has occurred, a Datix needs to be raised. You may also want to speak to the Safeguarding Team. Details can be found in the Trust Directory.

12.0 References

GMC (2013) Intimate Examinations and Chaperones

The Royal College of Emergency Medicine (2015) Best Practice Guideline, Chaperone in Emergency Department

NHS Clinical Governance Support Team (2005) Guidance on the role and effective use of chaperones in primary and community settings.

Kerr/Haslam Inquiry (2005)

Equality Act 2010

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguardingaccountability-assurance-framework.pdf>)

Department of Health Committee of Inquiry report (2004),
Independent Investigation into how the NHS handled allegations
about the conduct of Clifford Ayling

(<https://www.bipsolutions.com/docstore/pdf/8221.pdf>)

NHS Clinical Governance Support Team (2015), Guidance on the
Role and Effective Use of Chaperones in Primary Continuity Care
(https://www.lmc.org.uk/visageimages/guidance/2007/Chaperone_model%20framework.pdf)

Independent investigation into governance arrangements in the
paediatric haematology and oncology service at Cambridge
University Hospitals NHS Foundation Trust following the Myles
Bradbury case

(<http://www.verita.net/wpcontent/uploads/2015/10/CUH-final-191015-report.pdf>)

Appendices

- A Equality Analysis
- B Monitoring Table

Appendix A: Equality Analysis

EIA Cover Sheet																			
Name of process/policy	Chaperone Policy																		
Is the process new or existing? If existing, state policy reference number	POL067 version 3																		
Person responsible for process/policy	Safeguarding Lead																		
Directorate and department/section	Safeguarding																		
Name of assessment lead or EIA assessment team members	Safeguarding Lead																		
Has consultation taken place? Was consultation internal or external? (please state below):	Approved at Compliance and Risk Group June 2023																		
The assessment is being made on:	<table border="1"> <tbody> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td>x</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td>Other (please state)</td> <td></td> </tr> <tr> <td>Training programme.</td> <td></td> </tr> </tbody> </table>	Guidelines		Written policy involving staff and patients	x	Strategy		Changes in practice		Department changes		Project plan		Action plan		Other (please state)		Training programme.	
Guidelines																			
Written policy involving staff and patients	x																		
Strategy																			
Changes in practice																			
Department changes																			
Project plan																			
Action plan																			
Other (please state)																			
Training programme.																			

Equality Analysis																						
<p>What is the aim of the policy/procedure/practice/event?</p> <p>The purpose of this policy is to ensure that patients' safety, privacy, and dignity is always protected and will give staff the guidance of when a chaperone is required and how to keep patients and themselves safe. All staff need to be aware of their responsibilities for reporting any concerns they may have about the care provided by colleague(s) to a patient. Further information can be found in the safeguarding policies and raising concerns policy.</p>																						
<p>Who does the policy/procedure/practice/event impact on?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Race</td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30%;">Religion/belief</td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 20%;">Marriage/Civil</td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Gender</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Disability</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Partnership</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Age</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Gender re-assignment</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Pregnancy/maternity</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>					Race	<input checked="" type="checkbox"/>	Religion/belief	<input checked="" type="checkbox"/>	Marriage/Civil	<input checked="" type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Partnership	<input checked="" type="checkbox"/>	Age	<input checked="" type="checkbox"/>	Gender re-assignment	<input checked="" type="checkbox"/>	Pregnancy/maternity	<input checked="" type="checkbox"/>
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<p>Who is responsible for monitoring the policy/procedure/practice/event?</p> <p>Safeguarding</p>																						
<p>What information is currently available on the impact of this policy/procedure/practice/event?</p> <p>N/A</p>																						
<p>Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? Yes/No</p>																						
<p>Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of</p>																						

POL067 - Chaperone Policy

the following protected characteristics? Yes/No, If yes please provide evidence/examples:

- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Race | <input type="checkbox"/> | Religion/belief | <input type="checkbox"/> | Marriage/Civil Partnership | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Sexual orientation | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Gender re-assignment | <input type="checkbox"/> | Pregnancy/maternity | <input type="checkbox"/> |

Please provide evidence:

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Race | <input type="checkbox"/> | Religion/belief | <input type="checkbox"/> | Marriage/Civil Partnership | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Sexual orientation | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Gender re-assignment | <input type="checkbox"/> | Pregnancy/maternity | <input type="checkbox"/> |

Please provide evidence:

Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who – Safeguarding Lead

How – Bi Monthly Safeguarding Meeting

By – Review date of approved document Sept 2025

Reported to – Compliance and Risk Group

POL067 - Chaperone Policy

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Safeguarding Peer Review through CCG regional Safeguarding Group (made up of Designate Safeguarding Leads) provide review of all safeguarding polices to ensure fit for purpose due to regulatory review	Safeguarding CCG Peer Review Group (made up of Designate Safeguarding Leads)	Supportive critical review current polices are fit for purpose	Will occur through representation at the Safeguarding Group with Lead CCG representation	Feedback collated through CCGs virtual teams meetings and tracked changes to current documents to fed into Safeguarding Team for consideration	Bi-monthly Safeguarding meeting This will be reflected in the minutes taken at this meeting. Feedback log from external peers/expert panels	This will be led by EEAST Safeguarding Lead and monitored through the Bi-monthly Safeguarding meeting and further approval at Compliance & Risk Group	There are several ways this can be implemented. This will be led through the Safeguarding Lead, this can be disseminated through policy, training, clinical app, comms bulletins, webinars & mandatory updates

POL067 - Chaperone Policy

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Safeguarding Peer Review Group (made up of experts from Ambulance and CCG, NHS E/I) undertook a deep dive review of all safeguarding polices to ensure fit for purpose due to regulatory review	Safeguarding Peer Review Group (made up of experts from Ambulance and CCG, NHS E/I)	TOR set to critical review current polices are fit for purpose	As required	Feedback collated through virtual teams meetings and tracked changes to current documents	Bi-monthly Safeguarding meeting This will be reflected in the minutes taken at this meeting. Feedback log from external peers/expert panels	This will be led by EEAST Safeguarding Lead and monitored through the Bi-monthly Safeguarding meeting and further approval at Compliance & Risk Group	There are several ways this can be implemented. This will be led through the Safeguarding Lead, this can be disseminated through policy, training, clinical app, comms bulletins, webinars & mandatory updates